pursuant to the routine use as set forth in the system notice.

Medicare Beneficiary Database, System No. 09–70–0536 was published in the **Federal Register** at 66 FR 63392 (December 6, 2001). Matched data will be released to ODJFS pursuant to the routine use as set forth in the system notice.

The data for ODJFS are/is maintained in the following Medical Data Warehouse Files:

DRUGOUT.txt DRUG pre-convert layout
EDRUGOUT.txt Encounter Drug extract layout (no pre-convert)
EFACOUT.txt Encounter Facility extract layouts (no pre-convert and there are 4 extract files)
ELIGOUT.txt Eligibility pre-convert layout
EPROFOUT.txt Encounter Prof. extract layout (no pre-convert)
FACOUT.txt Facility pre-convert layout
GROSSOUT.txt Gross financial extract (no pre-convert)
PROFOUT.txt Professional pre-convert layout
PROVOUT.txt Provider pre-convert layout.

ODJFS may change files maintained in the Medical Data Warehouse after giving reasonable notice to CMS and the Custodian.

Inclusive Dates of the Match

The CMP shall become effective no sooner than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, which ever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 05–14562 Filed 7–22–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Computer Match No. 2005–03

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this Notice announces the establishment of a CMP that CMS plans to conduct with the Washington Department of Social and Health Services (DSHS). We have provided background information about the proposed Matching Program in the **SUPPLEMENTARY INFORMATION** section below. The Privacy Act requires that CMS provide an opportunity for interested persons to comment on the proposed matching program. We may defer implementation of this Matching Program if we receive comments that persuade us to defer implementation. *See* **DATES** section below for comment period.

DATES: CMS filed a report of the CMP with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on July 14, 2005. We will not disclose any information under a Matching Agreement until 40 days after filing a report to OMB and Congress or 30 days after publication.

ADDRESSES: The public should address comments to: CMS Privacy Officer, Division of Privacy Compliance Data Development (DPCDD), Enterprise Databases Group, Office of Information Services, CMS, Mailstop N2–04–27, 7500 Security Boulevard, Baltimore, Maryland 21244–1850. Comments received will be available for review at this location, by appointment, during regular business hours, Monday through Friday from 9 a.m.–3 p.m., eastern daylight time.

FOR FURTHER INFORMATION CONTACT: Phillip Kauzlarich, Health Insurance Specialist, Centers for Medicare & Medicaid Services, Office of Financial Management, Program Integrity Group, Mail-stop C3–02–16, 7500 Security Boulevard, Baltimore Maryland 21244–1850. The telephone number is (410)–786–7170 and e-mail is *pkauzlarich@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Description of the Matching Program

A. General

The Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100–503), amended the Privacy Act (5 U.S.C. 552a) by describing the manner in which computer matching involving Federal agencies could be performed and adding certain protections for individuals applying for and receiving Federal benefits. Section 7201 of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) further amended the Privacy Act regarding protections for such individuals. The Privacy Act, as amended, regulates the use of computer matching by Federal agencies when records in a system of records are matched with other Federal, State, or local government records. It requires Federal agencies involved in computer matching programs to:

1. Negotiate written agreements with the other agencies participating in the matching programs;
2. Obtain the Data Integrity Board approval of the match agreements;
3. Furnish detailed reports about matching programs to Congress and OMB;
4. Notify applicants and beneficiaries that the records are subject to matching; and,
5. Verify match findings before reducing, suspending, terminating, or denying an individual's benefits or payments.

B. CMS Computer Matches Subject to the Privacy Act

CMS has taken action to ensure that all CMPs that this Agency participates in comply with the requirements of the Privacy Act of 1974, as amended.

Dated: July 12, 2005.

John R. Dyer,

Chief Operating Officer, Centers for Medicare & Medicaid Services.

Computer Match No. 2005–03

Name

''Computer Matching Agreement Between the Centers for Medicare & Medicaid Services (CMS) and the State of Washington Department of Social and Health Services for Disclosure of Medicare and Medicaid Information.''

Security Classification

Level Three Privacy Act Sensitive.

Participating Agencies

The Centers for Medicare & Medicaid Services, and State of Washington Department of Social and Health Services.

Authority for Conducting Matching Program

This CMA is executed to comply with the Privacy Act of 1974 (Title 5 United States Code (U.S.C.) 552a), as amended, (as amended by Pub. L. 100–503, the Computer Matching and Privacy Protection Act (CMPPA) of 1988), the Office of Management and Budget (OMB) Circular A–130, titled ''Management of Federal Information Resources'' at 65 **Federal Register** (FR) 77677 (December 12, 2000), 61 FR 6435 (February 20, 1996), and OMB guidelines pertaining to computer matching at 54 FR 25818 (June 19, 1989).

