other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Provider Cost Report Reimbursement Questionnaire and Supporting Regulations in 42 CFR 413.20, 413.24, and 415.60; *Form Nos.:* CMS–339 (OMB # 0938–0301); *Use:* The purpose of Form CMS–339 is to assist the provider in preparing an acceptable cost report and to minimize subsequent contact between the provider and its intermediary. Form CMS–339 provides the basic data necessary to support the information in the cost report. This includes information the provider uses to develop the provider and professional components of physician compensation so that compensation can be properly allocated between the Part A and the Part B trust funds. CMS is currently working on eliminating Form CMS–339 and including the applicable questions on the individual cost report forms. Because of the time required to include the applicable questions in each of the individual cost reports, CMS is revising the currently approved information collection; *Frequency:* Annually; *Affected Public:* Business or other for-profit, not-for-profit institutions, State, local or tribal governments; *Number of Respondents:* 35,904; *Total Annual Responses:* 35,904; *Total Annual Hours:* 618,210.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5–13–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 3, 2005.

Jim L. Wickliffe,

CMS Reports Clearance Officer, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05–12161 Filed 6–23–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10130]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Federal Funding of Emergency Health Services (Section 1011): Provider Payment Determination and Request for Section 1011 On-Call Payments; *Form No.:* CMS–10130 (OMB # 0938–0952); *Use:* Section 1011 of MMA provides that the Secretary will establish a process for eligible providers to request payment. The Secretary must directly pay hospitals, physicians, and ambulance providers (including Indian Health Service, Indian tribe and tribal organizations) for their otherwise un-reimbursed costs of providing services required by Section 1867 of the Social Security Act (EMTALA) and related hospital inpatient, outpatient and ambulance services. Payments may be made only for services furnished to certain individuals described in the statute as: (1) Undocumented aliens; (2) aliens who have been paroled into the United States at a United States port of entry for the purpose of receiving eligible services; and (3) Mexican citizens permitted to enter the United States for not more than 72 hours under the authority of a biometric machine readable border crossing identification card (also referred to as a ''laser visa'') issued in accordance with the requirements of regulations prescribed under a specific section of the Immigration and Nationality Act.; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Governments; *Number of Respondents:* 7,503,000; *Total Annual Responses:* 7,512,000; *Total Annual Hours:* 634,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS'' Web site address at *http://www.cms.hhs.gov/regulations/pra/,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5–13–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 17, 2005.

Michelle Shortt,

Acting Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 05–12492 Filed 6–23–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5022–N]

Medicare Program; Solicitation for Applications for the Medical Adult Day-Care Services Demonstration

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice for solicitation of applications.

SUMMARY: This notice informs interested parties of an opportunity to apply for participation in the Medical Adult Day-Care Services Demonstration. This demonstration tests an alternative approach to service delivery by allowing home health beneficiaries to receive a portion of the medical services included in their home health plan of care in a medical adult day-care facility (MADCF). The project will allow us to test potential improvements in quality

of care, outcomes, and program efficiency related to the provision of home health services in an MADCF setting. We intend to use a competitive application process to select up to five sites to participate in this demonstration. This demonstration is restricted to the States that license or certify medical adult day-care facilities.

FOR FURTHER INFORMATION AND TO OBTAIN A COPY OF THE SOLICITATION: Interested parties can obtain complete solicitation submission requirements and supporting information about this demonstration at the Medical Adult Day-Care Services Demonstration webpage found at the following Web site address: *http://www.cms.hhs.gov/researchers/demos/MADCS/default.asp.*

Or by contacting: Armen Thoumaian, Ph.D., Mail Stop: S3–02–01, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244. Phone: (410) 786–6672 or toll free at (877) 267–2323, Ext. 66672. E-mail address: *AThoumaian@cms.hhs.gov.*

DATES: *Effective Date:* Applications must be received by September 22, 2005.

ADDRESSES: Mail applications to—Centers for Medicare & Medicaid Services, Attention: Dr. Armen Thoumaian, Mail Stop: S3–02–01, 7500 Security Boulevard, Baltimore, Maryland 21244. Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail. Applicants will receive a communication acknowledging the receipt of their application.

