against, correct, remedy, or otherwise combat fraud or abuse in such programs.

B. Additional Provisions Affecting Routine Use Disclosures.

To the extent this system contains Protected Health Information (PHI) as defined by HHS regulation ''Standards for Privacy of Individually Identifiable Health Information'' (45 CFR parts 160 and 164, subparts A and E) 65 FR 82462 (12–28–00). Disclosures of such PHI that are otherwise authorized by these routine uses may only be made if, and as, permitted or required by the ''Standards for Privacy of Individually Identifiable Health Information.'' (See 45 CFR 164.512(a)(1)).

In addition, our policy will be to prohibit release even of data not directly identifiable, except pursuant to one of the routine uses or if required by law, if we determine there is a possibility that an individual can be identified through implicit deduction based on small cell sizes (instances where the patient population is so small that because of the small size, use of this information could allow for the deduction of the identity of the beneficiary).

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

All records are stored on electronic media.

RETRIEVABILITY:

The collected data are retrieved by an individual identifier; *e.g.*, beneficiary name or HICN, and unique provider identification number.

SAFEGUARDS:

CMS has safeguards in place for authorized users and monitors such users to ensure against excessive or unauthorized use. Personnel having access to the system have been trained in the Privacy Act and information security requirements. Employees who maintain records in this system are instructed not to release data until the intended recipient agrees to implement appropriate management, operational and technical safeguards sufficient to protect the confidentiality, integrity and availability of the information and information systems and to prevent unauthorized access.

This system will conform to all applicable Federal laws and regulations and Federal, HHS, and CMS policies and standards as they relate to information security and data privacy. These laws and regulations may apply but are not limited to: the Privacy Act of 1974; The Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E–Government Act of 2002, the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003, and the corresponding implementing regulations. OMB Circular A–130, Management of Federal Resources, Appendix III, Security of Federal Automated Information Resources also applies. Federal, HHS, and CMS policies and standards include but are not limited to: All pertinent National Institute of Standards and Technology publications; the HHS Information Systems Program Handbook and the CMS Information Security Handbook.

RETENTION AND DISPOSAL:

CMS will retain information for a total period not to exceed 6 years and 3 months. All claims-related records are encompassed by the document preservation order and will be retained until notification is received from DOJ.

SYSTEM MANAGER AND ADDRESS:

Director, Division of Survey Management & Data Release, Information and Methods Group, Office of Research, Development & Information, Mail Stop C3–16–07, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244–1849.

NOTIFICATION PROCEDURE:

For purposes of access, the subject individual should write to the system manager who will require the system name, employee identification number, tax identification number, national provider number, and for verification purposes, the subject individual's name (woman's maiden name, if applicable), HICN, and/or SSN (furnishing the SSN is voluntary, but it may make searching for a record easier and prevent delay).

RECORD ACCESS PROCEDURE:

For purposes of access, use the same procedures outlined in Notification Procedures above. Requestors should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2)).

CONTESTING RECORD PROCEDURES:

The subject individual should contact the system manager named above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7).

RECORDS SOURCE CATEGORIES:

The data collected and maintained in this system are retrieved from the following databases: Medicare Drug Data Processing System, Medicare Beneficiary Database, Medicare Advantage Prescription Drug System, Medicaid Statistical Information System, Retiree Drug Subsidy Program, Common Working File, National Claims History, Enrollment Database, Carrier Medicare Claims Record, Intermediary Medicare Claims Record, Unique Physician/Provider Identification Number, Medicare Supplier Identification File, a Current Beneficiary Survey, National Plan & Provider Enumerator System, Long Term Care MDS, HHA Outcome and Assessment Information Set, and Integrated Data Repository.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

[FR Doc. E6–15130 Filed 9–14–06; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration on Children, Youth and Families

AGENCY: Administration on Children, Youth and Families, Administration for Children and Families, HHS.

ACTION: Noncompetitive Successor Grantee Award.

CFDA#: 93.616.

Legislative Authority: Public Law (Pub. L.) 107–133, Promoting Safe and Stable Families Amendments of 2001, Subtitle B.

Amount of Award: $82,000 for one year.

Project Period: 7/30/2006–7/29/2007.

