Indicator 5—Anticipated Problems—10 points

Project plan defines the problems anticipated in implementing the project and the proposed approaches to resolving such problems as may arise.

Indicator 6—Institutional Collaboration—15 points

Project plan includes documentation of the support of individuals or organizations who will collaborate in implementation of this proposed project. Letters of support for the project from the institution, department, faculty, etc., are included. For Faculty Development projects, letters from potential/actual trainees are included.

Indicator 7—Trainee Grid—10 points

Except for Departments of Family Medicine, project plan includes a ''trainee grid'' that defines the type of individuals being trained, how many will be trained, and when they will be trained.

For General Internal Medicine and General Pediatrics Residencies, the grid should also reflect actual and projected numbers of primary care and traditional residents.

Criterion 3: Economic Viability—The Potential of the Project to Continue on a Self-Sustaining Basis After the Period of the Project Grant

Indicator 1—Continuation Support—10 points

Proposed projects demonstrate how their support will be continued after cessation of Federal funding. If other projects have been funded under this grant program within the past five years, a financial report discusses how terminated Federal funds have been replaced.

Indicator 2—Non-Federal Support—10 points

Financial and in-kind support is or will be provided by state or local government, institution, medical school, department, patient fees, or other private funding sources to supplement the Federal grant.

Criterion 4: Degree to Which the Proposed Project Adequately Provides for the Project Requirements

(These indicators (project requirements) have been established in 42 CFR part 57, subparts Q, R, and FF and are summarized below.)

Establishing Departments of Family Medicine

Indicator 1—Project Director—10 Points
Indicator 2—Administrative Autonomy—15 points
Indicator 3—Control Over Residency Program—10 points
Indicator 4—Evaluation Plans—10 points
Indicator 5—Family Medicine Instruction—10 points
Indicator 6—Full-Time Faculty—10 points
Indicator 7—Academic Status—10 points

Family Medicine Residencies

Indicator 1—Accreditation Status—40 points

Proposal includes a letter of accreditation from the ACGME/RRC or a letter of approval from the AOA verifying that the residency meets all requirements. All such projects are considered to have satisfied the Project Requirements. To the extent that problems are noted by the accrediting body, the project plan addresses the problems and has a plausible plan for their correction. New programs which have not yet been accredited must meet the project requirements specified in regulations at 42 CFR 57.1604.

Family Medicine Faculty Development

Indicator 1—Project Director—10 points
Indicator 2—Administrative & Organizational Plan—10 points
Indicator 3—Evaluation Plans—10 points
Indicator 4—Curriculum—25 points
Indicator 5—Eligible Trainees—10 points
Indicator 6—Number of Trainees—0 points
Indicator 7—Length of Training—0 points
Indicator 8—Trainee Support—0 points

Family Medicine Predoctoral Training

Indicator 1—Project Director—10 points
Indicator 2—Administrative & Organizational Plan—10 points
Indicator 3—Evaluation Plans—10 points
Indicator 4—Ambulatory Care Training Settings—20 points
Indicator 5—Curriculum—10 points
Indicator 6—Sponsoring Unit—10 points
Indicator 7—Institutional Strategy—10 points

General Internal Medicine and General Pediatrics Residencies

Indicator 1—Project Director—10 points
Indicator 2—Administrative & Organizational Plan—10 points
Indicator 3—Curriculum Development and Evaluation Coordinator—10 points
Indicator 4—Faculty and Training Personnel—10 points
Indicator 5—Behavioral Science Faculty—10 points
Indicator 6—Resident Recruitment and Selection—10 points
Indicator 7—Requirement for Stipend Support—0 points
Indicator 8—Number and Distribution of Residents—10 points
Indicator 9—Ambulatory Care Training Setting—10 points
Indicator 10—Continuity of Care Experience—0 points
Indicator 11—Other Ambulatory Patient Care Experiences—10 points
Indicator 12—Curriculum Content and Evaluation of Educational Offerings—20 points
Indicator 13—Evaluation of Residents—10 points

General Internal Medicine and General Pediatrics Faculty Development

Indicator 1—Project Director—10 points
Indicator 2—Administrative & Organizational Plan—10 points
Indicator 3—Curriculum—25 points
Indicator 4—Evaluation Plans—10 points
Indicator 5—Eligible Trainees—10 points
Indicator 6—Eligibility for Trainee Stipend Support—0 points
Indicator 7—Length of Training for Stipend Support—0 points

If additional information is needed, please contact: Enrique Fernandez, M.D., Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A–20, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443–1467, FAX: (301) 443–8890.

