

15.0 ppm is based on crop field trial data obtained when using glyphosate-tolerant rice and thus cannot be lowered to maintain harmonization with the CODEX MRL of 0.1 ppm for residues of glyphosate in or on this commodity. This petition proposes no additional numerical changes that would effect agreement between United States tolerances and Codex MRLs.

[FR Doc. 04-18770 Filed 8-17-04; 8:45 am]

BILLING CODE 6560-50-S

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 10, 2004.

A. Federal Reserve Bank of Cleveland (Cindy C. West, Banking Supervisor)
1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. **KEYCORP and KC Subsidiary, Inc.** both in Cleveland, Ohio; to merge with Evertrust Financial Group, Inc., and

thereby indirectly acquire Evertrust Bank, both in Everett, Washington.

Board of Governors of the Federal Reserve System, August 12, 2004.

Robert deV. Frierson,
Deputy Secretary of the Board.

[FR Doc. 04-18895 Filed 8-17-04; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Ambulatory Care CAHPS® (ACAHPs) Test Sites

AGENCY: Agency for Healthcare Research and Quality (AHRQ), DHHS.

ACTION: Notice of request.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is soliciting volunteer sites for the testing of a draft Ambulatory CAHPS® (ACAHPs) instrument. This instrument will be part of a suite of standardized patient surveys that are reliable, valid, and provide a flexible, modular approach to measurement. This goal is in direct response to requests from stakeholders to revise the CAHPS® tool in order to measure different levels of ambulatory health care to provide practical information for quality improvement for multiple and more varied audiences. The result will be data derived from patients' perspectives that are more actionable for quality improvement than the current CAHPS® instrument.

AHRQ has initiated the redesign of the CAHPS instrument to include different levels of ambulatory health care delivery, i.e., services provided by individual primary care clinicians (such as physicians, physician assistants, or nurse practitioners), sites of care (that is a particular geographic location or facility from which care is delivered) or group practices (where two or more practitioners legally organize as a medical group to deliver care under certain conditions), and health plans (the payor of health care services in either fee-for-service or managed care arrangements). These levels are not necessarily relevant to all survey users. The modular approach to the ACAHPs instrument allows users to assess the quality of ambulatory care in their particular market while maintaining comparability to the CAHPS survey users in other markets.

AHRQ will respond to stakeholder input to provide users with a flexible and modular approach to assess the

quality of ambulatory care for all of the functions at each of the delivery levels listed above, using instruments specific to plans, groups or sites, or physicians. Presently, we are interested in soliciting volunteers to be test sites for the ACAHPs instrument. The instrument will be tested beginning in 2004 and continuing into 2005.

Testing the ACAHPs Instrument

Survey Method Issues

The following are some examples to methodological studies that AHRQ plans to address during the pilot test of the ACAHPs instrument, and which you may be willing to participate in:

1. Testing of mode effects (mail versus telephone) within levels of ambulatory care. Because ACAHPs will be fielded by both mail and telephone it is a primary concern to test and revise the instrument in these two modes in order to ensure comparability across these modes.

2. Testing in other modes. We are also interested in testing ACAHPs administration in other modes to assess mode effect and response rates.

3. Testing the use of screener items versus non-screener items. CAHPS® surveys traditionally use some screener items to establish whether the respondent falls within a particular category to determine whether a question is appropriate or whether the response is meaningful. Through additional testing of the draft instrument, it can be determined whether screeners are necessary and appropriate.

4. Assessing the impact on measurement of similar concepts when using a reference period of care versus visit-specific care. Some surveys at the physician level and group level use a visit-specific reference for survey items. Others use a reference period (e.g., the last six months).

5. Testing the adequacy of different response scales. We wish to test the benefits of scales of differing lengths (e.g., four vs. six points).

6. Assessing supplemental item placement. We wish to test the effects of embedding additional questions within the ACAHPs instrument.

7. Testing the equivalence of the English and Spanish versions of the draft instrument.

8. Assessing the correlation of survey measures with clinical measures of quality.

9. Testing the effect on response rate of different survey materials, taking into account incremental changes in cost. There is some evidence in the survey research literature that response rate can