

or procedures; recommends changes to CO in policy and procedures as appropriate.

- Operates a program of beneficiary services that includes direct contact with the Medicare beneficiary to resolve problems with particular plans, contract through congressional offices concerning beneficiary problems, and contact plans to resolve beneficiary problems.

- Resolves systems problems that affect beneficiary eligibility/entitlement under a particular managed care plan.

- Receives and evaluates complaints from beneficiaries concerning quality of care and refers such complaints to PROs for further investigation as appropriate.

- Conducts data analysis of plan performance indicators to determine whether plans need technical assistance or corrective action.

- Through ongoing information gathering in the health care marketplace, provides early warning to CO on policies that might impede the risk contracting in Medicare as commercial/public member limits and rate setting.

- Provides leadership and technical support to States in designing and implementing Medicaid managed care programs.

- Evaluates requests for freedom of choice waivers for Medicaid managed care plans to assure that access to care is maintained or enhanced and that projected costs comply with applicable law and regulation.

- Reviews and approves contracts between States and providers to assure compliance with Federal law and regulation.

- Provides early technical assistance to States that plan to apply for Section 1115 waivers to implement Statewide health care reform.

- Works closely with CO to evaluate requests for Section 1115 waivers, assuming a lead role when the waiver is approved and implementation begins.

- Provides ongoing technical assistance to States with active statewide Section 1115 waivers to assure that conditions of the waiver are adhered to and that access to care is adequate.

- Provides technical assistance to States in finding creative and new methods of delivering Medicaid services through a variety of managed care arrangements.

d6. Health Care Quality Improvement Cluster (FLDXJ)

- Assures that medical care, paid for by Federal Medicare funds, is medically necessary and meets recognized professional standards and quality of

care through funding and the monitoring of Peer Review Organizations (PROs) and ESRD Networks in a multi-regional geographic area.

- Provides leadership to PROs and networks to design projects that will improve care to Medicare beneficiaries.

- Maintains knowledge of HCFA data bases, as well as other large health related data bases, and uses these to evaluate care provided to the Medicare population.

- Oversees the PROs' development of local quality studies to assure scientific merit and program relevance.

- Encourages PROs and ESRD networks to work with providers to use the results of local quality studies to fashion interventions to improve care.

- Conducts special regionwide studies to evaluate care provided to Medicare beneficiaries, including beneficiary groups which may have special health care needs, and works through PROs to help providers design interventions to improve care.

- Disseminates useful information to providers and to beneficiaries to improve quality of care.

- Convenes groups at the local level to collaborate on studies involving the quality of care provided to the Medicare, Medicaid, and managed care populations; this includes bringing together variously funded sources such as universities, foundations, and State offices with similar interests in quality of care.

- Participates in the negotiation and award of contracts to PROs.

- Prepares technical and budget evaluations of contract proposals received from PROs, and makes judgments to commit Federal funds for program implementation.

- Monitors and assesses the overall quality performance of PROs including success in using local projects to improve care for Medicare beneficiaries.

d7. Certification Improvement Cluster (FLDXK)

- Manages the State agency evaluation program and assesses the performance of the State survey agency in their survey and certification review process for compliance with performance standards.

- Works with the States to design internal quality assurance programs.

- Negotiates State agency agreements and issues substantive regional guidelines containing policy and procedural interpretations relating to certification activities.

- Evaluates complaints from the public, media, Congress, and others alleging deficient standards in provider

facilities, and instructs State agencies to investigate, as appropriate.

- Makes final recommendations on all initial budget and supplemental budget requests submitted by State agencies.

- Takes adverse actions against non-complying Medicare facilities.

- Establishes and maintains a data and information gathering system involving all aspects of the certification program.

- Conducts Federal surveys of providers and suppliers of health services to ensure that State monitoring is satisfactory.

- Performs or authorizes validation surveys in accredited institutions to determine their compliance with Federal standards.

- Conducts surveillance and assessment of State agency operations regarding quality of care, and assists them in developing the capability to provide direct assistance to providers and suppliers of health services in the improvement of their performance.

- Conducts studies, pilot projects, and experimental programs and assists in implementing techniques designed to improve the survey and certification process and peer review systems.

- Conducts training of State surveyors as needed and indicated by Federal monitoring.

Dated: July 19, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 95-18977 Filed 8-1-95; 8:45 am]

BILLING CODE 4120-01-P

Substance Abuse and Mental Health Services Administration

Cooperative Agreement With the State of Hawaii

AGENCY: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Notice of planned cooperative agreement award to the State of Hawaii to serve a rural area in the Hawaiian Islands with a focus on substance abuse among Native Hawaiians and other residents of rural Hawaii.

SUMMARY: The Center for Substance Abuse Treatment (CSAT), SAMHSA, is publishing this notice to provide information to the public of a planned single source cooperative agreement award to the State of Hawaii for the development and evaluation of systems of substance abuse and/or dependence intervention, treatment and recovery

services among rural Native Hawaiians. Other residents of rural Hawaii residing in the particular services area may also be provided services. The anticipated project period is three years and the estimated FY 1995 award is \$500,000. An award will be made based on an acceptable application that is approved by a peer review committee and the CSAT National Advisory Council.

