

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by July 16, 2013:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 14, 2013.

Martique Jones,

Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2013-11812 Filed 5-16-13; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5504-N3]

Medicare Program; Bundled Payments for Care Improvement Model 1 Open Period

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

ACTION: Notice.

SUMMARY: This notice announces an open period for additional organizations to be considered for participation in Model 1 of the Bundled Payments for Care Improvement initiative.

DATES: *Model 1 of the Bundled Payments for Care Improvement Deadline:* Interested organizations must submit a Model 1 Open Period Information Intake form by July 31, 2013.

FOR FURTHER INFORMATION CONTACT:

BPMModel1@cms.hhs.gov for questions regarding Model 1 of the Bundled Payments for Care Improvement initiative. For additional information on this initiative go to the CMS Center for Medicare and Medicaid Innovation Web site at <http://innovation.cms.gov/initiatives/BPCI-Model-1/index.html>.

SUPPLEMENTARY INFORMATION:

I. Background

We are committed to achieving better health, better care, and lower costs through continuous improvement for Medicare, Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries. Beneficiaries can experience improved health outcomes and encounters in the health care system when providers work in a coordinated and person-centered manner. To this end, we are interested in partnering with providers that are working to redesign care to meet these goals. Payment approaches that reward providers that assume payment accountability at the individual level for a particular “episode” of care are potential mechanisms for developing these partnerships.

The CMS Center for Medicare and Medicaid Innovation (Innovation Center) is testing four episode payment models. Testing of the first model, Model 1 of the Bundled Payments for Care Improvement initiative, began in April 2013 following a review of applications submitted in response to a Request for Application released by the Innovation Center in August 2011. For additional information about Model 1 of the Bundled Payments for Care Improvement initiative that began in April 2013, please visit the Innovation Center Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

The Innovation Center is announcing an open period for additional organizations to be considered for participation in Model 1 of the Bundled Payments for Care Improvement initiative. Interested organizations can find information about the intake process, eligible organizations, and model requirements on the Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

II. Provisions of the Notice

We seek to achieve the following goals through implementation, consistent with the authority under section 1115A of the Social Security Act (the Act), as added by section 3021 of the Affordable Care Act, to test innovative payment and service delivery models that reduce spending under Medicare, Medicaid, or CHIP, while preserving or enhancing the quality of care:

- Improve care coordination, beneficiary experience, and accountability in a person-centered manner.
- Support and encourage providers that are interested in continuously

reengineering care to deliver better care and better health at lower costs through continuous improvement.

- Create a cycle that leads to continually decreasing the cost of an acute or chronic episode of care while fostering quality improvement.
- Develop and test payment models that create extended accountability for better care, better health at lower costs for the full range of health care services.
- Shorten the cycle time for adoption of evidence-based care.
- Create environments that stimulate rapid development of new evidence-based knowledge.

We are announcing an open period for additional organizations to be considered for participation in Model 1 of the Bundled Payments for Care Improvement initiative. Acute care hospitals paid under the inpatient prospective payment systems (IPPS) and organizations that wish to convene acute care hospitals in a facilitator convener role are eligible to be considered for participation in Model 1. Interested organizations must submit a Model 1 Open Period Information Intake form for a copy of the form go to the CMS Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice. Once organizations submit the intake form to BPMModel1@cms.hhs.gov, we will review the information provided and screen organizations for suitability for participation in Model 1. For information on the screening process go to the CMS Center for Medicare and Medicaid Innovation Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section. We expect to offer Model 1 participation agreements to those organizations that demonstrate their fitness for participation in Model 1. More information about the participation process and model requirements can be found on the Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

III. Collection of Information Requirements

Section 1115A(d) of the Act waives the requirements of the Paperwork Reduction Act of 1995 for purposes of testing and evaluation of new models or expansion of such models under section 1115A under this section.

Authority: Section 1115A of the Social Security Act (42 U.S.C. 1315a) (Catalog of Federal Domestic Assistance No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 3, 2013.
Marilyn Tavenner,
Acting Administrator, Centers for Medicare & Medicaid Services.
 [FR Doc. 2013-11819 Filed 5-16-13; 8:45 am]
BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Subsidized and Transitional Employment Demonstration (STED) and Enhanced Transitional Jobs Demonstration (ETJD).

OMB No.: 0970-0413.

Description: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) has launched a national evaluation called the Subsidized and Transitional Employment Demonstration (STED). At the same

time, the Employment and Training Administration (ETA) within the Department of Labor (DOL) is conducting an evaluation of the Enhanced Transitional Jobs Demonstration (ETJD). These evaluations will inform the Federal government about the effectiveness of subsidized and transitional employment programs in helping vulnerable populations secure unsubsidized jobs in the labor market and achieve self-sufficiency. The projects will evaluate up to twelve subsidized and transitional employment programs nationwide. ACF and ETA are collaborating on the two evaluations. In 2011, ETA awarded grants to seven transitional jobs programs as part of the ETJD, which is testing the effect of combining transitional jobs with enhanced services to assist ex-offenders and noncustodial parents improve labor market outcomes, reduce criminal recidivism and improve family engagement.

The STED and ETJD projects have complementary goals and are focusing on related program models and target populations. Thus, ACF and ETA have

agreed to collaborate on the design of data collection instruments to promote consistency across the projects. In addition, two of the seven DOL-funded ETJD programs will be evaluated as part of the STED project. Data for the study will be collected from the following three major sources: Baseline Forms; Follow-Up Surveys (6, 12, and 30 months); and Implementation Research and Site Visits.

The proposed revised information collection includes alternate 6- and 12-month survey instruments which were developed for the STED sites serving young adults. It is being submitted by ACF on behalf of both collaborating agencies.

Respondents: The respondents to the young adult baseline and follow-up surveys include study participants identified as young adults in the treatment and control groups.

Annual Burden Estimates

Note: No additional burden is requested from the already approved information collection.

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours ¹
6-month survey:				
Youth Respondents (amended version)	533	1	.5	267
Adult Respondents (already approved) ..	1,334	1	.5	667
12-month survey:				
Youth Respondents (amended version)	533	1	.75	400
Adult Respondents (already approved) ..	2,667	1	.75	2,000
Total Burden for Surveys				3,334

¹ Rounding may cause slight discrepancies between annual and total estimated burden hours.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of

Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Steven M. Hanmer,
OPRE Reports Clearance Officer.
 [FR Doc. 2013-11762 Filed 5-16-13; 8:45 am]
BILLING CODE 4184-09-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2013-D-0501]

Center for Devices and Radiological Health Appeals Processes: Questions and Answers About 517A; Draft Guidance for Industry and Food and Drug Administration Staff; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of the draft guidance entitled "Center for Devices and Radiological Health (CDRH) Appeals Processes: Questions and Answers About 517A." This draft document provides CDRH's proposed interpretation of key provisions of the Federal Food Drug and Cosmetic Act