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April 6, 2012

## GENERAL MEMORANDUM 12-049

### HHS Annual Tribal Consultation on Head Start

On March 29, 2012, the Department of Health and Human Services (HHS) — Administration for Children and Families issued the attached notice announcing a one-day tribal consultation session to be held with tribes operating a Head Start/Early Head Start program(s). The purpose of the consultations is to discuss delivery of Head Start services to American Indian/Alaska Native children and families, "taking into consideration funding allocations, distribution formulas, and other issues" that may affect services in the various geographic areas. HHS will also report to tribes on its actions regarding issues raised during the 2011 tribal consultations.

This session of the Head Start tribal consultation is being held in conjunction with the HHS Annual Tribal Consultation with tribes in Regions I, II, IV, VI, and VII. The meeting will be held:

*May 4* Oklahoma City at the Sheraton Oklahoma City Hotel

Additional consultation sessions will be scheduled later this year to reach all nine regions where tribal Head Start programs operate.

The meeting specifics such as hotels, schedule, etc. has been e-mailed to tribal leaders and posted at <http://www.headstartresourcecenter.org>.

Please note that HHS views the consultations to be with "elected or appointed" tribal government leaders or their *designated* representative. Persons serving as a representative of a tribe must submit, at least three days in advance of the session, an authorizing letter from the tribal government. Representatives of tribal organizations and native non-profits "are welcome" but would be observers, not participants.

Tribal leaders/designated representatives may submit written testimony or consultation agenda topics to Camille Loya at [Camille.Loya@acf.hhs.gov](mailto:Camille.Loya@acf.hhs.gov). Written statements from those not attending a session may be submitted within 30 days after a consultation session.

If we may be of further assistance regarding these meetings, please contact us at the information below.

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Inquiries may be directed to:  
Marie Osceola-Branch ([mosceola-branch@hobbsstrauss.com](mailto:mosceola-branch@hobbsstrauss.com))

within the parameters of its original intent.

There is sufficient Government expertise available to adequately and objectively evaluate the work of the FFRDC. Program management responsibilities for the FFRDC will be placed in CMS' Office of the Administrator, Chief Operating Office to ensure the proper use and evaluation of the FFRDC. CMS has established an Executive Steering Committee comprised of senior agency leadership to oversee and monitor performance occurring under the FFRDC. We note that the Executive Office of the President, Office of Science and Technology was notified in March 2011 of our intent to establish an FFRDC.

CMS will use established controls to ensure the costs of services under the FFRDC are reasonable. In accordance with FAR 15.404, the Contracting Officer is required to ensure the final agreed-to contract price is fair and reasonable. The CMS Contracting Officer will ensure that any FFRDC contract costs are fair and reasonable by performing a combination of cost, price, and cost realism analysis and obtaining cost audit support, as necessary, to assess the offerors understanding of the work and to verify that the offeror has proposed realistic costs commensurate with the methods and approaches proposed. Additionally, CMS will seek competition for the establishment and award of the basic FFRDC contract to help ensure that costs are fair and reasonable.

CMS clearly defines the scope of the FFRDC's responsibilities to enable differentiation between the work that the FFRDC can perform and the work that should be performed by non-FFRDCs. The FFRDC sponsoring agreement fully describes the activities to be performed by the FFRDC as follows:

1. Strategic/Tactical Planning and Analysis.
2. Conceptual Planning and Prototyping.
3. Acquisition Assistance.
4. Organizational Planning and Relationship Management.
5. Continuous Process Improvement.
6. Strategic Technology Evaluation.
7. Feasibility Analysis and Design.

CMS will maintain a reasonable continuity in the level of support to the FFRDC. Current CMS and legislative requirements will provide sufficient activities to an FFRDC to ensure they are a viable entity to meet CMS' needs. CMS intends on awarding a single Indefinite Delivery—Indefinite Quantity contract and will issue live task orders for the offerors to propose during the

competition, therefore, we will award these task orders with the award of the contract and periodic task orders will be awarded thereafter.

CMS will ensure that the organization meets all of the prescribed requirements for independence and objectivity in performing CMS' work. The sponsoring program management office will review the FFRDC regularly to ensure compliance with this requirement. The sponsoring agreement between CMS and the FFRDC will require a clause that prohibits the FFRDC from competing with other non-FFRDCs for Federal procurements. Additionally, CMS will conduct an annual organizational conflicts of interest audit of the FFRDC. The FFRDC will not perform quantity production or manufacturing of items. We note that the Secretary of the Department of Health and Human Services approved the establishment of the FFRDC on March 17, 2011.

