

procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, persons without a government identification card should plan to arrive at the building each day either between 8 a.m. and 8:30 a.m. or 12:30 p.m. and 1 p.m. Entrance to the meeting at other times during the day cannot be assured.

**Purpose:** This committee advises and makes recommendations to the Director of the National Vaccine Program on matters related to the Program responsibilities.

**Matters to be discussed:** Agenda items will include: A report from the National Vaccine Program Office (NVPO) and the Interagency Vaccine Workgroup; a report from the Acting Assistant Secretary for Health; a report from the Rotavirus Vaccine Workshop; Thimerosal in Vaccines—Followup; discussion of decisions in the face of uncertainty; discussions on Bioterrorism Issues, Departmental Initiatives, Smallpox Preparedness, & Anthrax Preparedness; an update on Vaccine Supply—Report from the NVAC Workgroup; Vaccine Safety and Communication Subcommittee report; Immunization Coverage Subcommittee report, Pediatric and Adolescent Immunization Standards; Future Vaccines Subcommittee report; Rotavirus Vaccine Workshop—Report; an update on Immunization Registries; a report on Polio Laboratory Containment, an update on Global Polio Eradication; reports from Advisory Commission on Childhood Vaccines/Division of Vaccine Injury Compensation, Vaccine Related Biological Products Advisory Committee/Food and Drug Administration, Advisory Committee on Immunization Practices/National Immunization Program/National Center for Infectious Diseases.

**Name:** Subcommittee on Future Vaccines.

**Time and Date:** 2 p.m.–5 p.m., February 5, 2002.

**Place:** Hubert H. Humphrey Building, Room 305A, 200 Independence Avenue, SW, Washington, DC 20201.

**Status:** Open to the public, limited only by the space available.

**Purpose:** This subcommittee develops policy options and guides national activities that lead to accelerated development, licensure, and the best use of new vaccines in the simplest possible immunization schedules.

**Matters to be discussed:** Agenda items will include a report from CDC Consultation on Partially Effective Vaccines for HIV; discussions on possible future topics including Pneumococcal Vaccine and Varicella in Immunocompromised hosts.

**Name:** Subcommittee on Immunization Coverage.

**Time and Date:** 2 p.m.–5 p.m., February 5, 2002.

**Place:** Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue, SW, Washington, DC 20201.

**Status:** Open to the public, limited only by the space available.

**Purpose:** This subcommittee will identify and propose solutions that provide a multifaceted and holistic approach to reducing barriers that result in low immunization coverage for children.

**Matters to be discussed:** Agenda items will include a report on the status of the adult

immunization standards and the adolescent and child immunization standards; an update on the Mandatory Immunization Guidelines Workgroup; and a report on vaccine financing issues.

**Name:** Subcommittee on Vaccine Safety and Communication.

**Time and Date:** 2 p.m.–5 p.m., February 5, 2002.

**Place:** Hubert H. Humphrey Building, Room 325A, 200 Independence Avenue, SW., Washington, DC 20201.

**Status:** Open to the public, limited only by the space available.

**Purpose:** This subcommittee reviews issues relevant to vaccine safety and adverse reactions to vaccines.

**Matters to be Discussed:** Institute of Medicine Vaccine Safety Committee final report; Selection of Vaccine Safety Hypotheses for Year 2002; discussion of a Possible Alternative Standard for Adjudication of VICP Claims for Non-Table Injuries; follow-up to the “Workshop on Vaccine Communications”.

Agenda items are subject to change as priorities dictate.

**Contact Person for More Information:**

Gloria Sagar, Committee Management Specialist, NVPO, CDC, 4770 Burford Highway M/S K-77, Atlanta, Georgia 30341, telephone 770/488-2040.

An unavoidable administrative delay meeting the 15-day publication requirement.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 18, 2002.

**Alvin Hall,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 02-1847 Filed 1-24-02; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-2139-N]

#### Medicaid Program; Infrastructure Grant Program To Support the Competitive Employment of People With Disabilities

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

**ACTION:** Notice.

**SUMMARY:** This notice announces the availability of funding, through grants, for eligible States under the Ticket to Work and Work Incentives Improvement Act of 1999. The grant

program is designed to assist States in developing infrastructures to support the competitive employment of people with disabilities by extending necessary Medicaid coverage to these individuals. This notice also contains pertinent information where States may apply for the grant program.

**DATES:** States should submit a notice of intent to apply for a grant no later than March 15, 2002.

**Deadline for Grant Submission:** Grant applications must be submitted by June 7, 2002 to be considered under the Fiscal Year 2003 annual funding cycle.

**ADDRESSES:** Standard application forms and related instructions are available from and must be formally submitted to: Judith Norris, Centers for Medicare and Medicaid Services, Office of Internal Customer Support, Acquisition and Grants Group, C2-21-15 Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850. (410) 786-5130, E-mail: [jnorris1@cms.hhs.gov](mailto:jnorris1@cms.hhs.gov).

**Please note:** While State agencies are only required to submit an original and two copies, submission of an original and 14 copies will greatly expedite the application process.

**Website:** You may access up-to-date information about the Medicaid Infrastructure Grants and obtain a complete Grant Solicitation at: <http://www.hcfa.gov/medicaid/twwiia/twwiiahp.htm>.

