

Deadline for Grant Submission: Grant applications must be submitted by July 15, 2003 to be considered under the 2004 annual funding cycle.

Applications for these grants are not subject to review under Executive Order 12372—Intergovernmental Review by Federal Agencies (45 CFR part 100).

ADDRESSES: *Application Materials:* Standard application forms and related instructions are available from the Web site, www.cms.hhs.gov/researchers/priorities/grants.asp or from Judith Norris, Centers for Medicare & Medicaid Services, Office of Internal Customer Support, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-5130, e-mail: Jnorris1@cms.hhs.gov. Application materials must be formally submitted to Judith Norris.

Please note: State agencies are only required to submit an original application and two copies.

Web site: You may access up-to-date information about the Medicaid Infrastructure Grants and obtain information from the full grant solicitation grant at: <http://www.cms.hhs.gov/twwiia>.

FOR FURTHER INFORMATION CONTACT: Questions about the grants may be directed to: Joe Razes, TWWIIA Program Manager, Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services, Room S2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-6126, e-mail: jrazes@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: This notice is the fourth such notice announcing the availability of funds for Medicaid infrastructure grants authorized by the Ticket to Work and Work Incentives Improvement Act. A total of 38 States currently have been awarded Medicaid infrastructure grants under the Ticket to Work legislation that provides Federal grant funding for 11 years through 2011. This notice is consistent with the three previous notices in soliciting States to apply for grants that will expand services and supports for workers with disabling conditions. States that wish to apply for these grants and desire further detailed information, such as application requirements, review procedures, an explanation of a timely submission, necessary forms, and other relevant information, should refer to the above listed Web sites.

Approval for Collection of Information: The collection of information requested in the application for grants funding has been approved by

the Office of Management and Budget under the approval number 0938-0811. The current approval expires on November 30, 2003.

Authority: Section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999, Pub. L. 106-170. (Catalog of Federal Domestic Assistance Program No. 93.768, Centers for Medicare and Medicaid Services Research, Demonstration, and Evaluations)

Dated: December 23, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5002-N]

RIN 0938-ZA39

Medicare Program; Demonstration: Capitated Disease Management for Beneficiaries With Chronic Illnesses

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice informs interested parties of an opportunity to apply for a cooperative agreement to participate in a Capitated Disease Management Demonstration. This demonstration uses disease management interventions and payment for services based on full capitation (with risk sharing options) to (1) improve the quality of services furnished to specific eligible beneficiaries, including dual eligibles and the frail elderly, and (2) manage expenditures under Parts A and B of the Medicare program. We are interested in testing models aimed at beneficiaries who have one or more chronic conditions that are related to high costs to the Medicare program, such as stroke, congestive heart failure, or diabetes. We intend to use a competitive application process to select organizations to participate in this demonstration.

DATES: Applications will be considered timely if we receive them on or before May 29, 2003.

ADDRESSES: Mail applications to: Department of Health and Human Services, Centers for Medicare & Medicaid Services, Office of Research Development and Information, Demonstration Program staff, Attn: Raymond Wedgeworth, Mail Stop: C4-17-27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Applications must be typed for clarity and should not exceed 40 double-spaced pages, exclusive of the executive summary, resumes, forms, and documentation supporting the cost proposal. Because of staffing and resource limitations, we cannot accept applications by facsimile (FAX) transmission. Applications postmarked after the closing date, or postmarked on or before the closing date but not received in time for panel review, will be considered late applications.

FOR FURTHER INFORMATION CONTACT: For information concerning this demonstration, contact Raymond Wedgeworth, CMS Project Officer, at (410) 786-6676, or rwedgeworth@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

Eligible Organizations

Potentially qualified applicants are provider sponsored organizations, academic medical centers, Medicare+Choice organizations, or disease management companies, who can demonstrate ability to effectively supply disease management services applicable to the Medicare population, which may include dual eligibles and frail elderly, specific to select chronic conditions.

Administrator Initiative

The clearest statement of the Administration's priorities for Medicare is found in the White House document, "21st Century Medicare," issued on July 12, 2001. In that document, the Administration made a series of proposals for modernizing Medicare benefits so that they would better meet the needs of its beneficiaries. One of the important proposals in the document is to improve the current limits of the program on innovative treatment. The report notes that "Medicare's traditional approach to paying only for discrete visits and services has denied many seniors the opportunity to take advantage of the advances that have been pioneered by integrated health delivery in coordinating care for complex conditions and chronic diseases. These programs can lead to better health outcomes and reduce total medical costs by avoiding complications."

In line with the above goals, the Administration is undertaking a series of disease management demonstration projects to explore a variety of ways to improve beneficiary care in the traditional Medicare plan. These demonstrations provide beneficiaries with greater choices, enhance the quality of their care, and offer better