Dated: January 5, 1995.

Ciro V. Sumaya,

Administrator.

[FR Doc. 95–696 Filed 1–11–95; 8:45 am]

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Health Resources and Services Administration

Final Project Requirements and Review Criteria for Cooperative Agreements for the National AIDS Education and Training Centers Program for FY 1995

The Health Resources and Services Administration (HRSA) announces the final project requirements and review criteria for Cooperative Agreements for the National AIDS Education and Training Centers (AETCs) Program for FY 1995 authorized under section 776(a), title VII of the Public Health Service (PHS) Act, as amended by the Health Professions Education Extension Amendments of 1992, Public Law 102–408, dated October 13, 1992.

Eligibility and Purpose

The Secretary may make awards and enter into contracts to assist public and nonprofit private entities and schools and academic health science centers in meeting the costs of projects.

(1) To train the faculty of schools of, and graduate departments or programs of, medicine, nursing, osteopathic medicine, dentistry, public health, allied health, and mental health practice to teach health professions students to provide for the health care needs of individuals with HIV disease;

(2) To train practitioners to provide for the health care needs of such individuals;

(3) With respect to improving clinical skills in the diagnosis, treatment, and prevention of such disease, to educate and train the health professionals and clinical staff of schools of medicine, osteopathic medicine, and dentistry; and

(4) To develop and disseminate curricula and resource materials relating to the care and treatment of individuals with such disease and the prevention of the disease among individuals who are at risk of contracting the disease.

Specifically for the National AETC Program, these awards will be made as above and will include community-based organizations (CBOs) and community health clinics affiliated with accredited public and nonprofit private entities—

1. To train health personnel, focusing on practitioners in Title XXVI programs (Ryan White CARE Act), in the diagnosis, treatment, and prevention of Human Immunodeficiency Virus (HIV) infection and disease; and to provide supplementary and/or complementary training to the faculty of schools of, and graduate departments or programs of medicine, nursing, dentistry, public health, mental health practice and allied health personnel;

2. To train and motivate the above practitioners and other community providers to care for the health needs of individuals with HIV disease;

3. To teach health professions students and residents to provide for the health care needs of individuals with HIV disease; and

4. To develop and disseminate to health providers curricula and resource materials relating to the care and treatment of individuals with HIV disease and the prevention of HIV among individuals who are at risk of contracting the disease; and to organize plans for information dissemination of HIV-related information.

Project requirements and review criteria for this program were proposed for public comment in the **Federal Register** on October 27, 1994 at 59 FR 53996. No comments were received during the 30-day comment period. Therefore, the project requirements and review criteria will be retained as proposed.

Final Project Requirements

The focus in FY 1995 will be on primary care providers in high HIV/AIDS prevalence areas, with an emphasis on living persons infected with HIV. However, consideration will be given to rural areas. The project requirements are designed to direct Federal resources where the greatest needs exist. To accomplish this, each project must define a geographic region and identify the types of providers to be targeted for training within that region.

A. Definition of AETCs

All applicants are encouraged to form AETCs composed of as many states/territories/commonwealths as can be managed completely and efficiently. There are four options for defining an AETC region. An applicant may propose, with appropriate documentation:

1. An AETC composed only of a single state/territory/commonwealth as a region if that region contains two or more Ryan White CARE Act Title I Eligible Metropolitan Areas (EMAs) or if the AETC currently is established as a single state AETC;

2. An AETC composed of multiple, contiguous states (Hawaii and Alaska may be included) if it justifies its boundaries with the inclusion of one EMA and specific local epidemiological data equivalent to at least 10,000 living HIV-infected persons (with a prevalence of at least 2,500 living AIDS cases and 7,500 other HIV infected persons). Supporting documentation may include rates of HIV/AIDS infection, or proxy indicators such as STD, TB, and substance abuse, CDC heel stick study data, teenage pregnancy, etc.;

3. An AETC for rural regions if it encompasses at least three states with contiguous boundaries (Hawaii and Alaska may be included) and contains at least one EMA, although the prevalence of living HIV infected persons totals less than 10,000; or

4. An AETC specifically in the District of Columbia that either stands alone or is incorporated in a consortium arrangement with another AETC.

