

applications and, in light of the results of the competitive review, will recommend applications for funding to the ASH. The ASH may also solicit and consider comments from Public Health Service Regional Office staff and others within DHHS in making funding decisions. Final grant awards decisions will be made by the ASH. The ASH will fund those projects which will, in his/her judgement, best promote the purposes of this program, within the limits of funds available for such projects.

VI. Award Administration Information

1. Award Notices

The OPHS does not release information about individual applications during the review process. When final decisions have been made, successful applicants will be notified by letter of the outcome of the final funding decisions. The official document notifying an applicant that a project has been approved for funding is the Notice of Grant Award (NGA), signed by the OPHS Grants Management Officer, which sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the grant, the budget period for which initial support will be given, and the total project period for which support is contemplated. The ASH will notify an organization in writing when its application will not be funded. Every effort will be made to notify all unsuccessful applicants as soon as possible after final decisions are made.

2. Administrative and National Policy Requirements

In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions in 45 CFR parts 74 (non-governmental) and 92 (governmental) currently in effect or implemented during the period of the grant.

A Notice providing information and guidance regarding the "Government-wide Implementation of the President's Welfare-to-Work Initiative for Federal Grant Programs" was published in the **Federal Register** on May 16, 1997. This initiative was designated to facilitate and encourage grantees and their subrecipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the Notice is available electronically on the OMB homepage at <http://www.whitehouse.gov/omb>.

The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents

describing projects or programs funded in whole or in part with Federal money, grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting Requirements

A successful applicant under this notice will submit: (a) Progress reports; (b) annual Financial Status Reports; and (c) a final performance report, including an evaluation report, and Financial Status Report. Reporting formats are established in accordance with provisions of the general regulations which apply under 45 CFR parts 74 and 92. Applicants must submit all required reports in a timely manner, in recommended formats and submit a final report on the project, including any information on evaluation results, at the completion of the project period.

The final performance report should contain an overview of the program from start to finish, including information on: (a) Summary of the project, (b) state of the major goals and objectives of the project, (c) list of significant accomplishments, (d) description of innovative features, (e) statement of significant problems encountered and solutions developed, (f) a complete written disclosure of any invention, curriculum, publication, video, pamphlet conceived or produced as part of the grant funded project, (g) a copy of any products (e.g., videos, pamphlets, journal articles, presentations, survey instruments, focus groups projects, pilot test reports, etc) developed in association with the project. The final evaluation report should reflect an assessment of the program. It should describe factors contributing to both program success and problem areas. The report should include a description of the project's objectives, interventions, evaluation model and hypotheses, findings and conclusions. The report should include a summary of the program statistics and findings. It should discuss the implications of project findings as they relate to the project objectives, as well as a set of recommendations based on the findings (where appropriate). The appendices to the evaluation report should include any data collection instruments and relevant references. Copies of any published articles, based on the project or project evaluation findings are also requested.

Agencies receiving \$500,000 or more in total Federal funds are required to

undergo an annual audit as described in OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

VII. Agency Contacts

Office of Grants Management Contact: Robin Fuller Department of Health and Human Services, Office of Public Health and Science, OPHS Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852. E-mail: rfuller@osophs.dhhs.gov; telephone: 301-594-0758.

Program Office Contact: Evelyn Kappeler, Department of Health and Human Services, Office of Public Health and Science, Office of Population Affairs, 1101 Wootton Parkway, Suite 750, Rockville, Maryland 20852. E-mail: Ekappeler@osophs.dhhs.gov; telephone: 301-594-4001.

Dated: May 3, 2005.

Cristina V. Beato,

Acting Assistant Secretary for Health, Office of Public Health and Science.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

General Testing of the CAHPS Hospital Survey (HCAHPS®)

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

ACTION: Notice of request.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is providing the opportunity for hospitals, vendors, and other interested parties to voluntarily test the 27-item Hospital CAHPS (HCAHPS®) instrument suggested by the National Quality Forum's Review Committee. The purpose of this project is to provide another opportunity to the hospital industry to use the revised draft of the HCAHPS® instrument with the option to add items to the instrument, if desired. It should be noted that the HCAHPS® instrument may undergo further refinement prior to finalization for the national implementation effort as a result of the National Quality Forum (NQF) Consensus process. In effect, this project provides an occasion to test items that survey vendors, hospitals, and others wish to add to the HCAHPS® instrument and to evaluate the impact of integrating HCAHPS into the instruments currently being used, as well as to try out and evaluate the

methods of data collection prior to national implementation of HCAHPS®.

After permission to use the instrument is granted by AHRQ, a site or sites may field the instrument until the start of the "dry run" of the survey, which is expected in the Summer/Fall of 2005. As part of the dry run, hospitals and vendors will begin collecting HCAHPS data and transmitting it to the Centers for Medicare & Medicaid Services (CMS), but it will not be publicly reported.

