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Dated: June 21, 2002.

**Sandra R. Manning,**

*CGFM, Director, Procurement and Grants  
Office, Centers for Disease Control and  
Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02195]

#### Linkages of Acute Care and Emergency Medical Services to State and Local Injury Prevention Programs; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and  
Prevention (CDC) announces the  
availability of fiscal year (FY) 2002  
funds for a cooperative agreement  
program for Linkages of Acute Care and  
Emergency Medical Services to State  
and Local Injury Prevention Programs.  
This program addresses the "Healthy  
People 2010" focus area of Injury and  
Violence Prevention.

The purpose of this program is to  
support collaboration between national  
organizations of professionals in acute  
medical care, trauma, emergency  
medical services (EMS) with State and  
local injury prevention programs and  
CDC (Part 1). The recipient of Part 2 of  
this cooperative agreement assumes a  
coordination role among award  
recipients, to assure successful  
collaborative activities. This cooperative  
agreement will facilitate the  
development of relationships that will  
be critical during routine operations of  
acute care, trauma, and EMS services,  
and in response to terrorism or  
disasters.

Measurable outcomes of this program  
will be in alignment with the National  
Center for Injury Prevention and Control  
(NCIPC) performance goal of building  
State capacity to enhance injury  
prevention efforts.

##### B. Authority and Catalog of Federal Domestic Assistance Number

This program announcement is  
authorized under 391 (a) [42 U.S.C.  
280b] of the Public Health Service Act.  
The catalog of Federal Domestic  
Assistance number is 93.136.

##### C. Eligible Applicants

Assistance will be provided only to  
national nonprofit and for profit  
professional organizations, with at least  
25 members, that address either acute  
care, trauma, or EMS.

Since the ultimate purpose of this  
program is to develop the capacity of  
local injury prevention programs to  
respond effectively to situations of  
national disaster or emergency,  
assistance is being provided to those  
organizations (acute care, trauma or  
EMS) best equipped to develop that  
capacity.

**Note:** Public law 104-65 states that an  
organization described in section 501(c)(4) of  
the Internal Revenue Code of 1986 which  
engages in lobbying activities shall not be  
eligible for the receipt of Federal funds  
constituting an award, grant, contract, loan,  
or any other form.

##### D. Availability of Funds

Approximately \$450,000 is available  
in FY 2002 to fund approximately three  
to six awards. It is expected that the  
average award will be \$75,000, ranging  
from \$60,000 to \$125,000 under Part 1.  
Applicants under Part 2 of this  
announcement are eligible for an  
additional award, approximately  
\$50,000 to 75,000, to conduct  
coordination activities as described in  
"Recipient Activities—Part 2" below.

**Note:** Applicants for Part 2 funding must  
apply for and be approved for funding under  
Part 1 of this announcement.

It is expected that the awards will  
begin on or about September 30, 2002,  
and will be made for a 12-month budget  
period, for a one-year project period.  
Funding estimates may change.

##### Use of Funds

Grant funds will not be made  
available to support the provision of  
direct care. Eligible applicants may  
enter into contracts, including consortia  
agreements (as set forth in the PHS  
Grants Policy Statement, dated April 1,  
1994), as necessary to meet the  
requirements of the program and  
strengthen the overall application.

##### E. Program Requirements

In conducting activities to achieve the  
purpose of this program, the recipient  
will be responsible for the activities  
under 1. "Recipient Activities," and  
CDC will be responsible for the  
activities listed under "2. CDC  
Activities."