At least 50 percent of project funds must be expended for training activities in high AIDS prevalence areas, i.e.; as defined as EMAs in the Ryan White CARE Act, Title I. If this is not done, appropriate justification from regional epidemiological data and the needs assessment must be provided.

B. Performance Expectations

Each AETC must provide or perform the following. These items are essential for consideration for this cooperative agreement.

1. Submission of a coordinated plan, including a clear statement of resources available from the region's EMA(s), for the network that has been created for dissemination of state-of-the-art information to health professions schools and organizations, HIV care providers and CBOs, including organizations of people living with AIDS (PLWA) in the AETC's proposed region; the methodology (e.g., electronic bulletin boards, print material and teleconferencing, etc.) should be described as well as the types of education materials to be distributed in concert with other PHS agencies and health professions' schools and organizations.

2. A comprehensive clinical training plan, of which a minimum of 50 percent of the Federal funds devoted to training is directed toward primary care providers, i.e., physicians, registered nurses, dentists, physician assistants, nurses with advanced training (e.g., nurse practitioners, clinical nurse specialists and nurse-midwives) and dental hygienists.

3. A training plan for other health professionals including, but not limited to, mental health care providers, case managers, substance abuse counselors and other allied health personnel;

4. Linkages to other organizations in the following priority order: (a) Ryan White CARE ACT, Titles I, II, including Special Programs of National Significant (SPNS), IIIb and IVd funded health services-programs, and the Hemophilia Programs; (b) health professions schools, academic centers, and national health professions organizations, including minority professional groups; (c) Federally supported substance abuse programs (e.g., NIDA & SAMHSA) and community substance abuse programs; (d) PHS funded Area Health Education Centers (AHECs), migrant centers (e.g., sec. 329(a)(1), community health centers (e.g., sec. 330(a), and homeless centers (e.g., sec. 340), mental health providers (e.g., SAMHSA grantees), Federally supported STD and prevention activities (e.g., CDC, etc.), providers in prisons, family planing programs and HRSA supported maternal and child health programs, State and local health agencies and health care facilities involved in providing care for HIV infected individuals in order to fill any gaps in training; (e) other community

based HIV-related organizations (including those formed by PLWA); AETC projects also are encouraged to collaborate with (f) national networks of AIDS clinical trials such as the adult and pediatric AIDS Clinical Trials Group (ACTG), the Community Programs for Clinical Research on AIDS (CPCRA), AMFAR and the Robert Wood Johnson Foundation.

5. An updated needs-assessment of the education and training needs of the primary care providers within the proposed service area and which is based upon epidemiological data for that service area.

6. A plan for outreach to minorities, including involvement of minority providers, providers who serve minority populations, minority professional organizations, and minority health care delivery systems;

7. A plan for program assessment and data collection on program and trainees which can be used for regional and national evaluative purposes; and

8. Plan for non-Federal funding during the 3-year project period.

Final Review Criteria

Applications will be reviewed and rated according to the applicant's ability to meet the following:

1. The completeness and pertinence of the needs assessment to the proposed region and the degree of linkage between its findings and the plans for information dissemination and training for National AETC Program Levels I through III described in the program guidelines;

2. The degree of emphasis on linkages with Ryan White CARE ACT programs I, II (including Special Programs of National Significance (SPNS)), IIIb and IVd, health professions schools and academic health centers, and other collaborations as described under Proposed Project Requirements above;

3. The extent to which the training plans meet the national priorities (prevention, substance abuse, cultural competence, tuberculosis, providers in prisons, implementation of the PHS recommendations of protocol, AIDS Clinical Trials Group (ACTG 076), and psychosocial issues) of the National AETC Program;

