

Contact Person for More Information: Beth Gardner, National Immunization Program, CDC, 1600 Clifton Road, NE., MS-E05, Atlanta, GA 30333, telephone (404) 639-6101.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 10, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-13767 Filed 6-17-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Factors Associated With the Uptake of Clinical Standards, Program Announcement Number 04089, and Increasing Influenza Vaccination of Long Term Care Facility Staff, Program Announcement Number 04090; Correction

Correction: This notice was published in the **Federal Register** on June 1, 2004, Volume 69, Number 105, Page 30931. The dates have been changed.

Times and Dates: 8 a.m.–8:30 a.m., June 28, 2004 (Open), 8:30 a.m.–4 p.m., June 28, 2004 (Closed).

FOR FURTHER INFORMATION CONTACT: Beth Gardner, National Immunization Program, Centers for Disease Control, 1600 Clifton Road, NE, MS-E05, Atlanta, GA 30333, Telephone (404) 639-6101.

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Dated: June 10, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-2200-N3]

Medicare Program; Meeting of the State Pharmaceutical Assistance Transition Commission—July 7, 2004

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting of the State Pharmaceutical Assistance Transition Commission (SPATC). Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The SPATC will develop a proposal for addressing the unique transitional issues facing State Pharmaceutical Assistance Programs (SPAPs) and SPAP participants due to the implementation of the voluntary prescription drug benefit program under Part D of title XVIII of the Social Security Act. This notice also announces the appointment of 23 individuals to serve as members of the SPATC, including one individual to serve as chairperson.

DATES: *The Meeting:* July 7, 2004, 9 a.m.–5 p.m. e.d.s.t.

Deadline for Presentations and Comments: June 29, 2004.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by June 29, 2004 (see **FOR FURTHER INFORMATION CONTACT**).

ADDRESSES: *The Meeting:* The meeting will be held at the following address: Holiday Inn, Washington-On The Hill, 415 New Jersey Avenue, NW., Washington, DC 20001, United States, toll-free 1 (800) 638-1116, telephone: 1 (202) 638-1616, fax: 1 (202) 638-0707.

Presentations and Comments: Submit formal presentations and written comments to Marge Watchorn, Executive Secretary, Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop S2-01-16, Baltimore, MD 21244. In the interest of time, please also send an electronic copy of your presentation to mwatchorn@cms.hhs.gov and indicate whether you will need special equipment for your presentation.

Web site: You may access up-to-date information on this meeting at <http://www.cms.hhs.gov/faca/spatc/details.asp>.

www.cms.hhs.gov/faca/spatc/details.asp.

Hotline: You may also access up-to-date information on this meeting on the CMS Advisory Committee Information Hotline, 1 (877) 449-5659 (toll free) or in the Baltimore area (410) 786-9379.

FOR FURTHER INFORMATION CONTACT: Marge Watchorn, Executive Secretary, (410) 786-4361.

SUPPLEMENTARY INFORMATION: On February 27, 2004, we published a notice (69 FR 9326) requesting nominations for individuals to serve on the State Pharmaceutical Assistance Transition Commission (SPATC). On March 5, 2004, we published a notice (69 FR 10455) announcing the establishment of the SPATC and the signing by the Secretary on March 1, 2004, of the charter establishing the SPATC. This notice announces the first public meeting of the SPATC. This notice also announces the appointment of 23 individuals to serve as members of the SPATC, including one individual to serve as chairperson.

SPATC Members: Joan Henneberry (Chairperson), Clifford Barnes, Donna Boswell, James Chase, David Clark, Jay Currie, Barbara Edwards, Nora Dowd Eisenhower, Janice Faiks, Karen Greenrose, Dr. Dewey Garner, Laurie Hines, Joseph Kelley, Mary Liveratti, Dr. Anne Marie Murphy, Julie Naglieri, Elizabeth Rohn-Nelson, Robert Power, Susan Reinhard, Sybil Richard, Marc Ryan, Linda Schofield, and Martin Schuh.

Topics of the Meeting: The Commission will discuss the unique transitional issues facing State Pharmaceutical Assistance Programs (SPAPs) and SPAP participants due to the implementation of the voluntary prescription drug benefit program under Part D of title XVIII of the Act. The Commission may discuss the need to divide into sub-groups for the purpose of focusing on particular issues within this broad subject, including a discussion of which members would serve on which sub-group.

Procedure and Agenda: This meeting is open to the public. First, the appointees will be sworn in by a Federal official. Each Commission member will then be given an opportunity to make a self-introduction.

