Carriers to pay claims submitted by providers/suppliers who furnish services to Medicare beneficiaries. Under CMS' payment policy, Medicare providers/suppliers have the option of receiving payments electronically. The collection and verification of this information via Form CMS–588 protects our beneficiaries from illegitimate health care providers/suppliers. These procedures also protect the Medicare Trust Funds against fraud. *Form Number:* CMS–588 (OMB control number: 0938–0626); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 59,662; *Total Annual Responses:* 59,662; *Total Annual Hours:* 41,293. (For policy questions regarding this collection contact Alisha Sanders at 410–786–0671.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Assistance Listing Number: 93.600]

Announcement of the Intent To Award Sole-Source Awards to the Federated States of Micronesia and the Republic of the Marshall Islands

AGENCY: Office of Head Start (OHS), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of intent to award sole-source awards.

SUMMARY: The ACF, OHS announces the intent to award two sole-source grants in the total amount of up to $7,200,000, or $3,600,000 each, to the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) to support the establishment and provision of Early Head Start (EHS) and/or Head Start Preschool (HSP) services. These awards are made pursuant to new statutory authority and recent appropriations providing $8 million to extend Head Start eligibility and services in the Freely Associated States, as authorized under the Compacts of Free Association Amendments Act of 2024 (Division G, Title II of Public Law 118–42), and the Fiscal Year (FY) 2026 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act.

DATES: The proposed period of performance is 60-months, subject to the availability of funds.

FOR FURTHER INFORMATION CONTACT: Shawna Pinckney, Acting Deputy Director, Office of Head Start, 330 C St. SW, Washington, DC 20201. Telephone: 866–763–6481; Email: *HeadStart@eclkc.info.*

SUPPLEMENTARY INFORMATION: Consistent with the Head Start Act and ACF grants administration requirements, OHS intends to fund these projects initially for 12-months and issue additional yearly funding as supplements, subject to the availability of funds, satisfactory recipient performance, and compliance with applicable federal requirements. Continued funding is also subject to the Head Start Designation Renewal System (DRS) requirements (45 CFR 1304.11) and recipients will not be subject to competition unless one or more DRS conditions are met, consistent with OHS policy and practice. To support initial program establishment and capacity building in these jurisdictions and consistent with the FY 2026 appropriations act, recipients of these awards will not be subject to DRS competition requirements for the first 24 months of their project period.

The Federated States of Micronesia and the Republic of the Marshall Islands are sovereign nations in free association with the United States under the Compacts of Free Association (COFA). Historically, residents of these nations have had limited access to federally funded early childhood programs such as Head Start within their home jurisdictions.

Amendments to the COFA agreements in March 2024, along with accompanying appropriations, establish eligibility for Head Start services and provide dedicated funding to support early childhood education, health, nutrition, and family support services in FSM and RMI.

The purpose of these sole-source awards is to:

- Plan, establish, and operate Early Head Start and/or Head Start Preschool programs in FSM and RMI;
- Provide comprehensive early childhood services to eligible children and families;
- Support school readiness and healthy development;
- Build local capacity for sustainable program implementation.

OHS is proposing to make these awards on a sole-source basis to the governments (or their designated entities) of FSM and RMI due to the following:

1. Unique Eligibility and Jurisdiction: FSM and RMI are the only jurisdictions eligible for these funds under the new statutory authority and COFA agreements.

2. Government-to-Government Relationship: The United States maintains a unique political and legal relationship with FSM and RMI under COFA, necessitating direct engagement with their national governments or designated entities.

3. Lack of Alternative Eligible Applicants: No other entities are authorized to receive these funds for the purposes described in the appropriations and statutory authority.

4. Need for Expedited Implementation: Timely obligation of funds is critical to begin services and fulfill congressional intent.

OHS announces the intent to award the following sole-source awards:

Recipient	Award amount
The Federated States of Micronesia	Up to $3,600,000.
The Republic of the Marshall Islands	Up to $3,600,000.

Statutory Authority: Head Start Act, as amended (42 U.S.C. 9831 *et seq.*), and the Compacts of Free Association Amendments Act of 2024 (Division G, Title II of Pub. L. 118–42), which implements the Compacts of Free Association with the Federated States of Micronesia and the Republic of the Marshall Islands.

Elizabeth Leo,

Grants Policy Branch Chief, Office of Grants Policy, Office of Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Newborn Screening Stakeholder Workgroup

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of supplemental funding.

