

**FEDERAL MARITIME COMMISSION****Ocean Transportation Intermediary License Applicants**

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission an application for license as a Non-Vessel-Operating Common Carrier and Ocean Freight Forwarder—Ocean Transportation Intermediary pursuant to section 19 of the Shipping Act of 1984 as amended (46 U.S.C. app. 1718 and 46 CFR part 515).

Persons knowing of any reason why the following applicants should not receive a license are requested to contact the Office of Transportation Intermediaries, Federal Maritime Commission, Washington, DC 20573.

**Non-Vessel- Operating Common Carrier Ocean Transportation Intermediary Applicants:**

AS—AV Uluslararası Nakliyat Ve Ticaret Limited Sirketi, Mehmet Akif Caddesi 1. Sok. No: 23 Sirinevler, Istanbul, 34180, Turkey. Officers: Mehmet Yavuz Kankavi, Director of Overseas Opera. (Qualifying Individual), Melek Karabacak, President.

Newport Logistics, Inc., 171 Erick Street, Unit Y1, Crystal Lake, IL 60014. Officer: Michael Chung, President (Qualifying Individual).

Waterline Pakistan (PVT) Ltd., Ground Floor, 4—A, Kehkashan Town Houses, Block 5, Clifton, Karachi—75600—Pakistan. Officers: Capt. Ghulam Mustafa, Partner, Capt. Asaf Hayat, Officer (Qualifying Individuals).

**Non-Vessel- Operating Common Carrier Ocean Freight Forwarder Transportation Intermediary Applicants:**

Jauser Cargo Corporation, 5589 NW., 72nd Avenue, Miami, FL 33166. Officers: Gabriel Terra, Director (Qualifying Individual), Jorge Sere Ferber, President.

Fun N' Stuff International USA, Inc., dba Air Ocean Land Transport Logistics Inc., 13169 Alta Vista Way, Sylmar, CA 91342. Officers: Nash D. Asandas, President (Qualifying Individual), Carmencita Hernandez-Asandas, CFO.

Global Shipping Services, LLC, 200 Route 22 East, Hillside, NJ 07205. Officer: Morten Olesen, President (Qualifying Individual).

Asiapac Forwarding & Supply Chain Management dba Baobao Shipping, 4210 Solar Circle, Union City, CA 94587, Hidayat I. Shaikh, Sole Proprietor.

VIN Worldwide Transport, LLC dba

Vinship Lines, Woodbridge Plaza, 485 Route 1, Building B, Suite 310—3rd Floor, Iselin, NJ 08830. Officer: Martin Joakim Aranha, President (Qualifying Individual).

SW Logistics Inc., 1330 Broadway, Suite 1052, Oakland, CA 94612. Officer: Sung Wook Lee, President (Qualifying Individual).

**Ocean Freight Forwarder—Ocean Transportation Intermediary Applicant:**

Commonwealth Travel & Shipping, 9560 Skillman Road, Suite 100, Dallas, TX 75243. Officer: Victor K. Oyeujo, Sr., Manager (Qualifying Individual).

Dated: October 1, 2004.

**Karen V. Gregory,**

*Assistant Secretary.*

[FR Doc. 04-22520 Filed 10-5-04; 8:45 am]

**BILLING CODE 6730-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration****Delegation of Authority**

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), the authority to execute functions pertaining to the Healthy Communities Access Program (HCAP) and "HCAP Demonstration Projects," section 340, including 340(j) of Title III, Part D of the Public Health Service Act, as amended. This authority may be redelegated.

This delegation shall be exercised under the Department's existing delegation and policy on regulations.

I have ratified any actions taken by the HRSA Administrator or other HRSA officials that involve the exercise of this authority prior to the effective date of this delegation.

This delegation was effective on the date of signature.

Dated: September 29, 2004.

**Tommy G. Thompson,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 04-22453 Filed 10-5-04; 8:45 am]

**BILLING CODE 4165-15-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[30Day-04-020A]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

CDC HIV Prevention Capacity-Building Assistance (CBA) Information Collection, Reporting and Monitoring Forms—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

**Background**

CDC is requesting a 3-year clearance for information collection forms to monitor the HIV prevention activities of CBA provider grantees funded by CDC from 2004 to 2009. These forms will be used to collect information that assists in monitoring CBA services and activities. CDC is responsible for monitoring and evaluating HIV prevention activities conducted under these cooperative agreements. This requires that CDC have current information regarding the progress of CBA activities and services supported through these cooperative agreements. Therefore, forms such as the Trimester Interim Progress Report, CBA Notification Form, CBA Completion Form and the CBA Training Events Report are considered a critical component of the monitoring and evaluation process. Since this program will encompass approximately 34 CBA provider organizations, there is a need for a standardized system for reporting individual episodes of CBA delivered by all CBA provider grantees. The collection of data will help CDC discern and refine national goals and objectives in the prevention of HIV.