#### FOR FURTHER INFORMATION CONTACT:

Questions about the grants may be directed to: Joe Razas, TWWIIA Program Manager, Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations, Center for Medicare and Medicaid Services, Room S2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-6126, e-mail: [jrazas@cms.hhs.gov](mailto:jrazas@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:** This notice announces the availability of funding for the infrastructure grants for the Fiscal Year 2003 annual funding cycle and contains the filing dates for consideration of grant applications for this funding cycle. Please refer to our May 31, 2000 notice (65 FR 34715), in which we first solicited States to apply for these grants under the Ticket to Work and Work Incentives Improvement Act of 1999, for more information concerning the grant process. The May 31, 2000 notice includes detailed information on application requirements, review procedures, an explanation of timely submission, and other relevant information.

**Authority:** Section 203 of the Ticket to Work and Work Incentives Improvement Act

of 1999, Public Law 106–170. (Catalog of Federal Domestic Assistance Program No. 93.779, Centers for Medicare and Medicaid Services Research, Demonstration, and Evaluations).

Dated: January 23, 2002.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 02–2017 Filed 1–24–02; 8:45 am]

BILLING CODE 4120–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**CMS–2087–PN**

**RIN 0938–AK91**

#### Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 2001

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

**ACTION:** Proposed notice.

**SUMMARY:** The Social Security Act provides for the Medicaid program to pay all or part of the Medicare Part B premiums (for months during the period beginning with January 1998, and ending with December 2002) for two specific eligibility groups of low-income Medicare beneficiaries, referred to as Qualifying Individuals. This notice announces the proposed allotments that would be available for State agencies to pay Medicare Part B premiums for these eligibility groups for Federal fiscal year 2001.

**DATES:** We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on March 26, 2002.

If the proposed allotments are adopted as final, they will be available for expenditures made during the Federal fiscal year 2001 (beginning October 1, 2000).

**ADDRESSES:** 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–2087–PN, PO Box 8010, Baltimore, MD 21244–8010.

To insure that mailed comments are received in time for us to consider them, please allow for possible delays in delivering them.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses: Room 443–G, Hubert H.

Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5–16–03, 7500 Security Boulevard, Baltimore, MD 21244–8010.

Comments mailed to the above addresses may be delayed and received too late for us to consider them.

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code CMS–2087–PN. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at 7500 Security Blvd, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 to 5 p.m. (phone: (410) 786–9994).

**FOR FURTHER INFORMATION CONTACT:** Miles McDermott, (410) 786–3722.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

###### *A. Before the Balanced Budget Act of 1997*

Before the enactment of the Balanced Budget Act of 1997 (BBA), section 1902(a)(10)(E) of the Social Security Act (the Act) specified that a Medicaid State plan must provide for Medicare cost-sharing for three eligibility groups of low-income Medicare beneficiaries. These three groups included Qualified Medicare Beneficiaries (QMBs), Specified Low-income Medicare Beneficiaries (SLMBs), and Qualified Disabled and Working Individuals (QDWIs).

A QMB is an individual entitled to Medicare Part A with income at or below the Federal poverty level and resources below \$4,000 for an individual and \$6,000 for a couple. An SLMB is an individual who meets the QMB criteria, except that his or her income is between a State-established level (at or below the Federal poverty level) and 120 percent of the Federal poverty level. A QDWI is an individual who is entitled to enroll in Medicare Part A, whose income does not exceed 200 percent of the Federal poverty level for a family of the size involved, whose resources do not exceed twice the amount allowed under the Supplementary Security Income (SSI) program, and who is not otherwise eligible for Medicaid. The definition of Medicare cost-sharing at section 1905(p)(3) of the Act includes payment for premiums for Medicare Part B.

###### *B. After the Balanced Budget Act of 1997*

Section 4732 of the BBA amended section 1902(a)(10)(E) of the Act to

require States to provide for Medicaid payment of all or part of the Medicare Part B premiums, during the period beginning January 1998 and ending December 2002, for selected members of two eligibility groups of low-income Medicare beneficiaries, referred to as Qualifying Individuals (QIs).

Under section 1902(a)(10)(E)(iv)(I) of the Act, State agencies are required to pay the full amount of the Medicare Part B premium for selected QIs who would be QMBs except that their income level is at least 120 percent but less than 135 percent of the Federal poverty level for a family of the size involved. These individuals cannot otherwise be eligible for medical assistance under the approved State Medicaid plan.

The second group of QIs, under section 1902(a)(10)(E)(iv)(II) of the Act, includes Medicare beneficiaries who would be QMBs except that their income is at least 135 percent but less than 175 percent of the Federal poverty level for a family of the size involved. These QIs may not be otherwise eligible for Medicaid under the approved State plan, but are eligible for a portion of Medicare cost-sharing consisting only of a percentage of the increase in the Medicare Part B premium attributable to the shift of Medicare home health coverage from Part A to Part B (as provided in section 4611 of the BBA).

Section 4732(c) of the BBA also added section 1933 of the Act, which specifies the provisions for State coverage of the Medicare cost-sharing for additional low-income Medicare beneficiaries.

Section 1933(a) of the Act specifies that a State agency must provide, through a State plan amendment, for medical assistance to pay for the cost of Medicare cost-sharing on behalf of QIs who are selected to receive assistance.

Section 1933(b) of the Act sets forth the rules that State agencies must follow in selecting QIs and providing payment for Medicare Part B premiums. Specifically, the State agency must permit all QIs to apply for assistance and must select individuals on a first-come, first-served basis in the order in which they apply. Under section 1933(b)(2)(B) of the Act, when selecting persons who will receive assistance in calendar years after 1998, State agencies must give preference to those individuals who received assistance as QIs, QMBs, SLMBs, or QDWIs in the last month of the previous year and who continue to be, or become, QIs. Under section 1933(b)(4), persons selected to receive assistance in a calendar year are entitled to receive assistance for the remainder of the year, but not beyond, as long as they continue to qualify. The fact that an individual is selected to