

community settings. Approximately \$5.5 million to \$15 million is available to assist states in this effort.

- *Community-Integrated Personal Assistance Services and Supports (C-PASS)*: Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many states have taken a leadership role in designing systems that not only offer the basic personal assistance service, but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These grant funds will be used by states to improve personal assistance services that are consumer-directed or offer maximum individual control. Approximately \$1.6 million to \$6 million is available to assist states that did not receive a C-PASS grant in either FY 2001 or FY 2002. FY 2001 C-PASS grantees are: Alaska, Arkansas, Guam, Michigan, Minnesota, Montana, Nevada, New Hampshire, Oklahoma, and Rhode Island. FY 2002 C-PASS grantees are: Colorado, District of Columbia, Hawaii, Indiana, Kansas, North Carolina, Tennessee, and West Virginia. Only states that did not receive a C-PASS grant in either FY 2001 or FY 2002 are eligible to apply for FY 2003.

- *National State-to-State Technical Assistance Program for Community Living*: This national technical assistance grant will support all of the FY 2003 Real Choice Systems Change Grants for Community Living efforts. CMS expects that the grantee will engage in activities that include: (a) Providing technical assistance to the FY 2003 Real Choice Systems Change grantees, the Technical Assistance for Consumer Task Forces grantee, and others; (b) providing on-site state-to-state technical assistance; (c) developing technical assistance materials; (d) developing or providing expertise for states and children and adults of any age with a disability or long-term illness; (e) working with individual states, national associations of state agencies, consumer organizations, the National Governors Association, the National Conference of State Legislatures, and others to collect, refine, and disseminate information that aids in the effective administration of programs for community living; and (f) developing, gathering, analyzing, and disseminating relevant practical information. Approximately \$4.4 million is available for this grant.

- *Technical Assistance for Consumer Task Forces*: The purpose of this grant, as emphasized by Congress, is to

“provide expanded technical assistance to the consumer task forces involved with the Real Choice Systems Change Grant program by contracting with a consortium of consumer-controlled organizations for people with disabilities.” Ensuring technical assistance by and for consumers on consumer task forces is one way to support the involvement of crucial stakeholders in the Real Choice Systems Change Grants for Community Living. Under this grant opportunity, CMS is accepting proposals from consortia of consumer-controlled organizations to provide technical assistance to the consumer task forces of the Grantees of Real Choice Systems Change Grants for Community Living. Project funds may be used, for example, to hire staff for this project, to hire contractor(s) to contribute to the project, to hold meetings, for travel, for publications, for training and development of new programs, and to facilitate the progress of the consumer task forces. Approximately \$550,000 is available for this grant.

- *Family-to-Family Health Care Information and Education Centers*: The purpose of these grants is to support the development of Family-to-Family Health Care Information and Education Centers (Information and Education Centers). Organizations will use these awards to establish statewide family-run centers that will (a) provide education and training opportunities for families with children with special health care needs, (b) develop and disseminate needed health care and HCBS information to families and providers, (c) collaborate with other Family-to-Family Health Care Information and Education Centers to benefit children with special health care needs, and (d) promote the philosophy of individual and family-directed supports CMS is collaborating with the Health Resources and Services Administration (HRSA) in this initiative. In 2001, the HRSA, Maternal and Child Health Bureau, initiated a program to develop the capacities of families with children with special health care needs and assist states meet their Healthy People 2010 objectives for community-based services for children with special health care needs. The HRSA program is also entitled Family-to-Family Health Care Information and Education Centers. (For information on the Healthy People 2010

initiative, please visit the Web site at: <http://www.healthypeople.gov>.) CMS recognizes the wealth of knowledge that exists among parents who have years of experience with the long-term care system, and the potential for this knowledge to be of assistance to both other families and service providers. The goals of this initiative are to increase both access to and choice in HCBS for families who have children with special health care needs. Applicants must demonstrate that the project (a) establishes new capacity, (b) does not duplicate existing work or supplant existing funding, and (c) devotes all funding under the new proposal to endeavors that advance the goal and vision of the Information and Education Centers grant program. Approximately \$875,000 to \$1.1 million is available for these efforts.

1. *Amount and Number of Grants to be Awarded*: The Real Choice Systems Change Grants for Community Living—FY 2003 table indicates the expected range of awards for each type of grant. CMS reserves the right to offer a funding level that differs from the requested amount, and to negotiate with the applicant with regard to the appropriate scope and intensity of effort that would be appropriate and commensurate with the final funding level.

2. *Purpose*: Several grant opportunities comprise the FY 2003 Real Choice Systems Change Grants for Community Living solicitation. They are described in this notice and more fully in the solicitation. Some of these grants are intended to assist states in assessing and exploring how to best address problems in specific topic areas that CMS has learned are of great concern through the New Freedom Initiative, National Listening Session, and Open Door Forums. Other grants are intended as catalysts for the development of specific home and community-based waivers (*i.e.*, Independence Plus) or for the development of systems of quality assurance and quality-improvement within existing home and community-based waivers. The new C-PASS grants will enable states that have not previously received a C-PASS grant to improve personal assistance services and supports that are consumer-directed or offer maximum individual control.

3. *Who is Eligible to Apply*: States may apply for any grant except the Technical Assistance for Consumer Task Forces and the Family-to-Family Health Care Information and Education Centers grants. By “State” we refer to the definition provided under 45 CFR 74.2 as “any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any