SUMMARY: HRSA provides funding to support a national center for newborn screening systems known as the National Center for Newborn Screening Systems Excellence (NBS Excel). In fiscal year 2026, supplemental funding is being provided to NBS Excel to establish a national newborn screening stakeholder workgroup. This workgroup will be a pathway for conditions to be considered and recommended for inclusion in the Recommended Uniform Screening Panel (RUSP) and to discuss national-level issues related to newborn screening. Membership will include representatives from a wide range of newborn screening experts and stakeholders. The award recipient will convene the workgroup and develop findings, reports, and recommendations for HRSA's review and consideration. HRSA will then make recommendations to the Secretary of Health and Human Services, who has final decision-making authority on updates to the RUSP.

FOR FURTHER INFORMATION CONTACT: Please contact the Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, HRSA, at 301–443–0959 or *nbsprograms@hrsa.gov.*

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: Association of Public Health Laboratories.

Amount of Non-competitive award: $700,000; supplement funding for similar activities may be considered in fiscal year 2027, subject to the availability of funding for the activity and satisfactory performance of the recipient.

Project Period: July 1, 2023, to June 30, 2028.

Assistance Listing Number: 93.110.

Award Instrument: Supplement for Services.

Authority: 42 U.S.C. 300b–8 (Public Health Service Act § 1109, as amended).

TABLE 1—RECIPIENT(S) AND AWARD AMOUNT(S)

Grant No.	Award recipient name	City, state	Award amount
U22MC24078	Association of Public Health Laboratories	Silver Spring, MD	$700,000

Justification: Newborn screening is a successful public health program that saves lives and improves infants' health outcomes through early identification and treatment of heritable conditions. The newborn screening system relies on collaboration among families, state public health agencies, public health laboratories, and health care providers. States and territories screen over 3.6 million babies and identify approximately 12,900 infants with heritable conditions annually. Most states and territories screen for the majority of conditions on the RUSP, as recommended by the Secretary. As of May 2026, 85 percent of newborn screening programs screen for 35 out of 40 core RUSP conditions.

NBS Excel (HRSA–23–077) will establish a national newborn screening workgroup to support a new pathway for conditions to be considered for the RUSP. The RUSP is a national guideline that identifies conditions for which the Secretary recommends universal newborn screening. The RUSP contains 40 core conditions and 26 secondary conditions. Conditions listed on the RUSP are also part of the HRSA-supported preventive services guidelines for infants and children under section 2713 of the Public Health Service Act. As a result, non-grandfathered health plans are required to cover such screenings without patient cost-sharing beginning 1 year after the Secretary adopts a condition for screening. While states are not required to screen for every RUSP condition; the RUSP serves as a framework for state newborn screening programs. HRSA will focus on streamlining the review of candidate conditions to support a more efficient, timely and evidence-based process. To inform the recommendations for potential conditions, independent evidence-based reviews will be conducted (supported by HRSA) for multiple conditions.

The recipient will also convene the national workgroup to address national newborn screening issues, including genomic sequencing, data collection, and other emerging topics. Membership will include representatives from a wide range of stakeholders, including but not limited to state newborn screening programs, family organizations, clinicians, researchers, laboratorians, and public health experts. Membership applications will be publicly announced by the recipient. The workgroup is expected to meet at least three times a year and be open to the public. Meeting information, including agendas, will be announced publicly in advance.

Under this new pathway, the award recipient will convene the workgroup and develop findings, reports, and recommendations to HRSA for review and consideration. As appropriate, HRSA may publish **Federal Register** notices to solicit and consider additional public input and stakeholder feedback as part of the federal review process. Following review of public comments and the award recipient's submissions, HRSA will make recommendations to the Secretary on the inclusion of conditions to the RUSP. The Secretary retains final authority over all RUSP updates.

HRSA will award $700,000 to the recipient identified in Table I because the proposed activities directly align with the scope and objectives outlined in the Notice of Funding Opportunity for HRSA–23–077. The recipient currently serves as a national leader in newborn screening systems improvement by providing technical assistance, subject matter expertise, training, education, and quality improvement support to state newborn screening programs and stakeholders nationwide. The recipient has developed national resources and educational webinars that strengthen and support the newborn screening system. The recipient also convenes and leads expert workgroups focused on priority areas, including the use of health information technology and implementation of recently added RUSP conditions. This existing infrastructure, technical expertise, and national reach position the recipient to effectively lead