

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Persons Referred by Peer Recruiters	Screener	1,100	1	5/60
Eligible Transgender Persons	Behavioral assessment	1,000	1	40/60
Peer Recruiters	Recruiter Debriefing	500	1	2/60

Dated: August 19, 2011.
Daniel Holcomb,
Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 2011-21739 Filed 8-24-11; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-11HD]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships—New—National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States, causing over 443,000 deaths each year and resulting in an annual cost of more than \$96 billion in direct medical expenses. Tobacco control is a top priority for two of CDC's programs. The first is the National Tobacco Control Program (NTCP), which is administered by the Office on Smoking and Health. The second is the National Comprehensive Cancer Control Program (NCCCP), which is administered by the Division of Cancer Prevention and Control. Both programs provide funding and technical support for public health programs in states, the District of Columbia, tribes/tribal organizations, and U.S. territories and Pacific Island jurisdictions.

CDC recognizes the need for increased collaboration between Comprehensive Cancer Control (CCC) programs and Tobacco Control Programs (TCP). Toward this end, CDC plans to conduct a study of current partnership efforts involving NCCCP awardees and NTCP awardees. Information will be collected to improve understanding of the ways in which CCCs and TCPs may collaborate to address cancer and tobacco control, and how these programs utilize their respective networks to cross-promote activities. The study will be conducted in seven states that: (1) Are funded through both the NCCCP and the NTCP, and (2) have an established relationship between the two programs.

Respondents for the Study of Comprehensive Cancer Control and Tobacco Control Program Partnerships will be state health department leaders, CCC and TCP staff (e.g., program directors, evaluation specialists, media specialists, quitline coordinators), and other stakeholders, such as coalition members. Information will be collected through in-person interviews involving approximately 15 respondents in each state. Respondents will be asked about key aspects of their program's structure, activities, and collaborative efforts. Each interview will last approximately 45 minutes to one hour. CDC will provide each participating state with guidance and worksheets to prepare for site visits and key informant interviews.

OMB approval will be requested for one year. The information to be collected will be used to develop examples of successful strategies used by selected CCCs and TCPs to cross-collaborate and cross-promote programs/services, and to identify new areas of potential collaboration that may be shared with CDC, other Federal agencies, and other CCC and TCP states for replication. This study is one component of a larger, ARRA-funded effort to compare the effectiveness of traditional evidence-based tobacco cessation interventions to newer and innovative interventions used by CCC programs.

The total estimated annualized burden hours are 113. There are no costs to respondents other than their time.

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Type of respondent	Form name	Total number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Department Leadership	Interview Guide for Health Department Leadership.	7	1	45/60
CCC Programs	Site Visit Preparation	7	1	45/60
	Interview Guide for CCCs	49	1	1
Tobacco Control Programs	Site Visit Preparation	7	1	45/60
	Interview Guide for TCPs	49	1	1

Dated: August 19, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Statistics, (BSC, NCHS)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Times and Dates:

11 a.m.–5:30 p.m., September 22, 2011.

8:30 a.m.–2 p.m., September 23, 2011.

Place: NCHS Headquarters, 3311 Toledo Road, Hyattsville, Maryland 20782.

Status: This meeting is open to the public; however, visitors must be processed in accordance with established federal policies and procedures. For foreign nationals or non-US citizens, pre-approval is required (please contact Althelia Harris, (301)458-4261, adw1@cdc.gov or Virginia Cain, vcain@cdc.gov at least 10 days in advance for requirements). All visitors are required to present a valid form of picture identification issued by a state, federal or international government. As required by the Federal Property Management Regulations, Title 41, Code of Federal Regulation, Subpart 101-20.301, all persons entering in or on Federal controlled property and their packages, briefcases, and other containers in their immediate possession are subject to being x-rayed and inspected. Federal law prohibits the knowing possession or the causing to be present of firearms, explosives and other dangerous weapons and illegal substances. The meeting room accommodates approximately 100 people.

Purpose: This committee is charged with providing advice and making recommendations to the Secretary, Department of Health and Human Services; the Director, CDC; and the Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

Matters To Be Discussed: The agenda will include welcome remarks by the Director, NCHS; update on the Health Indicators Warehouse; update on program reviews; discussion of the NHANES program, plans for the NHIS for 2012 and beyond and an open session for comments from the public.

Requests to make oral presentations should be submitted in writing to the contact person listed below. All requests must contain the name, address, telephone number, and organizational affiliation of the presenter.

Written comments should not exceed five single-spaced typed pages in length and must be received by September 12, 2011.

The agenda items are subject to change as priorities dictate.

Contact Person for More Information: Virginia S. Cain, PhD, Director of Extramural Research, NCHS/CDC, 3311 Toledo Road, Room 7208, Hyattsville, Maryland 20782, Telephone (301) 458-4500, Fax (301) 458-4020.

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.

Date: August 17, 2011.

Elizabeth Millington,

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

[FR Doc. 2011-21742 Filed 8-24-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5504-N]

Bundled Payments for Care Improvement Initiative: Request for Applications

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

ACTION: Notice.

SUMMARY: This notice announces a request for applications for organizations to participate in one or more of the initial four models under the Bundled Payments for Care Improvement initiative beginning in 2012.

DATES: *Letter of Intent Submission Deadlines:* Interested organizations must submit a nonbinding letter of intent by September 22, 2011 for Model 1 and November 4, 2011 for Models 2 through 4 as described on the CMS Innovation Center Web site <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>. For applicants wishing to receive historical Medicare claims data in preparation for Models 2 through 4, a separate research request packet and data use agreement must be filed in conjunction with the Letter of Intent.

Application Submission Deadlines: Applications must be received on or before October 21, 2011 for Model 1 and March 15, 2012 for Models 2 through 4.

ADDRESSES: Letter of Intent and Applications should be submitted electronically in searchable PDF format via encrypted e-mail to the following e-mail address by the date specified in the **DATES** section of this notice: BundledPayments@cms.hhs.gov. Applications and appendices will only be accepted via e-mail.

FOR FURTHER INFORMATION CONTACT: BundledPayments@cms.hhs.gov for questions regarding the application process of the Bundled Payments for Care Improvement initiative.

SUPPLEMENTARY INFORMATION:

I. Background

We are committed to achieving the three-part aim of better health, better health care, and reduced expenditures through continuous improvement for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. Beneficiaries can experience improved health outcomes and patient experience when health care providers work in a coordinated and patient-centered manner. To this end, we are interested in partnering with providers who are working to redesign patient care to deliver these aims. Episode payment approaches that reward providers who take accountability for the three-part aim at the level of individual patient care for an episode are potential mechanisms for developing these partnerships.

In order to provide a flexible and far-reaching approach towards episode-based care improvement, we are seeking proposals from health care providers who wish to align incentives between hospitals, physicians, and nonphysician practitioners in order to better coordinate care throughout an episode of care. This Bundled Payment for Care Improvement initiative request for applications (RFA) will test episode-based payment for acute care and associated post-acute care, using both retrospective and prospective bundled payment methods. The RFA requests applications to test models centered around acute care; these models will inform the design of future models, including care improvement for chronic conditions. For more details, see the RFA which is available on the Innovation Center Web site at <http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>.

II. Provisions of the Notice

Consistent with its authority under section 1115A of the Social Security Act (of the Act), as added by section 3021 of the Affordable Care Act, to test