

## REAL CHOICE SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING—FY 2003—Continued

Grant opportunity	Application deadline	Who may apply? <sup>1</sup>	Max. number of grant awards per State per type of grant	Maximum award	Anticipated average award	Maximum projected period	Percent allowable for direct services <sup>2</sup>	Estimated number of awards
10. Family-to-Family Health Care Information and Education Centers (CFDA 93.779).	July 29, 2003. ....	Any Nonprofit Organization <sup>5</sup> .	1	150,000	145,000	36 mos .....	0	6–10

<sup>1</sup> The Single State Medicaid Agency or any other agency or instrumentality of a state (as determined under state law) may apply for any grant opportunity except the Technical Assistance for Consumer Task Forces Grant. 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 territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments." "Territory or possession" is defined as Guam, the United States Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. If an application is from an applicant that is not the Single State Medicaid Agency, a letter of endorsement from the Governor, State Medicaid Director, or Agency administering a relevant section of the 1915(c) home and community-based waiver must accompany the application; this requirement does not apply to applicants for the National State-to-State Technical Assistance Program for Community Living, the Technical Assistance for Consumer Task Forces Grants, or the Family-to-Family Health Care Information and Education Centers Grants.

<sup>2</sup> Direct Services do not include expenses budgeted for consumer task force member participation in Real Choice Systems Change for Community Living Conferences or technical assistance conferences sponsored by CMS or its national technical assistance providers for purposes of Real Choice Systems Change Grants for Community Living.

<sup>3</sup> For the Community-Integrated Personal Assistance Services and Supports Grants (C-PASS), states that received a C-PASS grant in FY 2001 or FY 2002 are ineligible to apply for FY 2003 C-PASS funding. 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.

<sup>4</sup> Consumer-controlled organization means an organization that is governed by individuals who have a disability or long-term illness. Individuals of any age, who rely upon long-term supports and services as a result of a disability or long-term illness, must represent more than half of such organization's Board of Directors or other controlling structure.

<sup>5</sup> Applicants for this type of grant must also have a letter of endorsement from the State Medicaid Director or the Governor or. In addition, states that currently operate Family-to-Family Health Care Information and Education Centers (funded through the Health Resources and Services Administration) are ineligible for funding under this initiative. Information and Education Centers application.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-131]

#### Agency Information Collection Activities: Proposed Collection; Expedited Review and Clearance; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

We are, however, requesting an expedited review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we are abbreviating the normal comment period of 60 days for the first notice to 30 days. We are requesting an expedited review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR Part 1320. We cannot reasonably comply with the normal clearance procedures because to do so could have serious consequences for Medicare beneficiaries, health care providers, Medicare contractors and software vendors.

CMS is requesting OMB's expedited review and approval of this collection. Written comments and recommendations will be accepted from the public if received by the individual designated below by June 30, 2003. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Advance Beneficiary Notice; *Form No.:* CMS-R-131 (OMB# 0938-0566); *Use:* Physicians, practitioners,

suppliers, and providers furnishing Part A or Part B items or services may bill a patient for items or services denied by Medicare as not reasonable and necessary if they informed the patient, before furnishing the item or service, that Medicare was likely to deny payment for the items or services and the patient, after being informed, agreed to pay for the items or services; *Frequency:* On occasion; *Affected Public:* Businesses or other for-profit, Individuals or households, Not-for-profit institutions; *Number of Respondents:* 1,028,585; *Total Annual Responses:* 19,660,110; *Total Annual Hours:* 1,686,285.

We have submitted a copy of this notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.hcfa.gov/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by June 30, 2003.