

prevention efforts and impact of HAI prevention programs; and (9) works with the Emerging Infections Program and other partners to identify emerging issues.

Dated: April 7, 2014.

**Sherri A. Berger,**

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

[FR Doc. 2014-08551 Filed 4-16-14; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-5506-N4]

#### Medicare Program; Comprehensive ESRD Care Initiative; Extension of the Submission Deadlines for the Letters of Intent and Applications

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

**ACTION:** Reopening of the application period.

**SUMMARY:** This notice reopens the application period and provides information on new dates for the submission of the Comprehensive ESRD Care initiative letters of intent and application. The letter of intent submission date for End-stage Renal Disease Seamless Care Organizations (ESCOs) that include a dialysis facility from a large dialysis organization (LDO) is June 23, 2014, and the submission deadline for the LDO application is June 23, 2014. The letter of intent submission date for ESCOs that include a non-LDO facility is September 15, 2014, and the submission deadline for the non-LDO application is September 15, 2014.

**DATES:** *Letter of Intent Submission Deadline:* Interested large dialysis organizations (LDOs) must submit a non-binding letter of intent on or before June 23, 2014, and interested non-large dialysis organizations (non-LDOs) must submit a non-binding letter of intent on or before September 15, 2014, by an online form at: <http://innovationgov.force.com/cec>.

*Application Submission Deadline:* Interested LDO applicants must submit an application on or before June 23, 2014, and interested non-LDO applicants must submit an application on or before September 15, 2014, by an online form at: <http://innovationgov.force.com/rfa>.

An updated Request for Applications which includes the new submission deadlines and additional updates is

available on the Innovation Center Web site at: <http://innovation.cms.gov/initiatives/comprehensive-ESRD-care>.

**FOR FURTHER INFORMATION CONTACT:** Alefiyah Mesiwala, (410) 786-2224 or [ESRD-CMMI@cms.hhs.gov](mailto:ESRD-CMMI@cms.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The Center for Medicare and Medicaid Innovation (Innovation Center) is interested in identifying models designed to improve care for beneficiaries with end-stage renal disease (ESRD). To promote seamless and integrated care for beneficiaries with ESRD, we are developing a comprehensive care delivery model to emphasize coordination of a full-range of clinical and non-clinical services across providers, suppliers, and settings. Through the Comprehensive ESRD Care Model, we seek to identify ways to improve the coordination and quality of care for this population, while lowering total per-capita expenditures to the Medicare program. We anticipate that the Comprehensive ESRD Care Model would result in improved health outcomes for beneficiaries with ESRD regarding the functional status, quality of life, and overall well-being, as well as increased beneficiary and caregiver engagement, and lower costs to Medicare through improved care coordination.

On February 6, 2013, we published a notice in the **Federal Register** announcing a request for applications from organizations to participate in the testing of the Comprehensive ESRD Care Model, for a period beginning in 2013 and ending in 2016, with a possible extension into subsequent years. In that notice, we stated that organizations interested in applying to participate in the testing of the Comprehensive ESRD Care Model must submit a non-binding letter of intent by March 15, 2013, and an application by May 1, 2013.

Several stakeholders requested additional time to prepare their applications and form partnerships. Therefore, the Innovation Center extended the deadlines relating to the Comprehensive ESRD Care initiative. On July 17, 2013, we published a notice in the **Federal Register** announcing an extension of deadlines. The new deadlines were July 19, 2013 for the Letter of Intent and August 1, 2013 for the application. On August 9, 2013, we published an additional notice in the **Federal Register** announcing an extension of deadlines. The notice reopened the Letters of Intent submission period and extended the deadlines for submission of both the

Letters of Intent and the Applications to August 30, 2013.

##### II. Provisions of the Notice

Since the publication of the August 9, 2013 notice, we have made several revisions to the design of the Comprehensive ESRD Care initiative. Therefore, for the Comprehensive ESRD Care Initiative, the Innovation Center is reopening the Letters of Intent submission period and extending the deadlines for submission of both the Letters of Intent and the Applications. The new deadline for submission of the letter of intent is June 23, 2014 for LDO applicants and September 15, 2014 for non-LDO applicants; and the new deadline for submission of the application is June 23, 2014, for LDO applicants and September 15, 2014 for non-LDO applicants.

