

finding temporary lodging facilities may be difficult, and distances involved may be great.

The provisions in this bulletin are effective from the date of the Presidential declaration of a county as an individual assistance disaster area and apply only upon that designation for the subject states. The provisions of the bulletin expire as stated in paragraph 5.

2. *Background.* Due to the scope of destruction caused by these natural disasters, agencies should consider delaying all non-essential TDY and PCS to the affected locations for a period of 90 days. This is especially important with PCS travel because the 120-day maximum for TQSE cannot be extended due to statutory restrictions. If such TDY and PCS travel cannot be delayed due to mission requirements or personal hardships, then the following applies:

3. *For PCS travel that cannot be delayed due to mission requirements or personal hardships the following applies:* For temporary quarters subsistence expense (TQSE), the FTR provisions requiring that temporary quarters be in reasonable proximity to the new official station are hereby waived for the areas listed in paragraph 4. The maximum limit of 120 days that TQSE may be authorized remains in effect.

Additionally, the provisions of FTR 302-6.102 limiting per diem reimbursement to the standard CONUS rate for TQSE are hereby waived to allow the reimbursement of subsistence expenses at the locality per diem rate under the provisions of FTR 301-11.101 or an actual expense reimbursement allowance under FTR 301-11.300-306, at the discretion of the agency, for the areas specified in paragraph 4. The provisions of FTR 302-6.200-203 providing for fixed amount reimbursement option for TQSE remain in effect. In addition, for house hunting trips (HHT), the provisions of FTR 302-5.13 that restrict reimbursement of subsistence expenses to the lodgings-plus method are hereby waived. Thus, actual expense allowances under FTR 301-11.300-306 may be authorized, at the discretion of the agency, for those areas listed in paragraph 4. The provisions of FTR 302-5.13 providing for fixed amount reimbursement option for HHT remain in effect. In all cases, the provisions of 41 CFR 301-11.303 limiting actual expenses not to exceed 300 percent (rounded to the next higher dollar) of the applicable maximum per diem rate remains in effect.

4. *Maximum rates.* As a result of Hurricanes Charley, Frances, Ivan, and Jeanne, and Tropical Storm Bonnie, the

provisions of FTR 301-11.300 and 301-11.70.200(f) requiring an agency determination that reimbursement under the actual expense method is appropriate are hereby waived for the locations specified below. Thus, agencies may approve actual subsistence expense reimbursement, not to exceed 300 percent of the applicable per diem rate, without further justification, for the following affected counties and parishes:

Florida (effective August 11, 2004):

The counties of Brevard, Charlotte, Collier, DeSoto, Dixie, Duval, Flagler, Glades, Hardee, Hendry, Highlands, Indian River, Lake, Lee, Levy, Manatee, Monroe, Okeechobee, Orange, Osceola, Pasco, Polk, St. Johns, Sarasota, Seminole, and Volusia.

Florida (effective September 3, 2004):

The counties of Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Columbia, DeSoto, Dixie, Duval, Flagler, Gilchrist, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Levy, Marion, Martin, Miami-Dade, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Seminole, St. Johns, St. Lucie, Sumter, Union and Volusia Counties.

Alabama effective September 13, 2004:

The counties of Baldwin, Butler, Clarke, Coffee, Conecuh, Covington, Crenshaw, Escambia, Geneva, Mobile, Monroe, and Washington.

Florida (effective September 13, 2004):

The counties of Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Leon, Liberty, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington.

Louisiana (effective September 13, 2004):

The parishes of Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany, and Terrebonne.

Mississippi (effective September 13, 2004):

The counties of George, Hancock, Harrison, Jackson, Perry, Stone, and Wayne.

5. *Expiration date.* This bulletin expires on December 31, 2004, unless sooner rescinded by this office.

6. *For further information contact.* Ms. Peggy Deprospero, Director, Travel Management Policy, at (202) 501-2826.