This Agreement provides for information matching fully consistent

with the authority of the Secretary of the Department of Health and Human Services (Secretary). Section 1816 of the Social Security Act (the Act) permits the Secretary to contract with fiscal intermediaries ''to make such audits of the records of providers as may be necessary to insure that proper payments are made under this part,'' and ''to perform such other functions as are necessary to carry out this subsection.'' (42 U.S.C. 1395h(a)).

Section 1842 of the Act provides that the Secretary may contract with entities known as carriers to ''make such audits of the records of providers of services as may be necessary to assure that proper payments are made'' (42 U.S.C. 1395u(a)(1)(C)); ''assist in the application of safeguards against unnecessary utilization of services furnished by providers of services and other persons to individuals entitled to benefits' (42 U.S.C. 1395u(a)(2)(B)); and ''otherwise assist * * * in discharging administrative duties necessary to carry out the purposes of this part'' (42 U.S.C. 1395u(a)(4)).

Furthermore, § 1874(b) of the Act authorizes the Secretary to ''contract with any person, agency, or institution to secure on a reimbursable basis such special data, actuarial information, and other information as may be necessary in the carrying out of his functions'' under this title (42 U.S.C. 1395kk(b)).

Section 1893 of the Act establishes the Medicare Integrity Program, under which the Secretary may contract with eligible entities to conduct a variety of program safeguard activities, including fraud review employing equipment and software technologies that surpass the existing capabilities of Fiscal Intermediaries and carriers (42 U.S.C. 1395ddd). The contracting entities are called Program Safeguards Contractors (PSC).

DSHS is charged with the administration of the Medicaid program in Washington and is the single state agency for such purpose. The Revised Code of Washington (RCW) 74.09.500 established the Medical Assistance Program and authorized DSHS to comply with Federal requirements for the medical assistance program provided in the Social Security Act and Title XIX of Public Law (89–97) in order to secure Federal matching funds for the program. DSHS provides eligible individuals with health care and remedial or preventive services, including both Medicaid services and Medical Care Services defined in RCW 74.09.035 and authorized for payment solely from State funds.

DSHS' disclosure of the Medicaid data pursuant to this Agreement is for purposes directly connected with the administration of the Medicaid Program, in compliance with 42 CFR 431.300 through 431.307 and RCW 74.09.200, 74.09.210 and 74.09.290. Those purposes include the detection, prosecution and deterrence of fraud and abuse (F&A) in the Medicaid Program.

Purpose(s) of the Matching Program

The purpose of this Agreement is to establish the conditions, safeguards, and procedures under which the Centers for Medicare & Medicaid Services (CMS) will conduct a computer matching program with the State of Washington Department of Social and Health Services (DSHS), to study claims, billing, and eligibility information to detect suspected instances of Medicare and Medicaid fraud and abuse (F&A) in the State of Washington. CMS and DSHS will provide Computer Services Corporation, a CMS contractor (hereinafter referred to as the ''Custodian''), with Medicare and Medicaid records pertaining to eligibility, claims, and billing which the Custodian will match in order to merge the information into a single database. Utilizing fraud detection software, the information will then be used to identify patterns of aberrant practices requiring further investigation. The following are examples of the type of aberrant practices that may constitute F&A by practitioners, providers, and suppliers in the State of Washington expected to be identified in this matching program: (1) Billing for provision of more than 24 hours of services in one day; (2) providing treatment and services in ways more statistically significant than similar practitioner groups; and (3) up-coding and billing for services more expensive than those actually performed.

Categories of Records and Individuals Covered by the Match

This CMP will enhance the ability of CMS and DSHS to detect F&A by matching claims data, eligibility, and practitioner, provider, and supplier enrollment records of Medicare beneficiaries, practitioners, providers, and suppliers in the State of Washington against records of Washington Medicaid beneficiaries, practitioners, providers, and suppliers in the State of Washington.

Description of Records to be Used in the Matching Program

The data for CMS are maintained in the following Systems of Records:

National Claims History (NCH), System No. 09–70–0005 was most recently published in the **Federal Register**, at 67 FR 57015 (September 6, 2002). NCH contains records needed to facilitate obtaining Medicare utilization review data that can be used to study the operation and effectiveness of the Medicare program. Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

Carrier Medicare Claims Record, System No. 09–70–0501 was published in the **Federal Register** at 67 FR 54428 (August 22, 2002). Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

Enrollment Database, System No. 09–70–0502 was published in the **Federal Register** at 67 FR 3203 (January 23, 2002). Matched data will be released to DSHS pursuant to the routine use set forth in the system notice.