###### 1. Recipient Activities—Part 1

a. Develop a project that will build  
relationships with State and local injury  
prevention programs. Possible projects  
include:

1. Collecting data or information  
about relationships between the  
national organization's membership or  
State and local chapters and State and  
local injury programs, for use in  
planning purposes, or
2. Developing and implementing a  
planning process to build relationships  
with State and local injury programs, or
3. Developing web-based or other  
information or communications linkages  
that result in increased information  
sharing among these organizations, or
4. Holding meetings or other events,  
or conducting joint projects at the  
national level or in selected States or  
cities to build relationships with State  
and local injury programs.

b. Communicate to members of the  
national organization about the  
importance of linkages with State and  
local injury prevention programs.

c. Work with State and/or local  
chapters and affiliates of the national  
organization to build awareness of  
potential benefits of linkages with State  
and local injury prevention programs.

d. Identify a person or persons to  
serve as liaisons to CDC and to  
organizations affiliated with as well as  
organizations representing local health  
officials and other governmental and  
non-governmental prevention partners  
for timely distribution and  
dissemination of Injury program and  
policy information.

e. Collaborate with CDC to: (a)  
Provide perspectives on policy  
formulation and (b) communicate  
rapidly with, and obtain and share  
feedback from, members of the national  
professional organization.

f. At project initiation, participate in  
a CDC-organized conference call with  
other funded award recipients to  
identify potential collaboration  
opportunities, and in conference calls  
among other CDC grantees as necessary.

g. Work with the coordinating center  
funded under Part 2 below, including  
participating in conference calls,  
meetings, and other joint activities.

###### Recipient Activities—Part 2

a. Develop a plan of outreach and  
coordination to facilitate linkages

between acute care, trauma, and EMS organizations and State and local injury programs. This may include meetings at the national, State, or local level.

b. Conduct a periodic formal or informal information gathering activity with these organizations and State and local injury programs, regarding the status of their linkages with State and local injury control programs, obstacles to building of relationships, and opportunities for collaboration.

c. Conduct an assessment to determine what needs exist following implementation of efforts, and how to best fill those needs.

## 2. CDC Activities (applicable to both Part 1 and Part 2)

a. Provide technical advice in the development of systems to identify potential issues of interest.

b. Provide consultation and scientific and technical assistance in the planning of the project.

c. Work with the organization funded under Part 2 to identify opportunities for collaboration.

d. Provide program and policy information for dissemination to award recipients.

## F. Content

### Applications

The Program Announcement title and number must appear in the application. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than six double-spaced pages, printed on one side, with one-inch margins, and un-reduced font. Applicants interested in conducting optional (Part 2) coordination activities may submit a narrative not to exceed nine pages.

The narrative should consist of, at a minimum, a plan, objectives, methods, evaluation and budget addressing the "Recipient Activities" above.

## G. Submission and Deadline

### Application

Submit the original and two copies of PHS 5161-1 (OMB Number 0920-0428). Applications must be submitted in hard copy and may not be submitted electronically. Forms are available in the application kit and at the following Internet address: <http://www.cdc.gov/od/pgo/forminfo.htm>

Application forms must be submitted in the following order:

Cover Letter

Table of Contents

Application

Budget Information Form

Budget Justification

Checklist

Assurances

Certifications

Disclosure Form

Indirect Cost Rate Agreement (if applicable)

Narrative

The application must be received by 5:00 p.m. Eastern Time August 2, 2002. Submit the application to: Technical Information Management, PA 02195, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

Deadline: Applications shall be considered as meeting the deadline if they are received before 5:00 p.m. Eastern Time on the deadline date. Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, CDC will upon receipt of proper documentation, consider the application as having been received by the deadline.

Applications which do not meet the above criteria will not be eligible for competition and will be discarded. Applicants will be notified of their failure to meet the submission requirements.

## H. Evaluation Criteria

### Application—Part 1

Applicants are required to provide Measures of Effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of Effectiveness must relate to the performance goal as stated in section "A. Purpose" of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These Measures of Effectiveness shall be submitted with the application and shall be an element of evaluation.

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Staffing, Facilities, and Management (35 points)

The degree to which the applicant provides evidence of an ability to carry out the proposed project, the extent to which the applicant institution documents the capability to achieve objectives of this project, and the extent to which professional personnel involved in this project are qualified, including evidence of past achievements appropriate to this project.

2. Program Plan (25 points)

The adequacy of the applicant's plan for administering the proposed project.

3. Objectives (20 points)

The degree to which proposed objectives are clearly stated, realistic, measurable, time-phased, related to the purpose of this project, and regularly monitored and evaluated.