Justification for the Exception to Competition: In a letter dated June 19, 2006, Mr. Neil J. Hufnagel, Board President/Interim Director of Big Brothers Big Sisters of Clinton and Ionia Counties voluntarily relinquished the agency's grant funds to ACF as a result of their merger with Big Brothers Big Sisters of Michigan Capital Region. To ensure that grant monies are obligated and that services provided by the grant funds may continue, Big Brothers of Michigan Capital Region, submitted an application dated July 31, 2006 to become the permanent successor

grantee for the final budget and project periods of Grant No. 90CVO172.

Big Brothers Big Sisters of Clinton and Ionia Counties was responsible for assisting children in Clinton and Ionia Counties whose parents are incarcerated to alleviate risk factors and to improve their quality of life by providing them with specially-trained adult mentors who can provide supportive relationships, guidance and encouragement. As Big Brothers Big Sisters of Michigan Capital Region is proposing to continue services to the same community with the same staff as previously done by Big Brothers Big Sisters of Clinton and Iona Counties, the Family and Youth Services Bureau (FYSB) is requesting that Big Brothers Big Sisters of Michigan Capital Region be granted a deviation to be funded as the permanent successor grantee without competition for the remaining twelve months of the project period.

FOR FURTHER INFORMATION CONTACT: Curtis Porter, Director, Youth Development Division, Family and Youth Services Bureau, Administration for Children, Youth and Families, Administration for Children and Families, Portals Building, Suite 800, 1250 Maryland Avenue, SW., Washington, DC 20024. Telephone: 202–205–8102

Dated: September 8, 2006.

Joan E. Ohl,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. E6–15324 Filed 9–14–06; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Transmissible Spongiform Encephalopathies Advisory Committee; Amendment of Notice

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

The Food and Drug Administration (FDA) is announcing an amendment to the notice of the meeting of the Transmissible Spongiform Encephalopathies Advisory Committee. This meeting was announced in the **Federal Register** of August 3, 2006 (71 FR 44035). The amendment is being made to reflect a change in the *Date and Time*, *Agenda*, and *Procedure* portions of the document. Specifically, the open public hearing times in the *Procedure* portion of the document were changed. Because of a change in the agenda, the afternoon committee discussion topic will be cancelled. There are no changes other than those stated in this announcement.

FOR FURTHER INFORMATION CONTACT: William Freas or Rosanna L. Harvey, Center for Biologics Evaluation and Research (HFM–71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448, 301–827–0314, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512392.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of August 3, 2006, FDA announced that a meeting of the Transmissible Spongiform Encephalopathies Advisory Committee would be held September 18, 2006 from 8 a.m. to 4:30 p.m. and September 19, 2006 from 8 a.m. to 1 p.m. On page 44035, in the third column, the *Date and Time* portion of the notice is amended to read as follows:

Date and Time: The meeting will be held on September 18, 2006, from 8:30 a.m. to 4 p.m. and September 19, 2006, from 8 a.m. to 1 p.m.

On page 44036, in the first column, the *Agenda* and *Procedure* portions of the notice are amended to read as follows:

Agenda: On September 18, 2006, the committee will hear updates on the following topics: United States and worldwide bovine spongiform encephalopathies (BSE); variant Creutzfeldt-Jakob disease (vCJD) epidemiology and transfusion-transmission; blood and plasma donor deferral for transfusion in France since 1980 guidance; and critical factors influencing prion decontamination using sodium hydroxide. The committee will then discuss experimental clearance of transmissible spongiform encephalopathy infectivity in plasma-derived Factor VIII products. In the afternoon, the committee will hear updates on the status of FDA's initiative on communication of the potential exposure to vCJD risk from an investigational product, plasma derived FACTOR XI that was manufactured from UK donor plasma, and a summary of World Heath Organization consultation on distribution of infectivity in tissues of animals and humans with transmissible spongiform encephalopathies. On September 19, 2006, the committee will discuss possible criteria for approval of donor screening tests for vCJD.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before September 6, 2006. Oral presentations from the public will be scheduled between approximately 11:30 a.m. and 12 noon and 3:30 p.m. and 4 p.m. on September 18, 2006, and between approximately 11:25 a.m. and 11:45 a.m. on September 19, 2006. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before September 11, 2006.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app.2) and 21 CFR part 14, relating to the advisory committees.

Dated: September 6, 2006.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E6–15283 Filed 9–14–06; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Faculty Loan Repayment Program (FLRP) Application (OMB No. 0915–0150)—Extension

Under the Health Resources and Services Administration Faculty Loan Repayment Program, health profession graduates from a disadvantaged background may enter into a contract under which HRSA, with the Department of Health and Human Services, will make payments on