

Application is available at: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco-application/>.

ADDRESSES: Applications should be submitted by mail to the following address by the date specified in the **DATES** section of this notice:

Pioneer ACO Model, *Attention:* Maria Alexander, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Mail Stop S3-13-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Maria Alexander, (410) 786-4792.

SUPPLEMENTARY INFORMATION:

I. Background

We are committed to achieving the three-part aim of better health, better health care, and lower per-capita costs for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. One potential mechanism for achieving this goal is for CMS to partner with groups of health care providers of services and suppliers with a mechanism for shared governance that have formed an Accountable Care Organization (ACO) through which they work together to manage and coordinate care for a specified group of patients. We will pursue such partnerships through two complementary efforts, the Medicare Shared Savings Program, and initiatives undertaken by the Center for Medicare and Medicaid Innovation (Innovation Center).

The Pioneer ACO Model is an Innovation Center initiative targeted at organizations that can demonstrate the improvements in financial and clinical performance with respect to the care of Medicare beneficiaries that are possible in a mature ACO. To be eligible to participate in the Pioneer ACO Model, organizations would ideally already be coordinating care for a significant portion of patients under financial risk sharing contracts and be positioned to transform both their care and financial models from fee-for-service to a three-part aim, value based model.

On May 17, 2011, we posted a request for applications to participate in the Pioneer ACO Model on the Innovation Center Web site and we subsequently published a notice announcing the request for applications in the May 20, 2011 *Federal Register* (76 FR 29249). On the Innovation Center Web site, we specified that the submission deadline for the letter of intent was June 10, 2011 and that the application deadline was to be postmarked on or before July 18, 2011. For more details see the request

for application which is available on the Innovation Center Web site at <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco>. However, in the May 20, 2011 notice, we specified that the submission deadlines were June 10, 2011 and not later than 5 p.m. on July 19, 2011, respectively. Therefore, in the June 8, 2011 *Federal Register* (76 FR 33306), we published a correction notice that corrected our error in the application submission deadline.

II. Provisions of the Notice

The Innovation Center is committed to working with stakeholders to develop initiatives to test innovative payment and service delivery models to reduce program expenditures while enhancing the quality of care available to beneficiaries. Being responsive to the suggestions of the stakeholder community is critical to the success of the Innovation Center's efforts to achieve the three-part aim of better healthcare, better health, and reduced costs through improvement. As part of this commitment, and based on the feedback from the community of potential applicants, the Innovation Center is extending the following deadlines relating to the Pioneer ACO Model: (1) The deadline for submission of the letter of intent has been extended to June 30, 2011; and (2) the deadline for the submission of the application has been extended to August 19, 2011. Therefore in the **DATES** section of this notice, we included the new submissions deadlines and in the **ADDRESSES** section we provide the address to which the applications must be mailed.

Authority: Section 1115A of the Social Security Act.

Dated: June 8, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-14678 Filed 6-9-11; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-7031-NC3]

Proposed Establishment of a Federally Funded Research and Development Center—Third Notice

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health & Human Services (DHHS).

ACTION: Notice.

SUMMARY: This notice announces our intention to sponsor Federally Funded Research and Development Center (FFRDC) to facilitate the modernization of business processes and supporting systems and their operations. This is the third of three notices which must be published over a 90-day period in order to advise the public of the agency's intention to sponsor an FFRDC.

DATES: We must receive comments on or before July 5, 2011.

ADDRESSES: Comments on this notice must be mailed to the Centers for Medicare & Medicaid Services, Candice Savoy, Contracting Officer, 7500 Security Boulevard, Mailstop C2-01-10, Baltimore, MD 21244 or e-mail at Candice.Savoy@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Candice Savoy, (410) 786-7494 or Candice.Savoy@cms.hhs.gov.

SUPPLEMENTARY INFORMATION: The Centers for Medicare & Medicaid Services (CMS), an operating division within the Department of Health and Human Services (DHHS), intends to sponsor a Federally Funded Research and Development Center (FFRDC) to facilitate the modernization of business processes and supporting systems and their operations. Some of the broad task areas that will be utilized include strategic/tactical planning, conceptual planning, design and engineering, procurement assistance, organizational planning, research and development, continuous process improvement, Independent Verification and Validation (IV&V)/compliance, and security planning. Further analysis will consist of expert advice and guidance in the areas of program and project management focused on increasing the effectiveness and efficiency of strategic information management, prototyping, demonstrations, and technical activities. The FFRDC may also be utilized by non-sponsors, within DHHS.

The FFRDC will be established under the Federal Acquisition Regulations (48 CFR 35.017).

The FFRDC will be available to provide a wide range of support including, but not limited to:

- Strategic/tactical planning including assisting with planning for future CMS program policy, innovation, development, and support for Medicare and Medicaid.
- Conceptual planning including operations, analysis, requirements, procedures, and analytic support.
- Design and engineering including technical architecture direction.

