other mental health emergency services as a consequence of national disasters; (13) collaborates with the alcohol, drug abuse, and mental health Institutes of the National Institutes of Health on services research issues as well as on other programmatic issues; (14) promotes the development, dissemination, and application of standards and best practices; and (15) provides a focus for addressing the mental health needs of individuals with multiple, co-occurring drug, alcohol, mental, and physical problems.

G. *Center for Substance Abuse Treatment (MT).* The principal function of the Center is to provide national leadership for the Federal effort to enhance approaches and provide resources to ensure provision of services' programs focusing on the treatment of substance abuse and co-occurring physical and/or psychiatric conditions. In carrying out this responsibility, the Center for Substance Abuse Treatment: (1) collaborates with States, communities, health care providers and national organizations to upgrade the quality of addiction treatment, to improve the effectiveness of substance abuse treatment programs, and to provide resources to ensure provision of services; (2) provides a focus for addressing the treatment needs of individuals with multiple, co-occurring drug, alcohol, mental, and physical and co-morbidity problems; (3) administers grants, contracts, and cooperative agreements which support the development and application of new knowledge in the substance abuse treatment field; (4) coordinates the evaluation of the Center's programs; (5) collaborates with the National Institute on Drug Abuse (NIDA) and the States to promote development, dissemination, and application of treatment outcome standards; (6) collaborates with the Office of the Administrator and other SAMHSA components in treatment data collection; (7) administers programs for training of health and allied health care providers (8) administers the Substance Abuse Prevention and Treatment Block Grant Program including compliance reviews, technical assistance to States, Territories, and Indian Tribes, and application and reporting requirements related to the block grant programs; (9) conducts managed care activities and coordinates these activities with SAMHSA and other DHHS components; (10) collaborates with alcohol, drug abuse, and mental health Institutes of National Institutes of Health on services research issues as well as on other programmatic issues.

Section M–30, Order of Succession. During the absence or disability of the Administrator, SAMHSA, or in the event of a vacancy in that office, the first official listed below would perform the duties of the Administrator, except that during a planned period of absence, the Administrator may specify a different order of succession: (1) Deputy Administrator; and (2) Executive Officer, SAMHSA.

Section M–40, Delegations of Authority. All delegations and redelegations of authority to officers and employees of SAMHSA which were in effect immediately prior to the effective date of this reorganization shall continue in effect pending further redelegation, providing they are consistent with this reorganization.

These organizational changes are effective June 10, 1996.

Dated: June 10, 1996.

Nelba Chavez,

Administrator.

[FR Doc. 96–15340 Filed 6–14–96; 8:45 am]

BILLING CODE 4160–01–M

Administration on Aging

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Clearance

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96–511):

Title of Information Collection: State Performance Report (SPR): Reporting Requirements for Titles III and VII of the Older Americans Act;

Type of Request: Extension and Revision;

Use: To revise an existing information collection form to conform to amendments to the Older Americans Act which directed the Administration on Aging to improve State reporting requirements;

Frequency: Annually;

Respondents: State Agencies on Aging;

Estimated Number of Responses: 57;

Total Estimated Burden Hours: 300,000.

Additional Information or Comments: The Administration on Aging intends to submit to the Office of Management and Budget for approval a new reporting system for the State programs under the Older Americans Act. AoA printed a similar set of reporting specifications in the Federal Register on February 13, 1996 requesting a two year phase-in of the reporting requirements starting in FY 1996. Most of the 15 respondents support implementation of the SPR. However 5 raised cost considerations in light of dwindling resources for services to the elderly. While one respondent objected to a requirement to collect information on the nutritional status of congregate meals clients, 5 other respondents strongly advocate that the information be collected. The remaining comments relate to technical changes which have been made and to administrative issues which AoA will address through training and operational adjustments. Call the Administration on Aging, Office of State and Community Programs at (202) 619–0011 for copies of the proposed reporting requirements. Written comments and recommendations for the proposed information collection requirements should be sent within 30 days of the publication of this notice directly to the following address: OMB Reports Management Branch, attention: Allison Eydt, New Executive Office Building, Room 3208, Washington, DC 20503.

Dated: June 6, 1996.

William F. Benson,

Deputy Assistant Secretary for Governmental Affairs and Elder Rights.

[FR Doc. 96–15218 Filed 6–14–96; 8:45 am]

BILLING CODE 4150–04–M

Public Comment Regarding Proposed Guidance on the Use of Medical Food and Food for Special Dietary Uses in Older Americans Act Nutrition Programs

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, is requesting public comment on a proposed Program Instruction regarding the use of medical food and food for special dietary uses in Older Americans Act Nutrition Programs.

Type of Request: Public comment.

Use: To inform the Administration on Aging decision making process regarding the use of medical food and food for special dietary uses in Older Americans Act Nutrition Programs.

Additional Information or Comments: The proposed Program Instruction provides guidance regarding the appropriate use and federal funding of medical food and food for special dietary uses in Older Americans Act (OAA) Nutrition Programs for States, Tribes and Area Agencies on Aging.

