

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: 1932(a) State Plan Amendment Template, State Plan Requirements and Supporting Regulations; *Use*: Section 1932(a)(1)(A) of the Social Security Act (the Act) grants states the authority to enroll Medicaid beneficiaries on a mandatory basis into managed care entities and primary care case managers. Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on state-wideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). The template may be used by states to easily modify their state plans if they choose to implement the provisions of section 1932(a)(1)(A); *Form Number*: CMS-10120 (OCN: 0938-0933); *Frequency*: Once and occasionally; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 56; *Total Annual Responses*: 15; *Total Annual Hours*: 65. (For policy questions regarding this collection contact Camille Dobson at 410-786-7062).

3. *Title of Information Collection*: Direct Service Workforce (DSW) Resource Center (RC) Core Competencies (CC) Survey Instrument. *Form Number*: CMS-10512 (OCN: 0938-New).

The 30-day PRA notice published in the **Federal Register** on February 7, 2014, as a correction. While the requirements, burden estimates, and public comment information that were set out in that notice and in the associated supporting materials were correct, the notice inadvertently published as a correction.

Correction

In the **Federal Register** of February 7, 2014, in FR Doc. 2014-02630, on page 7462, in the first column, correct the document as follows:

a. Correct the subject heading to read: Agency Information Collection Activities: Submission for OMB Review; Comment Request

b. Correct the "Action" caption to read: **ACTION**: Notice.

Dated: February 11, 2014.

Martique Jones,

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

[FR Doc. 2014-03290 Filed 2-13-14; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5504-N4]

Medicare Program; Bundled Payments for Care Improvement Models 2, 3, and 4 2014 Winter 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 Models 2, 3, and 4 of the Bundled Payments for Care Improvement initiative.

DATES: *Submission Deadline*: Models 2, 3, and 4 Open Period intake forms must be submitted by April 18, 2014.

ADDRESSES: Interested organizations must submit their Models 2, 3, and 4 Open Period intake forms via email at BundledPayments@cms.hhs.gov. All forms must be in a searchable word or PDF format.

FOR FURTHER INFORMATION CONTACT: For questions regarding Models 2, 3, and 4 of the Bundled Payments for Care Improvement initiative send an email to BundledPayments@cms.hhs.gov. For additional information on this initiative go to the CMS Center for Medicare and Medicaid Innovation (Innovation Center) Web site at <http://innovation.cms.gov/initiatives/Bundled-Payments/Models2-4OpenPeriod.html>.

SUPPLEMENTARY INFORMATION:

I. Background

Section 1115A of the Social Security Act (the Act), as added by section 3021 of the Affordable Care Act, authorized the Center for Medicare and Medicaid Innovation to test innovative payment and service delivery models that reduce spending under Medicare, Medicaid, or CHIP, while preserving or enhancing the quality of care. Consistent with that authority, we seek to achieve the following goals:

- 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 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 for a particular "episode" of care are potential mechanisms for developing these partnerships.

The Innovation Center is testing four episode payment models through the Bundled Payments for Care Improvement initiative. The current participants in the initiative were selected following a review of the applications submitted in response to a Request for Application, <http://innovation.cms.gov/Files/x/Bundled-Payment-Request-for-Application.pdf> released by the Innovation Center in August 2011. On January 31, 2013, the first set of BPCI Phase 1 participants were announced. Phase 2 began either on October 1, 2013 or January 1, 2014 for Awardees that have entered into Model 2 Awardee Agreements with CMS, at which point Awardees began the risk-bearing phase for some or all of their episodes. The complete transition of all episodes for all episode initiators to Phase 2 will be completed by October 2014. During the transition period, Awardees may transition episodes and/or Episode Initiators that have remained in Phase 1 to Phase 2 on a quarterly basis.

We began testing Model 1 of the initiative in April 2013. Model 1 is a retrospective payment model for the acute inpatient hospital stay. In the May 17, 2013 **Federal Register** (78 FR 29139), we published a notice announcing an open period for additional organizations to be considered for participation in Model 1 of the initiative.

Phase 2 of Models 2 through 4 began testing in October 2013. Models 2, 3, and 4 are described as follows:

- Model 2—Retrospective bundled payment models for hospitals,

physicians, and post-acute providers for an episode of care consisting of an inpatient hospital stay followed by post-acute care.

- Model 3—Retrospective bundled payment models for post-acute care where the episode does not include the acute inpatient hospital stay.

- Model 4—Prospectively administered bundled payment models for the acute inpatient hospital stay and related readmissions.

