

personnel actions including liaison with CGH and CDC's human resource office; (4) develops and promotes partnerships with other organizations to support global immunization activities; (5) liaises and coordinates with other CDC offices engaged in global immunization activities; (6) provides coordination and oversight of division research and scientific publications, and liaison with other CDC offices involved in scientific oversight; (7) provides coordination of the division communications activities including liaison with other CDC communications offices and those of our partner agencies; (8) represents CDC, CGH, and the division at global and national meetings and other fora for global immunization activities; and (9) provides oversight for all Embassy/ International Cooperative Administrative Supportive Services costs for the division's field staff.

Vaccine Preventable Disease Eradication and Elimination Branch (CWKB). (1) Plans, coordinates, and directs, in collaboration with partners, technical and programmatic activities to eradicate or eliminate/control targeted VPDS; (2) participates in developing and implements improvements to immunization services, surveillance, monitoring, evaluation, and data management program elements for targeted diseases; (3) manages teams that coordinate regional activities and provide guidance and support to the Vaccine Preventable Disease Eradication and Elimination Branch (VPDEEB) staff assigned in the European Region, Eastern Mediterranean Region, African Region, South East Asia Region, and Western Pacific Region WHO regions; (4) participates in multilateral collaborations with an extensive array of CDC and external partners engaged in VPD eradication and elimination including: participating countries, other CDC organizations, other U.S. Government organizations, international organizations including WHO, the United Nations Foundation, UNICEF, and the World Bank; nongovernmental, private sector organizations and vaccine producers, and international advisory committees; (5) provides subject-matter expertise, short- and long-term consultations, and coordinates epidemiology, surveillance, and laboratory activities for programs to eradicate and eliminate VPDs; (6) participates in operation research, monitoring and evaluation projects and studies to improve VPD eradication and control programs and prepares articles based on findings for publication in international professional journals and presentation at international

conferences; (7) assists with outbreak investigations and emergency response activities; (8) provides technical management for grants and cooperatives agreements for vaccine procurement and for provision of technical, programmatic, and laboratory support.

Strengthening Immunization Systems Branch (CWKC). (1) Develops and brings to routine operational level, in collaboration with partners, programs to deliver established, newly available, or under-utilized vaccines for diseases of global importance; (2) assesses the impact of immunization service delivery through surveillance, monitoring of vaccine coverage, and operations research; (3) develops, evaluates, and recommends improvements to strengthen routine immunization programs, including those related to laboratory-based and integrated surveillance systems; immunization coverage, economic evaluations and post-introduction evaluations; (4) provides subject-matter expertise and short- and long-term consultations; (5) participates in multilateral collaborations with an extensive array of CDC and external partners engaged in delivery of routine services, surveillance, and coverage monitoring of VPDs including: participating countries, other CDC organizations, other U.S. Government organizations, international organizations including WHO, the United Nations Foundation, UNICEF, and the World Bank; non-governmental, private sector organizations and vaccine producers, and international advisory committees; (6) assists partner countries to build capacity in the areas of service delivery, surveillance, health information systems, data management, laboratory services and surveillance, and decision-making to achieve effective, efficient, and sustainable immunization programs; (7) manages and provides guidance and support for the GID PAHO team that coordinates PAHO regional activities; (8) evaluates, in collaboration with partners, projects that integrate non-vaccine interventions with routine immunization programs; (9) designs and participates in research, monitoring and evaluation projects and studies to improve existing and newly developing VPD control and eradication programs and prepares articles based on findings for publication in international professional journals and presentation at international conferences; (10) assists with outbreak investigations and emergency response activities.

Delete in its entirety the functional statements for the Global Immunization Division (CVGC) within the National

Center for Immunization and Respiratory Diseases (CVG).

Dated: August 3, 2011.

Carlton Duncan,

Acting Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-20355 Filed 8-11-11; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5502-N2]

Medicare Program; Accountable Care Organization Accelerated Development Learning Sessions; Center for Medicare and Medicaid Innovation, September 15th and 16th, 2011

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

ACTION: Notice of meeting.

SUMMARY: This notice announces the date and location of the second in a series of public educational sessions hosted by the Centers for Medicare & Medicaid Services (CMS). This two-day training session is the second Accelerated Development Learning Session (ADLS) hosted by CMS to help Accountable Care Organizations (ACOs) deliver better care and reduce costs. We invite all new or existing ACO entities to register a team of senior executives to attend the in-person ADLS. The ADLS will provide executives with the opportunity to learn about core functions of an ACO and ways to build their organization's capacity to succeed as an ACO.

DATES: *Meeting Date:* Thursday, September 15, 2011, 8 a.m. to 5 pm., pacific daylight time (p.d.t); Friday, September 16, 2011, 8 a.m. to 5 p.m. (p.d.t).

Deadline for Meeting Registration: Registration for the second ADLS will remain open until capacity has been reached for the September 15 through 16 in-person meeting. Space is limited and participants are encouraged to register as soon as possible.

ADDRESSES: *Meeting Location:* The second ADLS will be held at the Hyatt Regency San Francisco Airport at 1333 Bayshore Highway, Burlingame, CA 94010. 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://acoregister.rti.org/>. Potential participants are also strongly

encouraged to complete the comprehensive planning tool discussed in section II of this notice before arriving to the meeting.

Meeting Registration, Presentations, and Written Comments: Registration information and documents can be accessed online at <https://acoregister.rti.org/>.

Registration: Eligible organizations interested in registering for the ADLS should visit <https://acoregister.rti.org/> for information about registration.

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 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, 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, Medicaid and CHIP while improving the quality of care for our beneficiaries. Through Accelerated Development Learning Sessions (ADLS), 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 ADLS. Well coordinated care can improve beneficiaries’ quality outcomes and reduce the growth of Medicare expenditures.

Completion of the ADLS will not be a factor for selection or participation in a CMS ACO program. It is intended to provide 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.

The ACO ADLSs were first announced in the May 19, 2011 **Federal Register** (76 FR 28988).

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 ADLS initiative to facilitate on-going learning and evaluation.

Information for all future ADLS will be posted online at https://acoregister.rti.org as it becomes available.

II. Completion of Planning Tool and Session Registration Information

Registrants need to complete the registration form in order to participate in an ACO ADLS. 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 ADLS. The registration form and comprehensive planning tool are available on the ACO ADLS Web site at https://acoregister.rti.org.

Authority: Section 1115A of the Social Security Act.

Dated: August 3, 2011.

Donald M. Berwick,
Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-20543 Filed 8-11-11; 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: Parents and Children Together—Discussion Guide.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACE), U.S. Department of Health and Human Services is proposing an information collection activity as part of an evaluation of healthy marriage and responsible fatherhood grant programs. The evaluation study title is: Parents and Children Together (PACT). This phase of information collection will involve discussion of a range of topics with key informants in grantee and partner organizations such as their organizational structure, program services, populations served and specific approaches for the grant programs.

The information will be used by ACF for the identification and selection of grantee programs to be included in the evaluation.

Respondents: Semi-structured discussions will be held with administrators and managers of healthy marriage and responsible fatherhood grants and, where appropriate, administrators and managers of key partner agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Discussion Guide	150	1	1	150

Estimated Total Annual Burden Hours: 150.

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