

ESTIMATED ANNUALIZED BURDEN HOUR TABLE—Continued

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total hour burden
Attachment H: In-depth interviews (SSLA).	Stakeholders: patients/consumers ...	10	1	1	10
Attachment I: In-Depth interviews (SSLA).	Stakeholders: employers and payers	10	1	1	10
Attachment J: In-Depth interviews (SSLA).	Stakeholders: researchers	10	1	1	10
Attachment K: In-Depth interviews (SSLA).	Stakeholders: developers of health innovations.	10	1	1	10
Total	2,700	1,493

Mary Forbes,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5502-N]

Medicare Program; Accelerated Development Sessions for Accountable Care Organizations—June 20, 21, and 22, 2011

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the first of four accelerated development sessions (ADSs) that will provide executives with the opportunity to learn about core functions of an Accountable Care Organization (ACO) and ways to build their organization’s capacity to succeed as an ACO. This 3-day, in-person ADS is to help new ACOs deliver better care and reduce costs. We invite all new or newly emerging ACOs to register a team of senior executives to participate.

DATES: *Meeting Dates:* Monday, June 20, 2011, 1 p.m. to 7:15 p.m., central standard time (c.d.t.); Tuesday, June 21, 2011, 8 a.m. to 5:45 p.m., (c.d.t.); Wednesday, June 22, 2011, 8 a.m. to 12 p.m. (c.d.t.).

Deadline for Meeting Registration: All teams must register by Monday, June 20, 2011.

ADDRESSES: *Meeting Location:* The first ADS will be held at the Doubletree by Hilton, Minneapolis-Park Place, 1500 Park Place Boulevard, Minneapolis, MN 55416. *Meeting Registration:* Individuals and teams wishing to participate must

complete the online registration located at <https://acoregister.rti.org>. Potential participants are also strongly encouraged to complete the comprehensive planning tool discussed in section III of this notice before arriving to the meeting.

FOR FURTHER INFORMATION CONTACT: Additional information is available on the registration Web site at <https://acoregister.rti.org>. Click on “contact us” to send questions or comments via e-mail. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1115A of the Social Security Act (the Act), as added by section 3021 the Affordable Care Act, established the Center for Medicare and Medicaid Innovation (Innovation Center) for the purpose of examining new ways of delivering health care and paying health care providers in ways that can save money for Medicare and Medicaid while improving the quality of care for our beneficiaries. Through accelerated development sessions (ADSs), the Innovation Center will test whether intensive shared learning activities will expand and improve the capabilities of provider organizations to coordinate the care of a population of Medicare beneficiaries more effectively than organizations that do not participate in the ADSs. Well coordinated care can improve beneficiaries’ quality outcomes and reduce the growth of Medicare expenditures.

Completion of the ADS will not be a factor for selection or participation in a CMS ACO program. It is intended to provide new ACOs with the opportunity to learn from their peers about essential ACO functions and various ways to build capacity needed to achieve better care for individuals, better population health, and lower growth in health care expenditures.

II. Session Participant Information and Agenda

Faculty at each ADS will be senior leadership from organizations that have already developed many of the characteristics of an ACO, and other experts in ACO core competencies—practitioners with first-hand experience with what is working and not working in the field. Each will offer a focused curriculum on core competencies for ACO development within four main areas: leadership and priority-setting; the clinical and operating challenge of transforming care delivery, including use of health IT; the managerial and financial challenge of assuming and managing risk; and meeting patient needs while reducing the total cost of care. Individual sessions and faculty will help participants complete corresponding sections of a comprehensive ACO implementation plan, including defining ACO goals and an action plan for establishing ACO core competencies.

Each participating team should consist of two to four senior-level leaders (including at least one executive with financial/management responsibility and one with clinical responsibility). Participants are also asked to attend future Web based seminars and complete a full ACO implementation plan as part of the broader ADS initiative to facilitate on-going learning and evaluation.

The agenda for the first ADS is available online at <https://acoregister.rti.org>.

III. Completion of Planning Tool and Session Registration Information

Registrants need to complete the registration form in order to participate in an ACO ADS. Potential participants are also strongly encouraged to complete a comprehensive planning tool, which will allow them to take full advantage of the hands-on learning activities during the ADS. The

registration form and comprehensive planning tool are available on the ACO ADS Web site at <https://acoregister.rti.org>.

This session is open to the public. However, space is limited and participants are encouraged to register as soon as possible. Registration for this session will remain open until the date specified in the **DATES** section of this notice or the seating capacity has been reached.

Participants are responsible for their own travel, parking, meals, and overnight-stay expenses. More information about the venue and accommodations can be found at <https://aco-adsregister.rti.org>.

Subsequent ADSs will be offered in other locations in different regions around the country at later dates to be determined. Information for all future ADSs will be posted online at <https://acoregister.rti.org> as they become available.

Authority: Section 1115A of the Act.

Dated: May 16, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Measurement Development: Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT).

OMB No.: New Collection.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to develop a new observation measure to assess the quality of child care settings, specifically the quality of caregiver-child interaction for infants and toddlers in nonparental care. The measure will be appropriate for use across child care settings, center-based and family child care settings as well as single- and mixed-age classrooms.

The two-year data collection activity will include two phases: (1) A pilot test and (2) a psychometric field test. We will request information about the child care setting, its classrooms and families for recruitment into the study. Information will be collected through observations, focus groups, and questionnaires.

In the pilot and field tests, the new Q-CCIIT observation measure will include

observing a small group activity structured with a common task and asking follow-up observation questions. Caregivers observed will also complete a background questionnaire. Focus groups to obtain stakeholder input on caregiver-child interactions will be conducted separately with parents, caregivers, and training and technical assistance providers. Focus group participants will also complete a demographic questionnaire. Parents of children served by caregivers will complete a questionnaire on their child's competencies related to cognitive, language/communication, and social-emotional development. Parents will complete this questionnaire, which will also include family and child characteristics, once in the pilot test and twice in the field test, at the start of the field test and 6 months later to assess growth.

The purpose of this data collection is to support the 2007 reauthorization of the Head Start program (Pub. L. 110-134), which calls for periodic assessments of Head Start's quality and effectiveness.

Respondents: Child care setting representatives (directors or owners), caregivers (center-based and family child care settings), parents of children in those child care settings, and training and technical assistance providers.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Estimated annual burden hours
1. Child care setting recruitment form	190	1	0.5	95
2. Q-CCIIT measure—small group activity and follow-up	290	1	0.25	73
3. Caregiver background questionnaire	520	1	0.25	130
4. Focus group interview guide	20	1	1.90	38
5. Parent focus group demographic questionnaire	10	1	0.10	1
6. Caregiver focus group demographic questionnaire	5	1	0.10	1
7. Training and technical assistance provider focus group demographic questionnaire	5	1	0.10	1
8. Parent-report child competence questionnaire	880	2	0.75	1,320

Estimated Total Annual Burden Hours: 1,659.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. *E-mail address:* OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c)

the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.