The Commission will hear oral presentations from the public. The Commission may limit the number and duration of oral presentations to the time available. If you wish to make a formal presentation, you must notify the Executive Secretary named in the **FOR FURTHER INFORMATION CONTACT** section of this notice, and submit the following by

the deadline listed in the **DATES** section of this notice: (1) A brief statement of the general nature of the evidence or arguments you wish to present; (2) the names and addresses of proposed participants; and (3) an estimate of the time required to make the presentation. A written copy of your presentation must be provided to the Executive Secretary before offering your public comments. We will request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and CMS presentations, the Commission will deliberate openly on the topic. Interested persons may observe the deliberations, but the Commission will not hear further comments during this time except at the request of the Chairperson. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 10, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04–13786 Filed 6–17–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Family Violence Prevention and Services Discretionary Grants

Federal Agency Contact Name: Administration for Children and Families (ACF), Administration on Children, Youth and Families, Family and Youth Services Bureau (FYSB), Family Violence Prevention and Services Program.

Funding Opportunity Title: FY 2004 Discretionary Grants for the Family Violence Prevention and Services Program.

Announcement Type: Initial.

Funding Opportunity Number: HHS–2004–ACF–ACYF–EV–0025.

CFDA Number: 93.592.

Due Date for Applications: The due date for receipt of applications is July 19, 2004.

I. Funding Opportunity Description

Demonstration of Improved Services Delivery to Victims of Family Violence Who are Disabled.

The Administration for Children and Families, Administration on Children, Youth and Families, Family Youth Services Bureau announces the availability and request for applications for its FY 2004 Family Violence Prevention and Services discretionary grants.

Legislative Authority

The Family Violence Prevention and Services Act (the Act) was originally enacted in sections 301–313 of Title III of the “Child Abuse Amendments of 1984” (Pub. L. 98–457, 10/9/84). The Act was reauthorized and otherwise amended by the “Child Abuse Prevention, Adoptions, and Family Services Act of 1988” (Pub. L. 100–294, 4/25/88); the “Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992” (Pub. L. 102–295, 5/28/92); the “Safe Homes for Women Act of 1994,” Subtitle B of the “Violent Crime Control and Law Enforcement Act of 1994” (Pub. L. 103–322, 9/13/94); and the “Child Abuse and Prevention Treatment Act Amendments of 1996” (Pub. L. 104–235, 10/3/96); and the “Victims of Trafficking and Violence Protection Act of 2000” (Pub. L. 106–386, 10/28/00). The Act was most recently amended by the “Keeping Children and Families Safe Act of 2003” (Pub. L. 108–36).

Purpose

The purpose of the priority area is to support the collaborative planning and development of innovative, comprehensive and replicable services for responding to violence against women and men with disabilities. Projects funded under this priority area will address the needs of disabled persons in order to remove the barriers they face to accessing safety and justice. It is anticipated that some of these grants will support the initial design of collaborative initiatives and some will support efforts presently underway at a State, tribal, county or local level.

Successful applicants will be required to demonstrate collaboration between recognized domestic violence service providers or state and tribal domestic violence coalitions and agencies providing services for, or involved with, the institution, maintenance and/or development of policy on the needs of persons with disabilities who have been abused. Collaborations may also include faith-based programs working with the disabled community.

Background

The definition of abuse is generally expanded in relation to its occurrence with persons with disabilities to include neglect leading to physical harm, abandonment, desertion or neglect of duties by a caregiver, or inappropriate language or intimidation. Both males and females with disabilities are at increased risk of abuse due to reliance on their caregivers. For a disabled person, there are unique dynamics to both the power and control issues present in all abusive relationships and the actual form that abuse can manifest. The complexity of the relationship between a person who is disabled and their partner is as multi-faceted as the types of disabilities existent and the possible degrees of severity of those disabilities. Disabled people are at risk for experiencing abuse that is specifically related to their disability support needs. The fear of not having their basic needs met when assistance is not provided, fear of institutionalization; the denial of the physical or emotional pain resulting from the disability are just some particulars to the abusive relationship. Removing the battery from a power wheelchair, putting a walker out of reach, or taking a phone away can be similar to locking that person in a closet.

Because many of these forms of abuse are little known and go unrecognized, abused persons with disabilities are isolated and underserved. With no appropriate red flags, service providers inadvertently create barriers to the disclosures of such abuse. Women, and men, who disclose that they have experienced abuse need to be further assessed for factors that may place them at increased risk. For the abused, these factors silently exacerbate if the appropriate assessment and safety planning that needs to be available is not put into place.

The ability to provide services that truly address the needs of the abused disabled person is reliant on, at minimum, providing service providers with supports that are tested and accepted for use with persons who are not disabled but supports that are informed and structured to address the physical, attitudinal and programmatic barriers of abused persons.

The development of intervention techniques such as domestic violence screening questions, case management and the establishment of policies and procedures that relate to and illuminate the interconnectedness of the disability and abuse would ensure and accelerate access to essential services. Projects will