4. Background (15 points)

The extent to which the applicant understands the requirements, problems, objectives, complexities, and interactions required of this cooperative agreement.

5. Measures of Effectiveness (5 points)

The extent to which the applicant's Measures of Effectiveness are clearly designed to measure the intended outcome.

6. Budget (not scored)

Extent to which the estimated cost to the Government of the project is reasonable and clearly justified.

### Application—Part 2

In addition to addressing the criteria for Part 1 above, applicants for Part 2 funding must separately address the following criteria:

1. Outreach Plan (40 points)

The adequacy of the plan of outreach and coordination to facilitate linkages between acute care, trauma, and EMS organizations and State and local injury programs.

2. Information gathering (30 points)

The adequacy of the applicant's plan to conduct a periodic survey of these organizations regarding the status of linkages with and local injury control programs.

3. Needs Assessment (30 points)

The adequacy of the applicant's plan to conduct an assessment to determine what needs exist following implementation of efforts, and make recommendations as to how best to fill those needs.

## I. Other Requirements

### Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Quarterly progress reports. (The progress report will include a data requirement that demonstrates measures of effectiveness.)
2. Financial status report, no more than 90 days after the end of the budget period.
3. Final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment 1 of the application kit.

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14 Accounting System Requirements

AR-15 Proof of Non-Profit Status

## J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC home page Internet address—<http://www.cdc.gov> Click on "Funding" then "Grants and Cooperative Agreements."

For business management assistance, contact: Van A. King, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone number (770) 488-2751, email address: [vbk5@cdc.gov](mailto:vbk5@cdc.gov).

For program technical assistance, contact: Doug Browne, Project Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop F-41, Atlanta, GA 30341, Telephone number (770) 488-1569, email address: [drb7@cdc.gov](mailto:drb7@cdc.gov).

Dated: June 21, 2002.

**Sandra R. Manning,**

*CGFM, Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS-2155-PN]**

#### Medicare and Medicaid Programs; Application by the Accreditation Association for Ambulatory Health Care, Inc. for Continued Deeming Authority for Ambulatory Surgical Centers

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

**ACTION:** Proposed notice.

**SUMMARY:** This proposed notice acknowledges the receipt of a renewal application by the Accreditation Association for Ambulatory Health Care, Inc. for continued recognition as a national accreditation program for ambulatory surgical centers that wish to participate in the Medicare or Medicaid programs. Section 1865(b)(3)(A) of the Social Security Act requires that within 60 days of receipt of an organization's complete application we publish a proposed notice that identifies the national accrediting body making the request, describes the nature of the request, and provides at least a 30-day public comment period.

**DATES:** We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 29, 2002.

**ADDRESSES:** In commenting, please refer to file code CMS-2155-PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (1 original and 3 copies) to the following address: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-2155-PN, P.O. Box 8013, Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (1 original and 3 copies) to one of the following addresses: Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-14-

03, 7500 Security Boulevard, Baltimore, MD 21244-1850.

(Because access to the interior of the HHH Building is not readily available to persons without Federal Government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for commenters wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

Comments mailed to the addresses identified for hand or courier delivery may be delayed and could be considered late.

For information on viewing public comments see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** Milonda Mitchell, (410) 786-3511.

**SUPPLEMENTARY INFORMATION: Inspection of Public Comments:** Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, call (410) 786-7197.

**Copies:** Additional copies of the **Federal Register** containing this proposed notice can be made at most libraries designated as Federal Depository libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

This **Federal Register** document is also available from the **Federal Register** online database through **GPO Access**, a service of the U.S. Government Printing Office. The web site address is: <http://www.access.gpo.gov/nara/index.html>.

## SUPPLEMENTARY INFORMATION:

### I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in an ambulatory surgical center (ASC) provided the ASC meets certain requirements. Section 1832(a)(2)(F)(i) of the Social Security Act (the Act) authorizes the Secretary to establish distinct criteria for facilities seeking designation as an ASC. Under this authority, the Secretary has set forth in regulations minimum requirements that an ASC must meet to participate in Medicare. The regulations at title 42, part 416 (Ambulatory Surgical Services) of the Code of Federal Regulations (CFR)