For more information about this project or to download an application for authorization, please visit the CAHPS User Network Web site at <http://www.cahps-sun.org>.

DATES: Please submit requests on or before June 8, 2005.

ADDRESSES: Requests for permission to use the suggested 27-item HCAHPS® instrument, to add items, and field test the instrument may be submitted either in electronic format or a via facsimile communication. Applications can be sent in letter form, preferably with an electronic file on a 3½ inch floppy disk as a standard word processing format or as an e-mail with an attachment. Responses should be submitted to: Marybeth Farquhar, RN, MSN, Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, 540 Gaither Road, Rockville, MD 20850, E-mail: hospital-cahps@ahrq.gov.

In order to facilitate handling of submissions, please include full information about the person requesting permission for testing: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone and fax numbers, and (f) e-mail address.

Other requested information includes: (a) List of the hospital in which HCAHPS® will be used (including city and State); (b) sample size for each hospital; (c) intended mode of administration; (d) length of time after discharge the initial contact with the patient will be made; (e) name of vendor (if any) that will be administering the HCAHPS® survey; (f) proposed dates for fielding; (g) whether items will be added to the HCAHPS® survey and how many; and, (h) a copy of the proposed questionnaire (Additional Items should be placed following HCAHPS question 22, and before the "About You" section of the questionnaire). Electronic requests are encouraged.

To help in the evaluation of the suggested 27-item version of HCAHPS®, AHRQ and CMS are asking participants to submit a brief summary of their experience with administering the HCAHPS® survey, including sampling

and survey data collection procedures. An analysis of the psychometrics of the instrument should also be provided.

FOR FURTHER INFORMATION CONTACT: Marybeth Farquhar, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427-1317; Fax: (301) 427-1341; E-mail: mfarquha@ahrq.gov.

SUPPLEMENTARY INFORMATION:

Background

The Agency for Healthcare Research and Quality (AHRQ) has been a leading supporter of the development of instruments for measuring patient experiences within the healthcare system of the United States. As the research partner of the Centers for Medicare & Medicaid Services (CMS), AHRQ is charged with the development of a hospital patient experience of care instrument as well as the development of reporting strategies to maximize the utility of the survey results.

The mutual goal of AHRQ and CMS is to develop a standardized instrument for use in the public reporting of patients' hospital experiences that is reliable and valid, freely accessible, and that will make comparative non-identifiable information on patients' perspectives on their hospital care widely available. While there are many survey tools available to hospitals, there is currently no nationally used or universally accepted survey instrument that allows comparisons across all hospitals. In response to, and at the request of CMS, AHRQ under the CAHPS® II Cooperative Agreement with three Grantee organizations developed an initial instrument with input from the various stakeholders in the industry. The initial draft of the HCAHPS® instrument was tested as part of a CMS three-State pilot by hospitals in Arizona, Maryland, and New York. Based on an analysis of the resulting data, the instrument was revised and shortened. Additional testing of the shortened instrument was completed and AHRQ presented its recommendations to CMS in November 2004. In December, CMS submitted the HCAHPS instrument to the National Quality Forum (NQF) to undergo the formal consensus process required for endorsement. The committee that reviewed the HCAHPS survey and supporting materials recommended the addition of two items to the survey. The survey then went out for comment by the NQF membership and the public. The membership and board vote on HCAHPS endorsement is currently proceeding.

Once the HCAHPS® survey is finalized, it will be posted on the AHRQ and CMS websites for use by interested individuals and organizations. Plans have been made to make the HCAHPS instrument available to the Hospital Quality Alliance, which is a public/private partnership that includes the major hospital associations, government, consumer groups, measurement and accrediting bodies, and other stakeholders interested in reporting on hospital quality. In the first phase of the partnership (which has already begun), hospitals are voluntarily reporting the results of their performance on ten clinical quality measures for three medical conditions: acute myocardial infarction, heart failure, and pneumonia. HCAHPS® reporting will comprise an additional and differently focused phase of quality of care measurement. For more information or to participate in the Quality Initiative, please visit <http://www.aha.org> under "Quality and Patient Safety, Quality Initiative," or at <http://www.fah.org>, under "Issue/Advisories," or at <http://www.aamc.org> by going to "Government Affairs," "Teaching Hospitals" and then "Quality."

Dated: April 27, 2005.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Health Services Research Initial Review Group Committee; Notice of Meetings

In accordance with section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), the Agency for Healthcare Research and Quality (AHRQ) announces meetings of scientific peer review groups. The subcommittees listed below are part of the Agency's Health Services Research Initial Review Group Committee.

The subcommittee meetings will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be reviewed and discussed at these meetings. These discussions are likely to involve information concerning individuals associated with the applications, including assessments of their personal