SUPPLEMENTARY INFORMATION:

I. Background

Section 703 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA)(Pub. L. 108–173, enacted on December 8, 2003) requires that the Secretary shall establish a demonstration project under which the Secretary shall, as part of a plan of care for home health services established for a Medicare beneficiary by a physician, permit a home health agency (HHA), directly or under arrangements with a medical adult day-care facility (MADCF), to provide medical adult day-care services as a substitute for a portion of home health services that would otherwise be provided in the beneficiary's home. Participation in the demonstration by Medicare beneficiaries admitted for home health care is voluntary. The demonstration is limited to not more than five sites and associated MADCF(s). Each site may include all States in which it provides home health services as long as the adult day-care services are provided in MADCFs licensed or certified in one of the States that license or certify medical adult day care facilities. Treatment under the 3-year demonstration is limited across all sites to 15,000 beneficiaries at any one time. For those Medicare beneficiaries who agree to participate in the demonstration, the HHA will receive 95 percent of the prospective payment system (PPS) amount that otherwise would have been paid for the home health episode of care had all services been delivered in the beneficiary's home.

The purpose of this demonstration is to evaluate the outcomes and costs of providing innovative models of health care that include both home health care services and medical adult day-care services that improve the quality of life for Medicare beneficiaries. An independent evaluation will be conducted for this demonstration. At the conclusion of the demonstration, the Secretary must report to the Congress an evaluation of the clinical and cost-effectiveness of the demonstration as well as recommendations for the extension or termination of the project.

II. Purpose

This notice solicits applications for a demonstration project in which Medicare-certified HHAs, in partnership with a medical adult day-care facility (MADCF), or facilities, provide medical adult day-care services as a substitute for a portion of home health care services that would otherwise be provided in the beneficiary's home. The demonstration is initiated to determine whether these provisions will result in higher quality care with better utilization of Medicare-covered services while promoting the physical and mental health of participating Medicare beneficiaries. The Medical Adult Day-Care Services Demonstration will allow a home health agency (directly or in conjunction with adult day health facilities) to provide a portion of the services included in the home health plan of care in a MADCF setting rather than in the beneficiary's home. As such, the demonstration will allow us to gather data on the efficacy and cost-effectiveness of providing those services in the adult day health setting as an alternative to the home. Additional important outcomes from this demonstration project include: measuring impacts on the amounts and types of home health and other Medicare services beneficiaries receive and settings in which they receive them; utilization of other (non-Medicare covered) adult day health center services; beneficiary health, function, and satisfaction; family/caregiver satisfaction; beneficiary out of pocket cost and total program costs; and HHA and MADCF financial outcomes. Most importantly, we can learn whether beneficiaries are willing to receive part of their home health services at an MADCF.

III. Site Selection

Section 703 of the MMA provides that the Secretary shall conduct a three-year demonstration project in not more than five sites in States that license or certify providers of services that furnish medical adult day-care services. Potential sites are restricted to these states. The following 36 states have been identified as meeting this requirement: AK, AZ, CA, CO, DE, FL, HI, IA, KS, KY, LA, MA, ME, MD, MN, MO, MT, NE, NH, NJ, NV, NM, NC, NY, OK, PA, RI, SC, TN, TX, UT, VA, VT, WI, WV, WY. Applicants from states not listed must provide evidence that the state licenses or certifies providers of services that furnish medical adult day-care services.

A demonstration site is defined as a single HHA or a corporate entity that includes one or more HHAs providing services in one or more of the eligible States. Pursuant to section 703(f) of the MMA, preference will be given to those agencies that are currently licensed or certified through common ownership and control to furnish medical adult day-care services according. We will require that all sites selected to participate in the demonstration be associated through ownership or through contractual agreement with one or more MADCFs. Sites will be selected based on the proposals that clearly and most convincingly address the issues set forth in the solicitation on our Web site: *http://www.cms.hhs.gov/researchers/demos/MADCS/default.asp.*

Under the demonstration, the HHAs will be permitted to deliver (or contract for the delivery of) medical adult day-care services as a substitute for a portion of a beneficiary's home health care services at an affiliated MADCF that has been State licensed or certified for at least 2 years.

IV. Beneficiary Eligibility and Enrollment

The demonstration will be open to all Medicare beneficiaries that meet the Medicare eligibility requirements for receiving home health care services through the Medicare fee-for-service program. Participation by Medicare beneficiaries in the demonstration is voluntary. Participating HHAs will

conduct patient assessments and other required activities as they normally would under the Medicare conditions of participation except that they would be able to offer Medicare home health patients the opportunity to receive a portion of their care in a MADCF. During the initial and follow-up patient assessments, HHAs will have the opportunity to identify beneficiaries who might benefit from adult day-care services. Demonstration participants are those beneficiaries who agree to participate in the demonstration and receive part of their home health services at the MADCF. Those who agree should also be informed that they will be contacted in the future by the demonstration support and evaluation contractor(s).

