

State of West Virginia

• Jefferson County

CONUS per diem rates are published as FTR Per Diem Bulletins available on the Internet at www.gsa.gov/perdiem and www.gsa.gov/bulletins. This process ensures timely notice of increases or decreases in per diem rates established by GSA for Federal employees on official travel within CONUS. Notices published periodically in the **Federal Register**, such as this one, now constitute the only notification of revisions in CONUS per diem rates to agencies.

Dated: March 13, 2014.

Carolyn Austin-Diggs,

*Acting Deputy Associate Administrator,
Office of Asset and Transportation
Management, Office of Government-wide
Policy.*

[FR Doc. 2014-06079 Filed 3-19-14; 8:45 am]

BILLING CODE 6820-14-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 79697-79699, dated December 31, 2013) is amended to reflect the reorganization of the Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and the mission and function statements for the Division of Diabetes Translation (CUCG) and insert the following:

Division of Diabetes Translation (CUCG). In collaboration with NCCDPHP divisions, other CDC components, other HHS agencies, state, tribal, local and territorial government agencies, academic institutions, and voluntary and private sector organizations, the Division of Diabetes Translation; (1) plans, directs, and coordinates a national program to prevent diabetes and reduce morbidity, mortality, disability, and cost associated

with diabetes and its complications; (2) identifies, evaluates, and implements programs and policies to prevent and control diabetes through the translation of evidence-based models and interventions for improved health care and self-care practices into widespread clinical and community practice; (3) conducts surveillance of diabetes, its complications, and the utilization of health care and prevention resources to monitor trends and evaluate program impact on morbidity, mortality, disability, and cost; (4) conducts epidemiologic studies and disseminates finding to identify and evaluate the feasibility and effectiveness of potential prevention and control strategies at the community level; (5) develops or supports clinical and public health guidelines and strategies to form the basis for community interventions; and (6) provides technical consultation and assistance to national, state and local organizations to implement and evaluate cost effective interventions to reduce morbidity, mortality, and disability.

Office of the Director (CUCG1). (1) Establishes and interprets policies and determines program priorities; (2) provides leadership and guidance in strategic planning, budget formulation, programmatic and scientific planning, development, and management, administrative management and operations of the division; (3) coordinates the monitoring and reporting of division priorities, accomplishments, future directions, and resource requirements; (4) leads and coordinates policy, communications and partnership activities; and (5) coordinates division activities with other components of NCCDPHP and CDC, organizations in the public and private sectors, and other federal agencies.

Epidemiology and Statistics Branch (CUCGB). (1) Conducts national surveillance of diabetes and its complications, including surveillance of the degree of diffusion and dissemination of preventive services and the utilization of health care; (2) identifies clinical, health services, and public health research findings and technologies that have potential to prevent or control diabetes and its complications through public health avenues; (3) develops and analyzes mathematical and economic models to project the burden of diabetes and prioritize effective interventions to prevent and control diabetes; (4) conducts epidemiologic studies to identify high-risk population groups and other risk factors for diabetes and its complications; (5) conducts cost and

cost-effectiveness analyses of diabetes prevention and control to prioritize strategies for policy-makers; (6) provides scientific and technical support to division staff, state and local health agencies, and others in planning and implementation of surveillance and effectiveness studies to reduce morbidity and mortality from diabetes; and (7) collaborates with counterparts in other divisions, academic institutions, and other HHS agencies by conducting national public health research projects and by providing technical assistance in areas of epidemiology, surveillance, and economics.

Program Implementation Branch (CUCGC). (1) Provides programmatic leadership, guidance and consultation on a range of strategies to improve diabetes prevention and control programs in states, territories, tribes, and local jurisdictions; (2) identifies, develops, implements and evaluates strategies to prevent and control diabetes through widespread community practice and through the application of policy and environmental interventions, health systems interventions and community interventions; (3) provides leadership, management and oversight for the National Diabetes Prevention Program; (4) develops, implements and supports work with vulnerable and disparate population groups and (5) coordinates and collaborates with counterparts in other divisions, HHS agencies, academic institutions, and national and voluntary organizations to improve public health diabetes prevention and control programs, practices and policies.

Translation, Health Education, and Evaluation Branch (CUCGD). (1) Synthesizes and translates a body of best science and practice that can be applied to various public health settings; (2) Analyzes, disseminates, and publishes data from diabetes prevention and control programs to develop operational strategies for translation of results into improved practice; (3) prepares and disseminates products that translate applied research, program evaluation, and health economics science to state programs and others; (4) provides technical assistance and implementation support for evidence-based and practice-based communication strategies, including web management, that advance diabetes prevention and control; (5) designs, evaluates and implements national education strategies directed toward health care professionals and systems, individuals with and at risk for diabetes, community leaders, business, and general public; (6) evaluates program policies, plans, procedures, priorities,

and guidelines being implemented in the field to improve health, prevent or delay type 2 diabetes and reduce morbidity, mortality, disability and costs associated with diabetes and its complications; and (7) provides evaluation support for division programs, grants, and policies, including the design and evaluation of data collection instruments for evaluation of programs.

