

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

[Program Announcement No. AoA-04-08]

### Fiscal Year 2004 Program Announcement; Availability of Funds and Notice Regarding Applications

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Announcement of availability of funds and request for applications for the Aging Services Network Integrated Care Management Grants Program.

**SUMMARY:** The Administration on Aging announces that it will hold a competition under this program announcement for grant awards for up to twenty (20) projects varying in size up to \$50,000 each. The approximate amount of federal funds available for these projects is \$600,000 and the project period will be one year.

*Legislative authority:* The Older Americans Act, Public Law 106-501.

(Catalog of Federal Domestic Assistance 93.048, Title IV and Title II, Discretionary Projects).

*Purpose of grant awards:* The purpose of this grants program is to support the design, implementation, and dissemination of innovative models and approaches that demonstrate how Community Aging Services Providers (CASPs) and Area Agencies on Aging (AAAs) can either build capacity to adopt capitated financing approaches or, partner with Medicare and/or Medicaid managed care organizations, to improve the delivery of services that maximize the health and quality of life for older persons. The projects funded under this program should enhance the integration of health and social services and generate new knowledge and information that will help position the Aging Services Network in the evolving health and long term care environment. Recognizing that successful managed care models and approaches already exist in the Aging Services Network, this program will:

- Identify and document existing models or approaches that can be replicated by other aging services provider organizations, area agencies on aging, and/or managed care organizations (*Existing Practices*)
- Facilitate further refinements of existing models and approaches that are already in place (*Program Enhancements*);

- Support the design and/or implementation of new models or approaches that support the Aging Services Network's role in managed care (*New Models or Approaches*).

Consistent with these objectives, grants will be made in three (3) priority areas:

- *Existing Practices.* The grantee will develop detailed model replication materials for an existing successful project or approach that is consistent with the purposes of this program.

- *Program Enhancements.* The grantee will propose to build-upon and expand their existing model or approach in a way that broadens the scope and/or effectiveness of the program and/or gather data to assess the effectiveness of the program.

- *New Models or Approaches.* The grantee will propose to design and/or implement a new project consistent with the purposes of this program.

The awards will be cooperative agreements in which the grantee and the Administration on Aging work collaboratively to clarify the issues to be addressed by the project.

Awardee activities for this initiative are as follows:

- a. Working collaboratively with AoA to refine and implement their project plan.

- b. Working collaboratively with AoA, managed care organizations and other grantees under this initiative to refine concepts related to Aging Services Network opportunities concerning managed care. This collaboration will take the form of conference calls, web-based exchanges, on-site discussions, and national meetings.

- c. Working collaboratively with AoA to develop and deliver dissemination and replication documents and presentations that are the critical products of these grants for Community Aging Services Provider organizations, Area Agencies on Aging and/or Medicare and/or Medicaid managed care organizations.

AoA activities for this initiative will include expert technical assistance and the coordination of mutual learning opportunities among AoA, grantees under this initiative, other federal agencies (CMS, NIH, CDC, AHRQ), foundations, and other national organizations and experts appropriate to this initiative. AoA activities will also include:

- a. Working collaboratively with the grantee to refine project plans and resolve implementation issues.

- b. Reviewing and commenting on dissemination and replication documents and presentations that are the critical products of the grants for Community Aging Services Provider organizations, Area Agencies on Aging, and/or Medicare and/or Medicaid managed care organizations.

*Eligibility for grant awards and other requirements:* Eligibility for grant awards is limited to Community Aging Service Providers (CASPs) and Area Agencies on Aging (AAAs). A CASP is defined as a not-for-profit community-based organization that currently receives funding under the Older Americans Act and has a history and mission focused on the provision of home and community-based services, primarily for older people. Area Agencies on Aging are agencies officially designated as such by a State Unit on Aging under the provisions of the Older Americans Act. Faith-based organizations and Tribal organizations that fit the definition of a CASP or an AAA are encouraged to apply. An AAA can only apply as an AAA. Grantees are required to provide at least 25 percent of the total program costs from non-federal cash or in-kind resources in order to be considered for the award. No organization or agency may apply for more than one grant under this competition.

Executive Order 12372 is not applicable to these grant applications.

*Screening criteria:* All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the screening criteria described below will not be reviewed and will receive no further consideration:

1. *Postmark Requirements*—Applications must be postmarked by midnight of the deadline date indicated below, or hand-delivered by 5:30 p.m. Eastern Time on that date, or submitted electronically by midnight on that date.

2. *Organizational Eligibility*—Eligibility for grant awards is limited to Community Aging Service Providers (CASPs) and Area Agencies on Aging (AAAs).

3. *Responsiveness to Priority Area Description*—Applications will be screened on whether the application is responsive to the priority area description.

4. *Project Narrative*—The Project Narrative section of the application must not exceed 15 pages.

5. *Other Programmatic Requirements*—None.

*Review of applications:* Applications will be evaluated against the following criteria:

Purpose and Need for Assistance (25 points); Approach/Method—Workplan and Activities (25 points); Outcomes/Benefits/Impacts (20 points); and Level of Effort, Program Management, and Organizational Capacity (30 points).

