

- Number all narrative pages only
- This report must not exceed 20 pages excluding administrative reporting; web links are allowed
- Where the instructions on the forms conflict with these instructions, follow these instructions

1. CDC requires the use of PDF format for ALL attachments.

2. Use of file formats other than PDF may result in the file being unreadable by CDC staff.

Checklist of Required Contents of Application Packet:

1. SF-424 Application for Federal Domestic Assistance—Short Organizational Form
2. SF-424A Budget Information-Non-Construction
3. Itemized Budget Justification
4. Certifications and Assurances

1. SF-424 Application for Federal Domestic Assistance—Short Organizational Form

Complete all sections:

A. In addition to inserting the legal name of your organization in Block #5a, insert the CDC Award Number provided in the CDC Notice of Award. Failure to provide your award number could cause delay in processing your application.

B. Please insert your organization's Business Official information in Block #8.

2. SF-424A Budget Information and Justification

A. Complete all applicable sections.

B. Analysis of Remaining Time and Funds.

1. Based on the current rate of obligation, if it appears there will be unobligated funds at the end of the current budget period, provide detailed actions that will be taken to obligate this amount.

2. If it appears there will be insufficient funds, provide a detailed justification of the shortfall and list the actions taken to bring the obligations in line with the authorized funding level.

C. The proposed budget should be based on the federal funding level stated in the letter from CDC.

D. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance. The sample budget guidance is provided on CDC's internet at: <http://www.cdc.gov/grants/applying/application-resources.html>.

E. For any new proposed subcontracts provide the information specified in the Budget Guidance.

F. When non-federal matching is required, provide a line-item list of non-federal contributions including source,

amount, and/or value of third party contributions proposed to meet a matching requirement.

G. Applicants should send their application via email attachment(s) to Barbara Strother at kty4@cdc.gov.

3. Indirect Cost Rate Agreement

Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans for all grantees are contained in 45 CFR part 75, Appendices III through VII.

4. Program Requirements

Project Narrative: Provide a summary of planned activities to be conducted during the remainder of Year 2 for the period September 30, 2017–March 31, 2018.

Section I. New Budget Period Proposed Objectives and Activities

Provide a detailed description of proposed activities, objectives, and performance measures for the new budget period as described below.

A. List the proposed objectives for the upcoming budget period. These objectives must support the intent of the original Funding Opportunity Announcement (FOA) or Program Announcement (PA).

B. Each objective and activity must contain a performance or outcome measure that assesses the effectiveness of the project.

C. Provide an updated work plan that cross walks to the objectives and associated performance measures, program strategies and activities, target dates for completion, and person(s) responsible for the activities. Awardees are strongly encouraged to use the sample Excel-based work plan provided by the Disability and Health Branch. The work plan must be uploaded as a PDF file and included in the appendix.

Any proposed changes in programmatic priorities must be within the scope of the approved funding opportunity announcement and Notice of Award. CDC will work with each awardee to refine and consolidate work plans within 30 days of award as needed.

Review and Selection Process

A merit review will be conducted by the CDC Program Office. The merit review will cover technical and cost matters. The initial application received an objective review to ensure recipient complies with all the activities required. The recipient was selected through a

competitive process during the initial FOA award.

Terrance Perry,

Director, Office of Grants Services, Centers for Disease Control and Prevention.

[FR Doc. 2017-15161 Filed 7-20-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5525-N]

Medicare, Medicaid and Children's Health Insurance Program (CHIP); Meeting on Behavioral Health Payment and Care Delivery

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting to discuss ideas for a potential behavioral health payment model to improve health care quality and access, while lowering the cost of care for Medicare, Medicaid, or Children's Health Insurance Program (CHIP) beneficiaries with behavioral health conditions.

DATES:

Meeting Date: This meeting will be held at 10 a.m. until 5 p.m. Eastern Standard Time (EST) on Friday, September 8, 2017. The meeting is open to the public, but attendance is limited to the space available.

Meeting Registration: Individuals must register online at <https://innovation.cms.gov/resources/behavioral-health-paymentcare-summit.html> by 12:00 a.m. EST on August 25, 2017.

Submission of Written Questions or Statements: Individuals may submit written questions or statements by email, online, fax, or mail to the address listed in the **ADDRESSES** section of this notice by 12:00 a.m. EST. on August 25, 2017.

ADDRESSES:

Meeting Location: The meeting will be held in the Grand Auditorium, at the CMS Central Office, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Submission of Written Questions or Statements: Individuals may submit written questions or statements by email at CMMIBHSummit@ketchum.com, online at <https://innovation.cms.gov/resources/behavioral-health-paymentcare-summit.html>, by fax to 410-786-1048, or by mail to the CMS Innovation Center, Attn: CMMIBH

Summit mailstop 08–64, 2810 Lord Baltimore Drive, Suite 130, Windsor Mill, MD 21244.