AUTHORITY/JUSTIFICATION: A cooperative agreement award will be made under the authority of section 510(b)(1) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 290bb-3).

The Catalog of Federal Domestic Assistance number for this program is 93.122.

The State of Hawaii has been selected for an award because of the special substance abuse problems of Native Hawaiians. Hawaii also has the highest percentage of chronic drinkers in the Nation. Among Native Hawaiians who self reported drinking patterns from the age of 18 to 34, 90 percent of males and 67 percent of females identified themselves as heavy drinkers and/or substance abuse users. Almost one-fifth of the adult drinking population meet the screening criteria for alcoholism and over 10 percent of pregnant women tested in a four-month period had positive drug urine results at the time of delivery.

In addition, rural remote areas of Hawaii, such as the Neighbor Islands of Kauai, Maui, Molokai, Lanai and the Big Island of Hawaii, are very isolated and have limited substance abuse treatment and related services. Lack of transportation and communication are common problems, thus, access to the very limited substance abuse and related health care services is difficult, if not impossible.

The availability of treatment services for Native Hawaiians and other neighboring residents of rural areas is inadequate to meet the extensive needs for treatment and related services. For example, there are only 32 licensed residential treatment beds in Maui, 30 on the Big Island and 6 on Kauai. None exist on Lanai or Molokai. The Neighbor Islands have virtually no methadone services, either for methadone detoxification or maintenance. The Big Island has just begun to provide methadone maintenance to 30 of those in need. Three hundred and fifteen individuals are currently on the Big Island waiting list for these services. In view of these considerations and in order to assure that specific attention is focused on rural Native Hawaiians and their neighbors, it has been determined that \$500,000 should be reserved for the

exclusive purpose of providing services to this population in need.

The proposed project will focus on improving the availability and accessibility of substance abuse treatment services for Native Hawaiians and other neighboring residents of rural Hawaii. No non-native Hawaiian residing in the service area will be denied services based on their status as non-native Hawaiians. Further, the required evaluation component of the program will provide information useful in the future design of rural substance abuse treatment programs.

Since the only sizable number of Native Hawaiians are found in Hawaii, and consistent with CSAT's goals to coordinate Federal, State and local treatment planning and coordination provision of other health care services, and data collection efforts, and to work in partnership with the single State agencies (SSAs) to administer discretionary funds to the maximum extent practical, eligibility is being limited to the State of Hawaii. The Hawaii Department of Health, as the SSA for alcohol and drug abuse, is uniquely qualified to carry out the proposed project because it has mechanisms in place for securing pertinent information from public and private nonprofit agencies for service planning, management, evaluation and data collection. It also has the unique ability to coordinate health services, oversight and maximize the long-term benefit of the award. It is anticipated that the high degree of interdisciplinary State involvement will facilitate planning and integration of services, as well as State support of systemic improvements after Federal support is no longer available.

The cooperative agreement mechanism is being used for this award in order to facilitate the coordination of this project with the five projects funded under this program in September 1993, as well as with other SAMHSA, PHS, HHS, and Departments of Justice, Housing and Labor programs.

FOR FURTHER INFORMATION CONTACT:

Clifton D. Mitchell, CSAT/SAMHSA, Rockwall II, Room 740, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443-8802.

Dated: July 26, 1995.

Richard Kopanda,

Acting Executive Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 95-18880 Filed 8-1-95; 8:45 am]

BILLING CODE 4162-20-P

Center for Mental Health Services; Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Center for Mental Health Services (CMHS) National Advisory Council in September 1995.

The meeting of the CMHS National Advisory Council will include a discussion of the mission and programs of the Center, administrative announcements and program developments. It will focus on managed care initiatives across the country and CMHS's leadership role in providing consultative services to states pursuing managed care activities. The Council will also be performing review of applications for Federal assistance and individual contract proposals; therefore, portions of this meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with 5 U.S.C. 552b(c)(3), (4) and (6) and 5 U.S.C. app. 2 10(d).

A summary of the meeting and/or a roster of Council members may be obtained from: Gloria Yockelson, Committee Management Officer, CMHS, Room 18C-07, Parklawn Building, Rockville, Maryland 20857, Telephone: (301) 443-7919.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Center for Mental Health Services, National Advisory Council.

Meeting dates: September 11-12, 1995.

Place: Chevy Chase Holiday Inn, 5520 Wisconsin Avenue, Chevy Chase, Maryland 20815.

Closed: September 11, 8:30 a.m.-10:30 a.m.

Open: September 11, 10:30 a.m.-5 p.m.

Open: September 12, 9 a.m.-adjournment.

Contact: Anne Mathews-Younes, Ed.D., Room 11C-26, Parklawn Building, Telephone: (301) 443-3606.

Dated: July 25, 1995.

Jeri Lipov,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 95-18887 Filed 8-1-95; 8:45 am]

BILLING CODE 4162-20-P

National Advisory Council; Meetings

Pursuant to Pub. L. 92-463, notice is hereby given of the meetings of the Substance Abuse and Mental Health Services Administration (SAMHSA) National Advisory Council in September 1995.

The September 1 teleconference meeting will include the review, discussion and evaluation of contract proposals. Therefore, a portion of the