**DATES:** The deadline date for the submission of applications is September 10, 2004.

**ADDRESSES:** Application kits are available by writing to the U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201, by calling 202/357-3447, or online at <http://www.grants.gov>.

Applications may be mailed to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, DC 20201, attn: Margaret Tolson (AoA-04-08).

Applications may be delivered to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, One Massachusetts Avenue, NW., Room 4604, Washington, DC 20001, attn: Margaret Tolson (AoA-04-08).

If you elect to mail or hand deliver your application you must submit one original and two copies of the application; an acknowledgement card will be mailed to applicants.

Instructions for electronic mailing of grant applications are available at <http://www.grants.gov>.

**FOR FURTHER INFORMATION CONTACT:** U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, D.C. 20201, Telephone: (202) 357-3440.

**SUPPLEMENTARY INFORMATION:** All grant applicants are required to obtain a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number is free and easy to obtain from <https://eupdate.dnb.com/requestoptions.html>.

Dated: August 2, 2004.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Delivery of Prevention of Mother to Child Transmission of HIV (PMTCT) Products in River State, Nigeria

*Announcement Type:* New.

*Funding Opportunity Number:* PA 04260.

*Catalog of Federal Domestic Assistance Number:* 93.941.

**DATES:** *Application Deadline:* September 7, 2004.

### I. Funding Opportunity Description

**Authority:** This program is authorized under Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 242l and 247b(k)(2)] as amended and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

**Purpose:** The purpose of the program is to improve the quality of life of people living with HIV/AIDS (PLWHAs) and their families. Nigeria has a population of 120 million and a current HIV sero-prevalence rate of 5.8 percent, thus making it the country with the largest number of HIV infected persons in Sub Saharan Africa (3.4 million HIV infected persons). As part of its response to the epidemic, the Government of Nigeria, in 2001, requested that the national Prevention of Mother to Child Transmission (PMTCT) task force team and the newly convened Antiretroviral (ARV) committee develop guidelines and protocols for implementing pilot PMTCT programs and ARV treatment and care programs respectively. The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2005 funds for a cooperative agreement program to increase United States support to countries in which the CDC's Global AIDS Program (GAP) is operating. In coordination with host (or "in-country") GAP program staff, the applicant will assist in addressing the devastating impact of HIV/AIDS on individuals, families, and communities in Nigeria. The funded organization will provide technical assistance (TA) to implement, monitor, and evaluate the delivery of PMTCT products in River State, Nigeria, to reduce HIV transmission from mother to child and to prolong the lives of parents infected with HIV/AIDS.

The GAP has established field operations to support national HIV/AIDS control programs in 25 countries. The CDC's GAP exists to help prevent HIV infection, improve care and support, and build capacity to address the global AIDS pandemic. GAP provides financial and TA through partnerships with governments, community- and faith-based organizations, the private sector, and national and international entities working in the 25 resource-constrained countries. CDC/GAP works with the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the U.S. Agency for International Development (USAID), the Peace Corps, the Departments of State, Labor and Defense, and other agencies and

organizations. These efforts complement multilateral efforts, including The Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Combat HIV, TB and Malaria, World Bank funding, and other private sector donation programs.

The U.S. Government seeks to reduce the impact of HIV/AIDS in specific countries within sub-Saharan Africa, Asia, and the Americas through the President's Emergency Plan for AIDS Relief (PEPFAR). Through this new initiative, CDC's GAP will continue to work with host countries to strengthen capacity and expand activities in the areas of: (1) Primary HIV prevention; (2) HIV care, support, and treatment; and (3) capacity and infrastructure development, especially for surveillance and training. Targeted countries represent those with the most severe epidemics where the potential for impact is greatest and where U.S. government agencies are already active. Nigeria is one of these targeted countries.

To carry out its activities in these countries, CDC is working in a collaborative manner with national governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic. CDC's program of assistance to Nigeria focuses on several areas of national priority including scaling up of prevention and care strategies for HIV prevention, care, and treatment.

The measurable outcomes of the program will be in alignment with goals of the National Center for HIV, STD and TB Prevention (NCHSTP) to reduce HIV transmission and improve care of PLWHAs. They also will contribute to the goals of the PEPFAR which are: (1) Within five years treat more than two million HIV-infected persons with effective combination anti-retroviral therapy (ART); (2) care for ten million HIV-infected and affected persons including those orphaned by HIV/AIDS; and (3) prevent seven million infections in 14 countries throughout the world.

**Activities:** The project sites for this cooperative agreement are:

1. College of Health Technology Clinic (PMTCT Implementation Center) and three affiliated satellite centers:

- Civil Servants Hospital, Port Harcourt.

- Comprehensive Health Center, Rumuigbo.

- General Hospital, Okrika.

2. General Hospital Buguma (PMTCT Implementation Center) and three affiliate satellite centers:

- General Hospital, Degema.
- General Hospital, Abonnema.
- General Hospital, Emohua.