FOR FURTHER INFORMATION CONTACT: *CMMIBHSummit@ketchum.com*, for questions about this meeting.

News Media: Press inquiries will be handled at *press@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

The Center for Medicare and Medicaid Innovation (the Innovation Center) within the Centers for Medicare & Medicaid Services (CMS) was established by section 1115A of the Social Security Act (the Act). The Congress created the Innovation Center for the purpose of testing “innovative payment and service delivery models to reduce program expenditures . . . while preserving or enhancing the quality of care” for those individuals who receive Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) benefits. New payment and service delivery model tests are designed by the Innovation Center in accordance with the requirements of section 1115A of the Act. During the design of a model test, the Innovation Center builds on the ideas received from stakeholders and consults with clinical and analytical experts with expertise in medicine and health care management, as well as with representatives of relevant Federal agencies, beneficiaries and caregivers, health care providers, advocacy groups, and other experts in the field.

The Innovation Center is interested in designing a potential payment or service delivery model to improve health care quality and access, while lowering the cost of care for Medicare, Medicaid, or CHIP beneficiaries with behavioral health conditions. The model may include participation by other payers, qualify as an Advanced Alternative Payment Model (APM), improve health care provider participation in telehealth services, and address the needs of beneficiaries with deficits in care in the following potential areas leading to poor clinical outcomes or potentially avoidable expenditures: (1) Substance use disorders; (2) mental disorders in the presence of co-occurring conditions; (3) Alzheimer’s disease and related dementias; and/or (4) behavioral health workforce challenges.

The Innovation Center solicits and selects organizations to participate in voluntary model tests through open, competitive processes. The process follows established protocols to ensure that it is fair and transparent, provides opportunities for potential participants to ask questions regarding the

Innovation Center’s expectations, and relies on multi-stakeholder input to inform selection of the most qualified participants. Many factors are used in the design and selection of models to be tested. The Innovation Center does not test unsolicited proposals, but does use such ideas to inform model design.

II. Meeting Topic and Format

The meeting will include four panel sessions of behavioral health experts of varied backgrounds who will discuss substance use disorders, mental health in the presence of co-occurring conditions, Alzheimer’s disease and related dementias, and behavioral health workforce development.

All stakeholders, including community health organizations, medical societies, health care providers, State Medicaid agencies, advocacy groups, non-profit organizations, and other interested parties are invited to participate in this meeting by: (1) Listening to panelists discuss payment for and delivery of behavioral health services and share experiences of furnishing behavioral health services; (2) asking questions to panelists; and (3) making brief individual statements. We note that the time for participants to make statements will be limited to 2 minutes per panel.

The recommendations provided during this meeting will assist us, as we explore the possibility of designing a model test to address behavioral health payment and service delivery.

III. Registration Instructions

Participants must register at <https://innovation.cms.gov/resources/behavioral-health-paymentcare-summit.html> no later than 12 a.m. EST on August 25, 2017 to attend the meeting. We will accept written questions and statements, not to exceed one single-spaced, typed page, by email, on-line, fax, or mail to the addresses specified in the **ADDRESSES** section of this notice, by the dates specified in the **DATES** section of this notice.

IV. Security, Building, and Parking Guidelines

The meeting is open to the public, but attendance will be limited based on meeting room capacity. Seating capacity is limited to approximately 400 registrants. Persons wishing to attend this meeting must register by the dates specified in the **DATES** section of this notice.

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. The on-site check-in for visitors will be held from 9:00 a.m. to 10:00 a.m. We

recommend that confirmed registrants arrive reasonably early, to allow additional time to clear security. We recommend arrival no later than 9:30 a.m. to complete the security checkpoints and be escorted for the start of the meeting at 10:00 a.m. Security measures include the following:

- Presentation of government-issued photographic identification to the Federal Protective Service or Guard Service personnel. As of October 10, 2015, visitors seeking access to federal agency facilities using their state-issued driver’s license or identification cards must present proper identification issued by a state that is compliant with the REAL ID Act of 2005 (Pub. L. 109–13, 119 Statute 302, enacted on May 11, 2005) or a state that has received an extension. What constitutes proper identification and whether a driver’s license is acceptable identification for accessing a federal facility may vary, based on which state issued the driver’s license. For detailed information, please refer to the Department of Homeland Security (DHS) Web site at: <http://www.dhs.gov>. When planning to visit a federal facility, visitors who have further questions about acceptable forms of identification are encouraged to contact the facility to determine acceptable identification.