Background

The aging network is being challenged to serve an increasing number of frailer, functionally impaired older individuals. Many community dwelling elders are at increased nutritional risk due to chronic/acute diseases and conditions, including, but not limited to, physical, oral and mental health problems, that remain after discharge from acute, subacute or long-term care facilities. With development of home and community-based long-term care services, the aging network has been called upon to meet nutritional needs of elders that go beyond the typical one-meal-a-day service. State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and Nutrition Service Providers (NSPs) have expanded nutrition services beyond meals to meet the varying nutritional needs and functional capabilities of growing numbers of impaired elders.

Private industry has also recognized the expanding home and community care market. As care of frailer elders has expanded beyond hospitals and nursing homes, pharmaceutical companies have begun marketing products to home health agencies, home and community-based care providers, nutrition service providers, caregivers, and elders themselves. Companies have developed a wide range of products, such as thickeners, shake-type beverages, soups, bars, puddings, cookies, etc., which are specifically formulated and labeled to meet the nutritional requirements or dietary needs of elders who, due to a disease or health-related condition, cannot meet their nutritional requirements using only conventional food. While often known by a variety of names, such as nutrition supplements, ''liquid meals,'' oral supplements, the most appropriate statutory terms are medical food and food for special dietary uses. Although some SUAs, AAAs, and NSPs across the country have developed policy regarding the use and funding of these special products, AoA has not provided guidance on this topic in the past.

Terminology

Public Law 100–290, The Orphan Drug Amendment of 1988, April 18, 1988, defines *medical food* as

> food which is formulated to be consumed or administered entirely under supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.

According to section 201 of the Federal Food, Drug, and Cosmetic Act of 1932, as amended, the term *food for special dietary uses,*

> as applied to food for man, means particular (as distinguished from general) uses of food, as follows: (i) uses for supplying particular dietary needs which exist by reason of a physical, physiological, pathological or other condition, including but no limited to the conditions of diseases, convalescence, * * * underweight and overweight; (ii) uses for supplying particular dietary needs which exist by reason of age, * * *; (iii) uses for supplementary or fortifying the ordinary or usual diet with any vitamin, mineral or other dietary property.

Food and Health

Every effort should be made to meet the special nutritional needs of elders by using conventional food. Food meets physiological needs for energy, nutrients and bulk (fiber). Food also has important physchological, social and functional value. Conventional food and beverages, particularly those that are nutrient dense are always the first therapeutic approach to improving or modifying diets for individuals who can consume regular food and beverages and are not severely malnourished. Texture modification of regular food is the first approach to chewing or swallowing problems. At times, however, regular foods and beverages, even those modified in texture or nutrient content, may not be enough. It may then be appropriate to consider medical food and food for special dietary uses.

Medical nutrition therapy is the assessment of the nutritional status of an individual with a condition, illness, or injury that puts them at nutritional risk and the provision of nutrition support either as diet modification and counseling or as specialized nutrition therapies designed to achieve nutritional goals and desired health outcomes. Specialized nutrition therapies may include the use of medical food and food for special dietary uses that are administered by oral (mouth) and non-oral (nasogastrically, enterally (gut)) routes. Medical food and food for special dietary uses that are administered parenterally (by vein) are classified as drugs. Nutrition support may be an important component of the clinical management of chronic diseases, such as heart, lung, kidney diseases, stroke, diabetes, and some types of cancer. Nutrition support may also be a clinical management component used in the treatment of acute conditions, such as fractures, pre/post surgery, burns and other traumas. Oral health problems, more prevalent among older individuals, may require nutrition support. Oral health problems, such as loss of teeth, gingivitis, changes in salivary function and sense of taste, affect chewing and swallowing and alter the type and quantity of food that can be eaten. Mental health problems, such as dementia, depression and Alzheimer's disease, interfere with dietary quality and quantity and therefore may need nutrition support. Medication side effects influence appetite and mental functioning. Texture modification (chopping, pureeing, thickening, blending) and supplementation (additional protein, carbohydrate, fat, fiber) of conventional food are considered nutrition support for some physical, oral and mental problems.

Policy Instruction

Subpart 132.11 of the current OAA regulations state that:

> (a) The State agency on aging shall develop policies governing all aspects of programs operated under this part * * * These policies shall be developed in consultation with other appropriate parties in the State * * *

A Tribe is likewise expected to develop policies governing program operations.

A State or Tribe may choose to allow the provision of medical food and food for special dietary uses and to use OAA and USDA funds if the SUA or Tribal policy complies with

- Statutory terminology for medical food and food for special dietary uses;
- Appropriate Use Guidelines (stated below) for substitution for a meal component(s) and/or replacement of a conventional meal; and
- Federal, State, Tribal, and local laws, regulations, policies and guidelines.

Appropriate Use Guidelines

AoA would allow funding and USDA would reimburse on a per meal basis for medical food and/or food for special dietary uses when:

- Criteria for the allowable medical food or food for special dietary use are met;
- There is a recommendation by an appropriate health professional such as a physician or registered/licensed dietitian as part of an overall medical nutrition therapy plan for the individual and the plan is periodically reevaluated and updated;
- The individual is provided with a minimum of 33⅓ percent of the Recommended Dietary Allowances established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, except in cases where the individual's

specific medical nutrition therapy plan dictates otherwise; and

• If the medical food and/or food for special dietary uses is/are used as a:

• Substitution for part of the conventional meal components, the *combination* of the medical food or food for special dietary use *and* conventional foods must meet the above criteria; or

• Replacement of a conventional meal, they must meet the above criteria and consumption of a conventional meal, even with modifications, had been considered but is contraindicated.