Participation by Medicare beneficiaries is completely voluntary and participating beneficiaries have the option of withdrawing from participation at any time. Up to 15,000 beneficiaries across the five sites may participate in the demonstration at any given time. Sites will be provided with enrollment limits proportional to their capacity prorated against the combined total of 15,000 enrollees at any one time. This will be done to ensure that smaller sites will have an opportunity to enroll a fair portion of the total enrollment allowed under the demonstration.

V. Payment

Under the demonstration, the participating HHAs will be paid 95 percent of the prospective payment system (PPS) amount that otherwise would have been paid for the home health episode of care had all services been delivered in the beneficiary's home. Current provisions related to case-mix group assignment and payment adjustments are not affected by the demonstration. Payment will be provided directly to the HHA for all services delivered during the home health episode of care whether provided at home or in the adult day health facility. Under section 703(b)(1) of the MMA, the beneficiary may not be separately charged for medical adult-day care services furnished as part of the home health plan of care.

The statute requires the Secretary to monitor the demonstration to ensure that the provision of services in the demonstration does not result in a net increase in total spending, and provides the authority to make payment adjustments to ensure that budget neutrality is maintained.

VI. Collection of Information Requirements

The information collection requirements associated with this notice are subject to the Paperwork Reduction Act of 1995 (PRA); however, the collection is currently approved under OMB control number 0938–0880 entitled ''Medicare Demonstration Waiver Application'' with a current expiration date of July 31, 2006.

Authority: Section 703 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173.

Dated: April 29, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05–12524 Filed 6–23–05; 8:45 am]

BILLING CODE 4121–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2219–N]

RIN 0938–ZA17

State Children's Health Insurance Program; Final Allotments to States, the District of Columbia, and U.S. Territories and Commonwealths for Fiscal Year 2006

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: Title XXI of the Social Security Act (the Act) authorizes payment of Federal matching funds to States, the District of Columbia, and U.S. Territories and Commonwealths to initiate and expand health insurance coverage to uninsured, low-income children under the State Children's Health Insurance Program (SCHIP). This notice sets forth the final allotments of Federal funding available to each State, the District of Columbia, and each U.S. Territory and Commonwealth for fiscal year 2006.

DATES: *Effective Date:* This notice is effective on July 25, 2005. Final allotments are available for expenditures after October 1, 2005.

FOR FURTHER INFORMATION CONTACT: Richard Strauss, (410) 786–2019.

SUPPLEMENTARY INFORMATION:

I. Purpose of This Notice

This notice sets forth the allotments available to each State, the District of Columbia, and each U.S. Territory and Commonwealth for fiscal year (FY) 2006 under title XXI of the Social Security Act (the Act). Final allotments for a fiscal year are available to match expenditures under an approved State child health plan for 3 fiscal years, including the year for which the final allotment was provided. The FY 2006 allotments will be available to States for FY 2006, and unexpended amounts may be carried over to FY 2007 and FY 2008. Federal funds appropriated for title XXI are limited, and the law specifies a formula to divide the total annual appropriation into individual allotments available for each State, the District of Columbia, and each U.S. Territory and Commonwealth with an approved child health plan.

Section 2104(b)(1) and (c)(3) of the Act requires States, the District of Columbia, and U.S. Territories and Commonwealths to have an approved child health plan for the fiscal year in order for the Secretary to provide an allotment for that fiscal year. All States, the District of Columbia, and U.S. Territories and Commonwealths have approved plans for FY 2006. Therefore, the FY 2006 allotments contained in this notice pertain to all States, the District of Columbia, and U.S. Territories and Commonwealths.

II. Methodology for Determining Final Allotments for States, the District of Columbia, and U.S. Territories and Commonwealths

Section 2104(a) of the Act provides that, for purposes of providing allotments to the States, the District of Columbia, and U.S. Territories and Commonwealths, the following amounts are appropriated: $4,295,000,000 for FY 1998; $4,275,000,000 for each FY 1999 through FY 2001; $3,150,000,000 for each FY 2002 through FY 2004; $4,050,000,000 for each FY 2005 through FY 2006; and $5,000,000,000 for FY 2007.

This notice specifies, in the Table under section III, the final FY 2006 allotments available to individual States, the District of Columbia, and U.S. Territories and Commonwealths for either child health assistance expenditures under approved State child health plans or for claiming an enhanced Federal medical assistance percentage rate for certain SCHIP-related Medicaid expenditures. As discussed below, the FY 2006 final allotments have been calculated to reflect the methodology for determining an allotment amount for each State, the District of Columbia, and each U.S. Territory and Commonwealth as prescribed by section 2104(b) and (c) of the Act.