Unique Physician/Provider Identification Number, System No. 09–70–0525, was most recently published in the **Federal Register** at 69 FR 75316 (December 16, 2004). Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

Medicare Supplier Identification File, System No. 09–70–0530 was most recently published in the **Federal Register**, at 67 FR 48184 (July 23, 2002). Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

Medicare Beneficiary Database, System No. 09–70–0536 was published in the **Federal Register** at 66 FR 63392 (December 6, 2001). Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

Intermediary Medicare Claims Record, System No. 09–70–0503 was published in the **Federal Register** at 67 FR 65982 (October 29, 2002). Matched data will be released to DSHS pursuant to the routine use as set forth in the system notice.

The data for DSHS are maintained in the Washington Medicaid Management Information System (MMIS). In 2001, DSHS procured the development and operation of a Decision Support System by DSHS' contractor HWT, Inc. The MMIS provides an electronic data feed to the HWT–DSS on a weekly basis. The DSS will be used to extract data for purposes of this computer matching agreement. The following HWT–DSS tables will be utilized:

—Washington Medicaid Management Information System (MMIS) Paid Claims Table;

—Washington MMIS Provider Master Table; and

—Washington MMIS Eligibility Table.

Inclusive Dates of the Match

The CMP shall become effective no sooner than 40 days after the report of the Matching Program is sent to OMB and Congress, or 30 days after publication in the **Federal Register**, whichever is later. The matching program will continue for 18 months from the effective date and may be extended for an additional 12 months thereafter, if certain conditions are met.

[FR Doc. 05–14563 Filed 7–22–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: title IV–E State Plan for the Foster Care, Independent Living and Adoption Assistance Programs.P*OMB No.:* 0980–0141.

Description: A State plan is required by sections 471 and 477(b)(2), part IV–E of the Social Security Act (the Act) for each public child welfare agency requesting Federal funding for foster care, independent living services and adoption assistance under the Act. The State plan is a comprehensive narrative description of the nature and scope of a State's programs and provides assurances that the programs will be administered in conformity with the specific requirements stipulated in title IV–E. The plan must include all applicable State statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A State may use the pre-print format prepared by the Children's Bureau of the Administration for Children and Families or a different format, on the condition that the format used includes all of the title IV–E State plan requirements of the law.

Respondents: State and Territorial Agencies (State Agencies) administering or supervising the administration of the title IV–E programs.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV–E State Plan	12	1	15	180

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DE 20447, Attn: ACF Reports Clearance Officer. E-mail address: *grjohnson@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: July 19, 2005.

Robert Sargis,

Reports Clearance, Officer.

[FR Doc. 05–14616 Filed 7–22–05; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Grants and Cooperative Agreements; Availability, etc.: Child Development Associate Credentialing Program

Program Office: Administration on Children, Youth and Families Head Start Bureau.

Funding Opportunity Title: Child Development Associate (CDA) National Credentialing Program.

Announcement Type: Cooperative Agreement.

Funding Opportunity Number: HHS–2005–ACF–ACYF–YD–0064.

CFDA Number: 93.600.

Due Date for Applications: September 23, 2005.

Executive Summary: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF) announces the availability of $1,000,000 annually for each of five years to support staff development for all individuals employed in local Head Start, Early Head Start, and other child care programs to increase the understanding and skills necessary to carry out their jobs, as well as professional development leading to credentials and degrees. A cooperative agreement is a form of Federal financial assistance that allows substantial Federal involvement in the activities for which funds are awarded.

I. Funding Opportunity Description

Head Start is a national program that provides comprehensive developmental services for preschool children, ages three through five, and under the Early Head Start program for infants, toddlers, and pregnant women. Since the inception of Head Start in 1965, over 22 million children and their families have been served. In 2004, nearly 900,000 Head Start and Early Head Start children and their families and 6,227 pregnant women received services based on the requirements of The Head Start Program Performance Standards and Other Regulations.

The Head Start Act as amended in 1998, Sec. 648(e) (42 U.S.C. 9843), Technical Assistance and Training, requires that the Secretary shall provide, either directly or through grants or other arrangements, funds from programs authorized under this subchapter to support an organization to administer a centralized child development and national assessment program leading to recognized credentials for personnel working in early childhood development and child care programs.

In 2004, 47,000 classrooms were staffed with more than 56,208 infant, toddler, and preschool teachers, and