- Inspection of vehicle’s interior and exterior (this includes engine and trunk inspection) at the entrance to the grounds. Parking permits and instructions will be issued after the vehicle inspection. Participants not in possession of a valid identification or who are in possession of prohibited items will be denied access to the complex. Prohibited items on federal property include but are not limited to, alcoholic beverages, illegal narcotics, explosives, firearms or other dangerous weapons (including pocketknives), dogs or other animals except service animals.

- Inspection, via metal detector or other applicable means of all persons entering the building. We note that all items brought into CMS, whether personal or for the purpose of presentation or to support a presentation, are subject to inspection. We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set up, safety, or timely arrival of any personal belongings or items used for presentation or to support a presentation.

Note: Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45 minutes prior to the start of check-in of the meeting (8:15 a.m.).

All visitors must be escorted in areas other than the lower and first floor levels in the CMS Central Office.

V. Special Accommodations

Individuals requiring special accommodations must include the request for these services when registering for the meeting.

VI. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: July 17, 2017.

Patrick Conway,

Deputy Administrator for Innovation and Quality & Director, Centers for Medicare & Medicaid Services.

[FR Doc. 2017-15374 Filed 7-20-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-2405-N]

RIN 0938-ZB34

Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals (QIs): Federal Fiscal Year 2014 and Federal Fiscal Year 2015 through Calendar Year 2015

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

ACTION: Notice.

SUMMARY: This notice sets forth the states' final allotments available to pay the Medicare Part B premiums for Qualifying Individuals (QIs) for the

federal fiscal year (FY) 2014 and the preliminary QI allotments for federal FY 2015 which is extended through calendar year (CY) 2015 (December 2015) by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The amounts of these QI allotments were determined in accordance with the methodology set forth in regulations and reflect funding for the QI program made available under recent legislation.

DATES: The final QI allotments for payment of Medicare Part B premiums for FY 2014 are effective October 1, 2013. The preliminary QI allotments for FY 2015, extended through CY 2015 are effective October 1, 2014.

FOR FURTHER INFORMATION CONTACT: Jennifer Gibson, (410) 786-5404 or Toni Cincibus at (410) 786-2997.

SUPPLEMENTARY INFORMATION:

I. Background

A. QI Allotments for FY 2014

As amended by section 621 of the American Taxpayer Relief Act of 2012 (ATRA) (Pub. L. 112-240, enacted on January 2, 2013), section 1933(g)(2) of the Social Security Act (the Act) provided \$300 million in funding for the period October 1, 2013 through December 31, 2013, the first quarter of fiscal year (FY) 2014. Section 1201 of Division B of the legislation "Pathway for SGR Reform Act of 2013" (Pub. L. 113-67 enacted on December 26, 2013) provided an additional \$200 million and authority for the Qualifying Individual (QI) program for the period January 1, 2014 through March 31, 2014 (second quarter of FY 2014). In addition, section 201 of the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113-93 enacted on April 1, 2014) revised the \$200 to \$485 million and extended the period for which such funds were available to the end of September 2014. Therefore, the total funding available for the QI program for FY 2014 is \$785 million (\$300 million for the first quarter of FY 2014, and \$485 million for the second through fourth quarters of FY 2014).

B. QI Allotments for FY 2015/CY 2015 and Thereafter

Section 201 of PAMA extended the authority and funding for the QI program for FY 2015 as follows: \$300 million for the period October 1, 2014 through December 31, 2014 (first quarter of FY 2015); and, \$250 million for the period January 1, 2015 through March 31, 2015 (second quarter FY 2015). Section 211 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10, enacted on April 16, 2015) further extended the authority and funding for the QI program for FY 2015 as follows: \$535 million for the period April 1, 2015 through December 31, 2015, effectively changing QI to a calendar year basis from a fiscal year basis. Therefore, a total of \$1.085 billion is available for the QI program for FY/CY 2015.

Section 211 of MACRA also permanently extended the QI program while allocating \$980 million for CY 2016.

C. Methodology for Calculating the Fiscal Year/Calendar Year QI Allotments.

The amounts of the states' final FY 2014 and preliminary FY/CY 2015 QI allotments, contained in this notice, were determined in accordance with the methodology set forth in existing regulations at 42 CFR 433.10(c)(5) and reflect funding for the QI program made available under the legislation discussed above.

II. Tables

The final QI allotments for FY 2014 and the preliminary QI allotments for FY/CY 2015 are shown by state in Table 1 and Table 2, respectively:

Table 1—Final Qualifying Individuals Allotments for October 1, 2013 through September 30, 2014.

Table 2—Preliminary Qualifying Individuals Allotments for October 1, 2014 through December 31, 2015.

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