- Procurement assistance, review/recommendations for current contract processes to include, contract reform, technical guidance, price and cost estimating, and source selection evaluation support.

- Organizational planning including functional and gap analysis.

- Research and development, assessment of new technologies and advice on medical and technical innovation and health information.

- Continuous process improvement, Investment Life Cycle (ILC)/current practices review and recommendations, implementation of best practices and code reviews.

- IV&V/Compliance, DUA surveillance and Web site content review.

- Security including Security Assessments and Security Test and Evaluations (ST&E). Identify, define, and resolve problems as an integral part of the sponsor's management team.

- Providing independent analysis about DHHS vulnerabilities and the effectiveness of systems deployed to make DHHS more effective in providing healthcare services and implementation of new healthcare initiatives.

- Providing intra-departmental and inter-agency cross-cutting, risk-informed analysis of alternative resource approaches.

- Developing and deploying analytical tools and techniques to evaluate system alternatives (for example, policy-operations-technology tradeoffs), and life-cycle costs that have broad application across CMS.

- Developing measurable performance metrics, models, and simulations for determining progress in securing DHHS data or other authorized data sources, (non-DHHS data sources, such as the census data or Department of Labor data, Veterans Administration, Department of Defense, data in developing performance metrics, and models).

- Providing independent and objective operational test and evaluation analysis support.

- Developing recommendations for guidance on the best practices for standards, particularly to improve the inter-operability of DHHS components.

- Assessing technologies and evaluating technology test-beds for accurate simulation of operational conditions and delivery system innovation models.

- Supporting critical thinking about the DHHS enterprise, business intelligence and analytic tools that can be applied consistently across DHHS and CMS programs.

- Supporting systems integration, data management, and data exchange that contribute to a larger DHHS intra and inter-agency enterprise as well as collaboration with States, local tribal governments, the business sector (for-profit and not-for-profits), academia and the public.

- Providing recommendations for standards for top-level DHHS systems requirements and performance metrics best practices for an integrated DHHS approach to systems solutions and structured and unstructured data architecture.

- Understanding key DHHS organizations and their specific role and major acquisition requirements and support them in the requirements development phase of the acquisition lifecycle.

- The FFRDC must function so effectively as to act as an agent for the sponsor in the design and pursuit of mission goals.

- The FFRDC must provide rapid responsiveness to changing requirements for personnel in all aspects of strategic, technical and program management.

- The FFRDC must recognize government objectives as its own objectives, partnering with the sponsor in pursuit of excellence in public service.

- The FFRDC must allow for non-sponsor (other than CMS) work for operating Divisions within DHHS.

We are publishing this notice in accordance with 48 CFR 5.205(b) of the FAR, to enable interested members of the public to provide comments on this proposed action. We note that this is the third of three notices issued under the FAR.

The Request for Proposal will be posted on FedBizOpps in the Summer of 2011. Alternatively, a copy can be received by contacting the person listed in the **"FOR FURTHER INFORMATION CONTACT"** section above.

Dated: June 8, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-14706 Filed 6-13-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Voluntary Agencies Matching Grant Program.

OMB No.: New.

Description: The Voluntary Agencies Matching Grant Program was initiated in 1979 as an early employment alternative to public cash assistance. The goal of the Matching Grant Program is to assist individuals eligible for ORR funded services in attaining economic self-sufficiency within 120 to 180 days from their date of eligibility. Self-sufficiency must be achieved without accessing public cash assistance.

With the projected expansion of the Voluntary Agencies Matching Grant Program to 11 grantees in FY 2012, the Office of Refugee Resettlement (ORR) intends to seek approval from Office of Management and Budget (OMB) for information collection associated with the program. This includes a pre-award template for each local service provider site location and the data points the program currently collects.

The Local Service Provider Site Project Design template provides ORR with the information necessary to evaluate the appropriateness of the service delivery according to the capacity of the service provider to deliver required services and the potential of those enrolled in the program to achieve self-sufficiency. The collection instrument is a template composed of a ½ page table with contact and capacity data, a narrative of up to 2½ pages covering 11 elements related to capacity and service delivery, and a line-item budget. This form is required as part of the initial grant application and with each annual award renewal.

The Data points are aggregate measures for each site where Matching Grant Program services are provided. The data points will be collected using SF-PPR D. ORR has found these data points to be essential for evaluating grantee and program performance in meeting the requirements of both the Refugee Act and ORR regulations. Data points are recorded at enrollment and 120 days and/or 180 days from the point when the enrolled individual became eligible for the program. Data points include, eligible immigration status, employment eligibility and status, wage level, reasons for dropping out of the program (if applicable), and self-