In the **DATES** section of this notice, we are including the new submissions deadlines. For additional information on the Comprehensive ESRD Care Model, and how to apply, we refer the reader to click on the Request for Applications located on the Innovation Center Web site at: <http://innovation.cms.gov/initiatives/comprehensive-ESRD-care>.

Dated: April 11, 2014.

**Marilyn Tavener,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2014-08758 Filed 4-15-14; 11:15 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* OCSE-157 Child Support Enforcement Program Annual Data Report.

*OMB No.:* 0970-0177.

*Description:* The information obtained from this form will be used to: (1) Report Child Support Enforcement activities to the Congress as required by law; (2) calculate incentive measures performance and performance indicators utilized in the program; and (3) assist the Office of Child Support Enforcement (OCSE) in monitoring and evaluating State Child Support programs.

OCSE is proposing minor updates to the OCSE-157 report instructions to update submission procedures. Respondents will no longer have the

option to submit hardcopy reports. The reports can only be submitted

electronically by using the Online Data Collections (OLDC) system.

*Respondents:* State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OCSE-157 .....	54	1	7	378

Estimated Total Annual Burden Hours: 378.

In compliance with the requirements of Section 506(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: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@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.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2014-08674 Filed 4-16-14; 8:45 am]

**BILLING CODE 4184-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Administration for Native Americans; Notice of Meeting**

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of Tribal Consultation.

**SUMMARY:** The Department of Health and Human Services (HHS), Administration for Children and Families (ACF) will host a Tribal Consultation to consult on ACF programs and tribal priorities.

**DATES:** June 16, 2014.

**ADDRESSES:** Doubletree Crystal City, 300 Army Navy Drive, Arlington, VA 22202-2891.

**FOR FURTHER INFORMATION CONTACT:**

Lillian Sparks Robinson, Commissioner, Administration for Native Americans at 202-401-5590, by email at [Lillian.sparks@acf.hhs.gov](mailto:Lillian.sparks@acf.hhs.gov), or by mail at 370 L'Enfant Promenade SW., 2 West, Washington, DC 20447.

**SUPPLEMENTARY INFORMATION:** On November 5, 2009, President Obama signed the "Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation." The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, complete and consistent implementation of Executive Order 13175.

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that

have tribal implications, and are responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

HHS has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, including the initial implementation of a Department-wide policy on Tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2010. ACF has developed its own agency-specific consultation policy that complements the Department-wide efforts.

ACF's Administration for Native Americans will hold a consultation on June 16, 2014. ACF Principals will be available to speak with Tribal Leaders to discuss issues important to the tribes and will focus on ACF tribal program priorities. To help all participants to prepare for this consultation, planning teleconference calls will be held on:

- Wednesday, May 14, 2014, 3:00 p.m.–4:00 p.m. Eastern Time
- Wednesday, May 21, 2014, 3:00 p.m.–4:00 p.m. Eastern Time
- Wednesday, May 28, 2014, 3:00 p.m.–4:00 p.m. Eastern Time

The call-in number is: 866-769-9393. The passcode is: 4449449#.

Testimonies are to be submitted no later than June 2, 2014, to: Lillian Sparks Robinson, Commissioner, Administration for Native Americans, 370 L'Enfant Promenade, SW., Washington, DC 20447, [anacommissioner@acf.hhs.gov](mailto:anacommissioner@acf.hhs.gov).

This session will be followed by the ACF Native American Grantee Conference, to be held June 17-19, 2014, with several workshops that we hope will prove to be informative to you and your grant program directors. The theme of this year's conference is "Honoring Our Commitments to Native American Families and Communities: Today and Tomorrow." The workshop tracks are: Accessing Educational Opportunities; Economic Opportunity NOW!; Promoting Health; Supporting Governance; Promoting Hopeful, Safe, and Healthy Communities; Understanding Grants Management and