CBA providers will be required to submit CBA Trimester Progress Reports (form A). The purpose of the CBA Trimester Progress Report is to describe CBA undertaken during the previous four months. The Trimester Progress Report will be a narrative on the programs' successes and barriers; process and outcome monitoring data; collaborative and cooperative activities with other organizations; and plans for future activities.

To effectively track and monitor all requests for capacity-building assistance, CBA providers will be required to submit a CBA Notification Form (form B) following each contact with a community based organization (CBO) or HIV prevention stakeholder for CBA services. The purpose of this form is to track all requests for services from

CBOs, health departments and stakeholders. Requests for CBA from these CBOs and stakeholders are received by CBA providers on an on-going basis.

CBA providers will also be required to submit a CBA Completion Form (form C) following each episode of CBA service delivered to all CBOs and stakeholders. The purpose of this form is to provide feedback and follow-up information to CDC Project Officers on the types of CBA services and quality of services that were delivered to all CBOs by CBA providers. CBA requests from CBOs, health departments, and stakeholders are received by CBA providers on an on-going basis. Information collection will be on-going throughout the duration of the cooperative agreements.

In addition, CBA providers will be required to submit pre-planned CBA training events on a CBA Training Events Report (form D). The CBA Training Events Report is used to disseminate planned capacity building assistance activities delivered by CBA providers, the CDC and other organizations providing training and technical assistance. The calendar is also used as a marketing tool to let CBOs, health departments and stakeholders know what types of technical assistance and training activities are available. There are no costs to respondents other than their participation in the collection of information. The estimated annualized burden is 1,462 hours.

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Form A: CBA Trimester Report .....	34 CBA Provider Grantees .....	3	2
Form B: CBA Notification Form .....	34 CBA Provider Grantees .....	50	15/60
Form C: CBA Completion Form .....	34 CBA Provider Grantees .....	25	30/60
Form D: CBA Training Events Form .....	34 CBA Provider Grantees .....	12	1

Dated: September 30, 2004.

**Alvin Hall,**

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

[FR Doc. 04-22454 Filed 10-5-04; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS-5015-N]

**Medicare Program; Care Management for High-Cost Beneficiaries (CMHCB) Demonstration**

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

**ACTION:** Notice.

**SUMMARY:** This notice informs eligible health care organizations of an opportunity to apply to implement and operate a care management demonstration serving high-cost beneficiaries in the original Medicare fee-for-service (FFS) program. This voluntary demonstration is part of an effort to develop and test multiple strategies to improve the coordination of Medicare services for high-cost FFS beneficiaries. The notice contains information on how to obtain the

complete solicitation and supporting information.

**DATES:** Applications will be considered timely if we receive them on or before January 4, 2005.

**ADDRESSES:** Mail applications to—Centers for Medicare & Medicaid Services, Attention: Cynthia Mason, Mail Stop: C4-17-27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail.

**FOR FURTHER INFORMATION CONTACT:** Cynthia Mason at (410) 786-6680 or [cmhcbdemo@cms.hhs.gov](mailto:cmhcbdemo@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Department of Health and Human Services is developing and testing multiple strategies to improve the coordination of Medicare services for beneficiaries with high-cost conditions. However, one approach that remains to be studied is intensive management for high-cost beneficiaries with various medical conditions to reduce cost as well as improve quality of care and quality of life for those beneficiaries. Therefore, we are interested in proposals to restructure care or enhance the management of care for beneficiaries with costly medical conditions. It is anticipated that organizations will serve

high-risk beneficiaries with a variety of medical conditions and that the vast majority of beneficiaries participating in the demonstration will have multiple conditions. One organization will be selected per area to offer services to eligible beneficiaries. Beneficiary participation in the programs will be voluntary and will not change the amount, duration or scope of participants' fee-for-service (FFS) Medicare benefits. FFS Medicare benefits will continue to be covered, administered, and paid under the traditional Medicare FFS program. Programs will be offered at no charge to the beneficiary. Organizations chosen for the demonstration will not be able to restrict beneficiary access to care (for example, there can be no utilization review or gatekeeper function) or restrict beneficiaries to a limited number of physicians in a network.

Applicants may propose to serve one or more areas, but their proposed service areas must be adjusted to ensure that the population is of an appropriate size that would ensure statistically significant results. Also, to avoid any overlap between the current FFS care management demonstrations or the Chronic Care Improvement Programs (CCIP), it will be necessary to exclude from the Care Management for High-Cost Beneficiaries (CMHCB) demonstration population any