

national accrediting organizations consider, among other factors, an accreditation organization's requirements for the following: accreditation, survey procedures, resources for conducting required surveys, capacity to furnish information for use in enforcement activities, and monitoring procedures for provider entities found not in compliance with the conditions or requirements, and ability to provide us with necessary data for validation.

Section 1865(b)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from our receipt of the request to publish approval or denial of the application.

The purpose of this notice with comment period is to inform the public of our consideration of AOA's request to become a national accreditation program for CAHs. This notice also solicits public comment on the ability of AOA requirements to meet or exceed the Medicare conditions for coverage for CAHs.

### III. Evaluation of Deeming Authority Request

On January 5, 2001, AOA submitted all the necessary materials concerning its request for approval as a deeming organization for CAHs to enable us to make a determination. Under section 1865(b)(2) of the Act and our regulations at § 488.8 (Federal review of accreditation organizations.), our review and evaluation of AOA will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of AOA's standards for a critical access hospital as compared with our comparable critical access hospital conditions of participation.

- AOA's survey process to determine the following:

- Survey team composition, surveyor qualifications, and the capacity of the organization to provide continuing surveyor training.

- The comparability of AOA's processes to that of State agencies, including survey frequency and the ability to investigate and respond appropriately to complaints against accredited facilities.

- AOA's processes and procedures for monitoring providers or suppliers found to be out of compliance with AOA program requirements. These

monitoring procedures are used only when AOA identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors corrections as specified at § 488.7(b)(3).

- AOA's capacity to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

- AOA's capacity to provide us with electronic data in an ASCII comparable format as well as the reports necessary for validation and assessment of the organization's survey process.

- The adequacy of AOA's staff and other resources, and its financial viability.

- AOA's capacity to adequately fund required surveys.

- AOA's policies with respect to whether surveys are announced or unannounced.

- AOA's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require, including corrective action plans.

### IV. Response to Comments and Notice Upon Completion of Evaluation

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all public comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a final notice, we will respond to the public comments in the preamble to that document.

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a final notice in the **Federal Register** announcing the result of our evaluation.

In accordance with the provisions of Executive Order 12866, this proposed notice was not reviewed by the Office of Management and Budget.

**Authority:** Sec. 1865(b)(3)(A) of the Social Security Act (42 U.S.C. 1395bb(b)(3)(A)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and Program No. 93.778, Medical Assistance Program)

Dated: March 22, 2001.

**Michael McMullan,**

*Acting Deputy Administrator, Health Care Financing Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Fiscal Year (FY) 2001 Funding—Restricted Eligibility

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of restricted eligibility.

**NOTICE:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and Center for Mental Health Services (CMHS) were instructed in Public Law 106-554 to make one year awards of financial assistance in fiscal year 2001 in specified amounts totaling \$24,605,000 for the projects specified below. Department of Health and Human Services policy requires that all planned noncompetitive awards, and the reasons therefore, be announced in the **Federal Register**. These financial assistance awards will implement explicit statutory instruction. This Notice does not invite applications from the entities identified. Necessary instructions and OMB required application form PHS 5161-1 (revised 7/00) will be provided directly to each of the named entities. The entities eligible for these awards, by Center, are:

#### Center for Mental Health Services

- The Hope Center in Lexington, Kentucky (jointly with CSAT)
- Steinway Child and Family Services, Inc. in Queens, New York for HIV/AIDS prevention
- The American Trauma Society to support its Second Trauma Program which helps train trauma system health care professionals to assist individuals facing the shock of an unexpected death or critical injury to their family members
- The Concord-Assabet Family Services Center for a model transitional living program for troubled youth
- Preschool Anger Management, Family Communications
- The Life Quest Community Mental Health Center in Wasilla, Alaska
- Pacific Clinics in Arcadia, California, to support a school-based mental health demonstration program for Latina adolescents in partnership with community groups, mental health agencies, local governments and school systems in Southeast Los Angeles county
- The Bert Nash Community Mental Health Center in Lawrence, Kansas, to

- provide mental health services in schools and other settings to prevent juvenile crime and substance abuse among high-risk youth
- The Alaska Federation of Natives for innovative homeless mental health services in Alaska
- Iowa State University Extension to develop a program which would provide outreach, training, and counseling services in rural areas
- The United Power for Action and Justice demonstration project in Chicago and area to end the cycle of homelessness
- Mentally ill offender crime reduction demonstration in Ventura County, California to create the building blocks for a continuum of care for mentally ill offenders who enter the jail system in the county
- University of Connecticut for urban health initiatives to improve mental health services
- University of Florida National Rural Behavioral Health Center to train extension agents in crisis intervention and stress management to better equip them to deal with emotional and stress related problems
- The Ch'eghutsen program in interior Alaska
- The Alaska Federation of Natives to use integrated community care to treat native Alaska children with mental health disorders.
- Community Assessment and Intervention Centers providing integrated mental health and substance abuse services in four Florida communities

**Center for Substance Abuse Prevention**

- The City of Alexandria, Virginia, substance abuse prevention demonstration program for high-risk Latino youth;
- The Rock Island County Council on Addiction in East Moline, Illinois, for

- a youth substance abuse prevention program
- The Drug-free Families Initiative at the University of Missouri, St. Louis.
- Community Prevention Partnership of Berks County Inc.
- Family Planning Council of Pennsylvania

**Center for Substance Treatment**

- The Vermont Department of Health Office of Alcohol and Drug Abuse Prevention to examine adolescent residential treatment programs
- Center Point, Inc., in Marin County, California, to continue support for substance abuse and related services for minority, homeless and other at risk populations
- Green Door in Washington, D.C. to treat minority consumers with substance abuse problems and mental health issues
- The Allegheny County Drug and Alcohol Rehabilitation Program
- The Cook Inlet Council on Alcohol and Drug Abuse Treatment
- The House of Mercy in Des Moines, Iowa to support treatment programs for pregnant and post-partum women
- The State of Wyoming to carry out an innovative substance abuse prevention and treatment program
- Humboldt County, California, to support residential substance abuse and related services for women who have children
- The Hope Center in Lexington, Kentucky (jointly with CMHS)
- The Grove Counseling Center in Winter Springs, Florida for a demonstration project of effective youth substance abuse treatment methods
- The Fairbanks LifeGivers Pregnant and Parenting Teens program
- The Alaska Federation of Natives to identify best substance abuse treatment practices

- The City of San Francisco's model Treatment on Demand program for the homeless
- The Baltimore City Health Department to use innovative methods to enhance drug treatment services

Dated: April 10, 2001.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2001 Funding Opportunities**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT) announce the availability of FY 2001 funds for the following activity. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA), including Part I, Minority Fellowship Program, and Part II, General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements, before preparing and submitting an application.

Activity	Application deadline	Est. funds FY 2001	Est. No. of awards	Project period
Minority Fellowship Program .....	May 16, 2001 .....	\$3,090,000	Four .....	3 years

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of application received. FY 2001 funds for the activity discussed in this announcement were appropriated by Congress under Public Law 106-310. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement application were published

in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

*General Instructions:* Applicants must use application form PHS 5161-1 (Rev. 7/00). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be

obtained from: The National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, 1-800-729-6686.

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web Home Page: <http://www.samhsa.gov>

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to