When a medical food and/or food for special dietary uses are provided in addition to a conventional meal, AoA and USDA view the meal *and* medical food or food for special dietary uses *together* as constituting a single meal and would not reimburse separately.

Additional Information

A paper, ''Use of Medical Food and Food for Special Dietary Uses in Elderly Nutrition Programs'', authored by the National Policy and Resource Center on Nutrition and Aging (Center), summarizes the appropriate use of medical food and food for special dietary uses in a question and answer format. In addition, the Center has compiled information on state policies on this topic, ''State Policies on Provision of Medical Food and Food for Special Dietary Uses.'' Both publications are available from the Administration on Aging, Office of State and Community Programs; please call (202) 619–0011 for copies of the paper and compilation. Written comments and recommendations regarding the proposed guidance should be sent within 60 days of the publication of this notice directly to the following address: Edwin L. Walker, Director, Office of Program Operations and Development, Administration on Aging, 330 Independence Avenue, SW., Washington, DC 20201.

Dated: June 5, 1996.

William F. Benson,

Deputy Assistant Secretary for Govenmental Affairs and Elder Rights.

[FR Doc. 96–15217 Filed 6–14–96; 8:45 am]

BILLING CODE 4150–04–M

Administration for Children and Families

[OCS–96–09]

Youth Education and Domestic Violence Model Programs

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Notice and call for information on current youth education and domestic violence programs to be considered as model projects for evaluation and possible nationwide distribution.

SUMMARY: The Department of Health and Human Services (DHHS) is authorized, in consultation with the Secretary of Education, to ''select, implement, and evaluate four separate model programs for the education of young people about domestic violence and violence among intimate partners.'' The model programs must address one of four different audiences: primary schools, middle schools, secondary schools, and institutions of higher education, and shall be selected, implemented, and evaluated in consultation with ''educational experts, legal and psychological experts on battering, and victim advocate organizations such as battered women's shelters, State coalitions, and resource centers.''

As a first step, we want to identify and solicit information on programs for the education of young people about domestic violence and violence among intimate partners that are being conducted for one or more of the four student audiences. This announcement contains all instructions for submitting information on youth education programs.

DATES: The closing date for submission of program information is August 16, 1996.

ADDRESSES: Program information may be mailed to the U.S. Department of Health and Human Services, Administration for Children and Families/Office of Community Services, (OCS–96–09), 370 L'Enfant Promenade, SW., Mail Stop 6C–462, Washington, DC 20447.

Hand delivered program information is accepted during the normal working hours of 8 a.m. to 4:30 p.m., Monday through Friday, on or prior to the established closing date at: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, ACF Mailroom, 2nd Floor Loading Dock, Aerospace Center 901 D Street, SW., Washington, DC 20447, between Monday and Friday (excluding Federal holidays).

SUPPLEMENTARY INFORMATION: The Youth Education and Domestic Violence program is authorized by section 317 of the Family Violence Prevention and Services Act (the Act), 42 U.S.C. 10417, as amended by Pub. L. 103–322, the Violent Crime Control and Law Enforcement Act of 1994.

Congress has made available $400,000 to carry out the provisions of section 317.

The Office of Community Services, Administration for Children and Families (OCS) will select and evaluate four types of model programs for the education of four specified audiences of young people about domestic violence and violence among intimate partners. Six to eight programs will be selected to participate in a national evaluation of their efforts. These programs may be recommended to Congress for possible future nationwide distribution.

Specifically, OCS will proceed as follows:

First, we will convene an expert panel to:

(a) Help identify youth education and domestic violence programs for evaluation;

(b) Assist in the development of criteria to be used in the preliminary selection of programs to be evaluated; and

(c) Assist in the design and development of the evaluation study.

Second, we are actively soliciting information about and descriptions of current youth education programs. We are using this Federal Register notice, Department of Education (DOE) networks, professional publications, national resource centers, the electronic media, and other mechanisms to request information about such programs.

Third, the expert panel will assist the DHHS and DOE to review the information on programs received and select at least six but no more than eight for the evaluation.

We do not have a pre-conceived model or educational approach in mind. We are interested in obtaining information on the more outstanding programs being implemented. These programs may include, for example, training curricula, print and visual training aids (as audiovisual components of a structured and more comprehensive program), and model programs that may be school or non-school based. They may include a range of subject matter topics as appropriate to the specific student audience, such as interpersonal violence prevention, self-esteem training for girls, conflict resolution, and the prevention of acquaintance rape and other forms of sexual abuse and violence developed for the high school and college population.

PROGRAM INFORMATION REQUESTED: The information on the youth education programs should be narrative and not exceed 30 pages in length. Program descriptions should include:

A. Identifying Information

—Name of the Program
—Name and Address of the Sponsoring Organization