By delegation of the Administrator, General Services Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Nursing Home Care Planning Technical Expert Panel Meeting

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice of public meeting.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIP) will convene a technical expert panel (TEP) to discuss nursing home care planning and quality improvement research options for advancing this process in order to maximize quality of nursing home care. The authority for this meeting is derived from 42 U.S.C. 299b-1 and 299 which respectively authorize AHRQ to provide scientific and technical support to improve health care quality and to promote improvements in health system practices by synthesizing and disseminating available scientific information to providers and policymakers and by conducting and supporting research on methods and strategies for improving quality.

DATES: This meeting will take place on October 12, 2004 from 8:45 a.m.-5 p.m. and October 13 from 9 a.m.-3:30 p.m. The meeting is open to the public and a 30 minute public comment period is scheduled starting at 3 p.m. on the first day and 2:30 p.m. on the second day of the meeting.

Due to security measures and space constraints, it will be necessary for you to pre-register to attend the meeting. For pre-registration information please contact the meeting contractor, Karen Sofer at (301) 231-7537, ext. 260, by 11 a.m. on Monday, October 11. You will need to bring a picture ID with you. Please note that persons attempting to attend without prior registration will not be admitted to the meeting.

ADDRESSES: Please note that individuals interested in attending the meeting without prior registration will not be admitted to the meeting. The meeting will be at the AHRQ Conference Center, Watts Branch Conference Room, 540 Gaither Road, Rockville, MD 20850. Please also be advised that seating is very limited and food will be available for panelists and Agency staff. A report of the meeting will be made available to the public after the meeting.

For driving and public transportation directions, please visit <http://www.ahrq.gov/aout/map.htm>. There is a shuttle from the Shady Grove Metro

stop. For those driving, parking is \$4.00. You must enter the parking lot at the "Redland Center" entrance on Gaither Road, about one-eighth mile from Redland Boulevard.

FOR FURTHER INFORMATION CONTACT: Judith Sangl (301) 427-1308.

SUPPLEMENTARY INFORMATION: The panel will concentrate on improving the overall framework for care planning in nursing homes. They will cover topics of patient-centered care, Resident Assessment Protocols (RAPs) format, clinical utility and ease of use (but not the specific content detail of the RAPs), informatics and decision support for care planning, and interdisciplinary planning.

Dated: October 5, 2004.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-04KK]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of

the data collection plans and instruments, call 404-498-1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluation of "Steps to a HealthierUS" Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Description of Proposed Collection

The Steps to a Healthier U.S. (HealthierUS) Program, known as STEPS, is an innovative program that advances the goals of helping Americans live longer, better, and healthier lives by preventing obesity, diabetes, and asthma. Forty communities across the country will or have received funding to develop and implement community action plans. These action plans will include

multiple evidence-based public health strategies and interventions to increase healthy behavior change.

The goal of this evaluation is to provide annual data on STEPS program outcomes in the STEPS communities collectively and a matched national sample, using a questionnaire that is tailored to the needs of the STEPS evaluation. The survey will be administered by computer assisted telephone interviews (CATI) annually in the STEPS sites and in a nationally representative (non-STEPS sites) sample of adults 18 years and older that is matched to key characteristics of the STEPS sites collectively (e.g., age, race/ethnicity, income). The proposed survey will enable the CDC to determine if target outcomes are being achieved, and achieved more rapidly in Steps communities compared to the rest of the country.

The survey will help answer key questions that cannot be adequately addressed by existing data infrastructures or by each sites' local evaluation alone. In the absence of a comparison sample, it is not possible to know if progress in STEPS communities is simply a reflection of national secular trends or an impact of the interventions. By implementing a data collection system that is uniform across all STEPS sites and a national comparison sample, directly comparable data to answer specific research questions will be collected. Results from this data collection will help provide data necessary to develop innovative solutions that can be applied by states, communities, and CDC to improve the health behaviors of Americans. There are no costs to respondents except their time to respond.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Adults at STEPS sites	4000	1	25/60	1667
Adults at Non-STEPS sites	2000	1	25/60	833
Total	6000	2500