II. Provisions of the Notice

To help us achieve the implementation goals noted previously, the Innovation Center is announcing a 2014 winter open period for additional organizations to be considered for participation in Models 2, 3, and 4 of the initiative. We believe that increasing the number of Awardees and the types of episodes being tested would result in an even more robust data set and improve our evaluation of the models. Interested organizations must submit Model 2, 3 or 4 Open Period forms as specified in the **DATES** and **ADDRESSES** sections of this notice. Organizations may participate in more than one model. Organizations who are interested in participating in more than one model should submit a request to participate in each model using separate Open Period forms. Interested organizations can find information about the intake process, eligible organizations and providers, and model requirements on the Innovation Center Web site as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

We will review the submitted intake forms and evaluate organizations for participation in Models 2, 3, and 4. We expect to offer Model 2, 3, or 4 participation agreements to those organizations that demonstrate their fitness for participation in the applicable Model. For information on the screening process go to the CMS Center for Medicare and Medicaid Innovation Web site as specified at: <http://innovation.cms.gov/initiatives/Bundled-Payments/Models2-4OpenPeriod.html>

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 of the Act.

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—

Hospital Insurance Program; and No. 93.774, Medicare Supplementary Medical Insurance Program)

Dated: February 10, 2014.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2014-03311 Filed 2-13-14; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Numbers: 93.581, 93.587, 93.612]

Notice of Final Issuance on the Adoption of Administration for Native Americans (ANA) Program Policies and Procedures

AGENCY: Administration for Native Americans (ANA), ACF, HHS.

ACTION: Issuance of Final Policy Relating to Funding Opportunity Announcements.

SUMMARY: The Administration for Native Americans (ANA) is issuing final interpretive rules, general statements of policy, and rules of agency organization, procedure, or practice relating to the following Funding Opportunity Announcements (FOAs): Social and Economic Development Strategies (hereinafter referred to as SEDS), Sustainable Employment and Economic Development Strategies (hereinafter referred to as SEEDS), Native Language Preservation and Maintenance (hereinafter referred to as Language Preservation), Native Language Preservation and Maintenance—Esther Martinez Immersion (hereinafter referred to as Language—EMI), and Environmental Regulatory Enhancement (hereinafter referred to as ERE).

DATES: The policies proposed in the **Federal Register** Notice for Public Comment (78 FR 76834, Dec. 19, 2013) are final and effective immediately upon this publication.

FOR FURTHER INFORMATION CONTACT: Carmelia Strickland, Director, Division of Program Operations, ANA (877) 922-9262.

SUPPLEMENTARY INFORMATION: Section 814 of the Native American Programs Act of 1974 (NAPA), as amended, requires ANA to provide notice of its proposed interpretive rules, general statements of policy, and rules of agency organization, procedure, or practice. The proposed clarifications, modifications, and new text will appear in the five Fiscal Year (FY) 2014 FOAs:

SEDS, SEEDS, Language Preservation, Language—EMI, and ERE. ANA published a Notice of Public Comment (NOPC) in the **Federal Register** (78 FR 76834, Dec. 19, 2013), with proposed policy and program clarifications, modifications, and activities governing standing FOAs beginning with FY 2014 FOAs. The public comment period was open for 30 days.

This notice transmits ANA's final policy governing standing FOAs to be published in FY 2014. ANA received 20 comments from entities affected by the FOAs including 1 Native Hawaiian organization and 4 federally recognized Indian tribes. Each comment was fully considered. This final notice summarizes all comments received and ANA's responses to them.

A. Comments and Responses

1. *Comment:* ANA received two comments in reference to ANA's change to the frequency with which program progress reports must be submitted. Beginning with awards issued under the FY 2014 FOAs, program progress reports must be submitted semi-annually instead of quarterly. One commenter disagreed with the proposed change and recommended a program progress report frequency of no less than three times a year in order to ensure that grantees had time to analyze the progress of project goals and demonstrate financial accountability. Another commenter expressed support for the change to semi-annual reporting, expressing the belief that such reporting frequency could be just as effective as quarterly reporting provided there was effective communication between ANA and grantees.

Response: ANA considered establishing a requirement for more frequent program progress reports but determined that semi-annual reporting is sufficient to provide grantees with opportunities to demonstrate the results of their on-going monitoring of project progress and provide ANA adequate information to maintain project accountability. ANA plans to increase the interaction it has with grantees through means other than reporting, including monthly one-on-one telephone calls and weekly webinars.

2. *Comment:* ANA received two comments related to proposed language requiring community involvement in both the development of proposed projects and in their implementation. One commenter praised ANA for clarifying that community involvement in the development of the project is required, as well as in the implementation of the project, and expressed the recommendation that the