Dated: March 12, 2014.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2014-06019 Filed 3-19-14; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Expansion and Capacity Building Funding: Senior Medicare Patrol Program Project Grants

ACTION: Notice of intent to provide expansion and capacity building funding to the incumbent Senior Medicare Patrol (SMP) grantees under limited competition.

SUMMARY: The Administration for Community Living is announcing the application deadline and a single case deviation from maximum competition for the Senior Medicare Patrol (SMP) Program project grants. The SMP program has 54 SMP project grants which are currently awarded on two different three-year cycles with 26 awarded in one year and the other 28 awarded the following year. The purpose of this deviation is to award a 4th year non-competing continuation to the 26 SMP project grantees with a three (3) year budget period set to expire May 31, 2014 so that all 54 SMP project grants can be moved to the same competitive three (3) year cycle beginning in FY 2015.

Program Name: Senior Medicare Patrol.

Award Amount: \$4,373,902 (\$168,277 per grantee).

Project Period: 6/1/2011 to 5/31/2015.

Award Type: Cooperative Agreement.

Statutory Authority: Title IV and Title II of the Older Americans Act (42 U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006 Public Law 109-365 and HIPAA of 1996 (Pub. L. 104-191)

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048 Discretionary Projects

DATES:

- Application Submission deadline: April 21, 2014.

- The anticipated budget period start date is June 1, 2014.

I. Program Description

The Senior Medicare Patrol (SMP) program is a national program providing cooperative agreements to grantees in every state, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands to help Medicare beneficiaries detect, prevent and report potential health care fraud, error and abuse. In doing so, they not only protect beneficiaries, they also help preserve the integrity of the Medicare program. Because this work often requires face-to-face contact to be most effective, SMPs nationwide recruit, train, and manage over 5,100 volunteers every year to help in this effort. The focus of the SMP program is providing beneficiary education to prevent the fraud before it ever occurs.

Justification for the Exception to Competition

Historically, the 54 SMP project grants have been awarded using two different three-year cycles with 26 awarded in one year and the other 28 awarded the following year. This was originally done to alleviate the administrative burden of awarding 54 new grants at one time. However, the SMP program has gone through a number of changes since its inception, as has the ACL. Given these changes the split award of the SMP project grants has become an administrative burden in itself by necessitating twice the effort to prepare and award the grants. Moving the 54 SMP grants to the same grant cycle will allow the program to move forward as one instead of two separate steps as needed with the current split grant cycle. Failure to move forward with this deviation would disrupt ACL's ability to improve and advance the SMP program as one cohesive and consistent program nationally.

II. Eligible Applicants

Incumbent Senior Medicare Patrol (SMP) grantees with award expiration dates of 5/31/14.

III. Evaluation Criteria

Information previously provided in semi-annual reports, as well as information in the non-competing extension application will be considered to determine satisfactory progress of the grantee project and ensure that proposed activities are within the approved scope and budget of the grant. Areas that will be evaluated include:

- A. *Project Relevance & Current Need*
- B. *Approach*
- C. *Budget*
- D. *Project Impact*
- E. *Organizational Capacity*

IV. Application and Submission Requirements

- A. SF 424—Application for Federal Assistance
- B. SF 424A—Budget Information
- C. Separate Budget Narrative/Justification
- D. SF 424B—Assurances. **Note:** Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d of the SF 424).
- E. Lobbying Certification
- F. Program narrative—no more than 10 pages.
- G. Work Plan
- H. Grantees will be required to access the non-competing application kit in GrantSolutions.gov to submit all materials for this application.

V. Application Review Information

Applications will be objectively reviewed by Federal staff utilizing the criteria listed above in Section III.

VI. Agency Contact

For further information or comments regarding this program expansion supplement, contact Rebecca Kinney, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, Office of Elder Rights, One Massachusetts Avenue NW., Washington, DC 20001; telephone (202) 357-3520; fax (202) 357-3560; email Rebecca.Kinney@acl.hhs.gov.

Dated: March 14, 2014.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2014-06109 Filed 3-19-14; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2011-N-0627]

Agency Information Collection Activities; Proposed Collection; Comment Request; General Administrative Procedures: Citizen Petitions; Petition for Reconsideration or Stay of Action; Advisory Opinions

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.