4. The completeness and appropriateness of the plan for information dissemination among key HIV contacts as defined under Proposed Project Requirements above;

5. The completeness and appropriateness of the training plans for National AETC Program Levels I, II and III;

6. The organization of the AETC; the administration and management of the AETC and its relationship to its component parts, i.e., Consortia members and/or subcontractors;

7. The appropriateness of the size and configuration of the AETC; the appropriateness and cost-effectiveness of the budget; the amount of support contributed by the proposed awardee institution, including in-kind support;

8. The completeness and appropriateness of the data management and evaluation plans; and

9. The potential for the project to operate on a partially self-sustaining basis during the 3-year period of support.

Additional Information

Requests for technical or programmatic information should be directed to: Juanita Koziol, RN, MS, CS, Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A–39, 5600 Fishers Lane, Rockville, MD 20857, Telephone: (301) 443–6326.

This program is listed at 93.145 in the Catalog of Federal Domestic Assistance and is not subject to the provisions of Executive Order 12372 Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100). This program is not subject to the Public Health System Reporting Requirements.

Dated: January 5, 1995.

Ciro V. Sumaya,

Administrator.

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Advisory Council; Notice of Meetings

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory bodies scheduled to meet during the months of January and February 1995.

Name: National Advisory Council on the National Health Service Corps.

Date and Time: January 27–29, 1995.

Place: Terrace Garden Inn-Buckhead, 3405 Lenox Road, NW., Atlanta, Georgia, (404) 261–9250.

The meeting is open to the public.

Purpose: The Council will advise and make appropriate recommendations on the National Health Service Corps (NHSC) program as mandated by legislation. It will also review and comment on proposed regulations promulgated by the Secretary under provision of the legislation.

Agenda: The meeting will begin at 8:00 a.m. on Friday, January 27, and include a Bureau of Primary Health Care Director's update, Regional Office presentations, an update on the Division of National Health Service Corps and the Division of Scholarships and Load Repayments and presentations on modules developed to assist community-based systems of care in the delivery of health care services. On Saturday at 7:30 for visit to sites in the Atlanta area and hear from National Health Service Corps scholar and loan repayment participants. The Council will continue their business meeting on Sunday at 8:00 and adjourn at noon.

The meeting is open to the public; however, no transportation will be provided to the sites.

Anyone requiring information regarding the subject Council should contact Ms. Nada Schnabel, National Advisory Council on the National Health Service Corps, 8th floor, 4350 East West Highway, Rockville, Maryland 20857, Telephone (301) 594–4147.

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Name: National Advisory Committee on Rural Health.

Date and Time: February 6–8, 1995; 8:30 a.m.

Place: The Embassy Row Hotel, 2015 Massachusetts Avenue NW., Washington, DC 20036, (202) 328–7526.

The meeting is open to the public.

Purpose: The Committee provides advice and recommendations to the Secretary with respect to the delivery, financing, research, development and administration of health care services in rural areas.

Agenda: During the Plenary Session, the Committee is considering a discussion of managed care and network development in rural areas.

The Education and Health Services Work Group and the Health Care Finance Work Group will meet between plenary sessions on developing recommendations and strategies for improving health services delivery in rural areas. The Education and Health Services Work Group will address emerging health service delivery systems and the impact that they will have on rural and/or vulnerable populations. This is a long-term agenda item for the Work Group and will be addressed over the next couple of years. The Health Care Financing Work Group will discuss the interplay between Medicare cuts and network development in a more competitive marketplace; and ERISA and Medicaid waivers. The meeting will adjourn on Wednesday, February 8, at noon.

Anyone requiring information regarding the subject Council should contact Dena S. Puskin, Executive Secretary, National Advisory Committee on Rural Health, Health Resources and Services Administration, Room 9–05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–0835, FAX (301) 443–2803.

Persons interested in attending any portion of the meeting should contact Ms. Arlene Granderson, Director of Operations, Office of Rural Health Policy, Health Resources and Services Administration, Telephone (301) 443–0835.

Agenda Items are subject to change as priorities dictate.