## II. Small Business Competitiveness

CMS has a long-standing history of exceeding its small business goals and is committed to continuing to maintain small business participation in its programs by following established FAR and Health and Human Services Acquisition Regulation requirements to ensure small businesses are provided maximum practicable opportunity. CMS will ensure that every requirement, as part of its governance process, will be reviewed by the Department small business specialist before initiating any contracting action under the FFRDC. Additionally, contracting staff and senior executives at CMS who are responsible for meeting small business goals have a performance element established in their performance plans to ensure we maximize the use of small business contracting at CMS. Finally, the HHS Office of Small and Disadvantaged Business has directed CMS and all HHS Operating Divisions to develop a fiscal year 2012 Small Business Strategic Plan to ensure we meet or exceed our specific small business goals. We note that CMS has recently submitted this plan to HHS as requested.

## III. Transparent Award and Governance Process

CMS will conduct the FFRDC award in accordance with FAR 15 Contracting by Negotiation procedures. CMS posted a draft solicitation on the Federal Business Opportunities Web site in November 2011, soliciting comments from the industry. The final solicitation will be posted on the Federal Business Opportunities Web site as a full and open competition (see <https://www.fbo.gov/index?s=opportunity&mode=form&id=39f12bfda712bdd2248a8a94795fb1b3&tab=core&tabmode=list&=>). CMS will make all required public announcements of the contract award through the Federal Business Opportunity Web site, HHS award notice requirements and the Federal Procurement Data System. This FFRDC will be awarded via FAR 15 procedures. Therefore, all task orders awarded to the FFRDC will be submitted to the Federal Procurement Data System and will be publically available on the *usaspending.gov* Web site.

The FFRDC will be governed by an Executive Steering Committee and a Charter, managed by CMS' Office of the Administrator, Chief Operating Office, that defines CMS' policies and procedures for managing and using the FFRDC. It also provides guidelines and procedures for ensuring compliance with the Government-wide policies set forth in FAR 35.017.

Additionally, CMS will evaluate the effectiveness of the FFRDC by establishing a quality performance plan for monitoring performance of the FFRDC. The Executive Steering Committee will establish goals and objectives each year for the FFRDC that strive for improvements in operations and financial savings of CMS operations as well as all the programs CMS oversees. The Executive Steering Committee will appoint staff to create and monitor a quality performance plan for assessing these goals and objectives.

Dated: March 12, 2012.

**Marilyn Tavenner,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2012-7495 Filed 3-28-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Tribal Consultation Meeting

**AGENCY:** Administration for Children and Families' Office of Head Start (OHS).

**ACTION:** Notice of meeting.

**SUMMARY:** Pursuant to the Improving Head Start for School Readiness Act of 2007, Public Law 110-134, notice is hereby given of a one-day Tribal Consultation Session to be held between the Department of Health and Human Services, Administration for Children and Families, Office of Head Start

leadership and the leadership of Tribal Governments operating Head Start (including Early Head Start) programs. The purpose of this Consultation Session is to discuss ways to better meet the needs of American Indian and Alaska Native children and their families, taking into consideration funding allocations, distribution formulas, and other issues affecting the delivery of Head Start services in their geographic locations [42 U.S.C. 9835, Section 640(l)(4)].

**DATES:** May 4, 2012.

**ADDRESSES:** 2012 Office of Head Start Tribal Consultation Session will be held at the following location:

Friday, May 4, 2012—Oklahoma City, Oklahoma—Sheraton Oklahoma City Hotel, 1 N. Broadway Avenue, Oklahoma City, OK 73102.

**FOR FURTHER INFORMATION CONTACT:**

Camille Loya, Acting Regional Program Manager Region XI, email [Camille.Loya@acf.hhs.gov](mailto:Camille.Loya@acf.hhs.gov) or phone (202) 401-5964. Additional information and online meeting registration is available at <http://www.headstartresourcecenter.org>.

**SUPPLEMENTARY INFORMATION:** The Department of Health and Human Services (HHS) announces Office of Head Start (OHS) Tribal Consultations with leaders of Tribal Governments operating Head Start (including Early Head Start) programs for each of the nine geographic regions of Head Start where American Indian and Alaska Native (AI/AN) programs are located. We are convening the OHS Tribal Consultations in conjunction with other Tribal Leader events in order to minimize the financial and travel burden for tribal participants. The session in Oklahoma City, Oklahoma is being held in conjunction with the HHS 2012 Regional Tribal Consultation Sessions for Regions I, II, IV, VI, and VII. We will schedule additional consultations around the country for later in the year.

The agenda for the scheduled OHS Tribal Consultations will be organized around the statutory purposes of Head Start Tribal Consultations related to meeting the needs of AI/AN children and families, taking into consideration funding allocations, distribution formulas, and other issues affecting the delivery of Head Start services in their geographic locations. In addition, OHS will share actions taken and in progress to address the issues and concerns raised in 2011 OHS Tribal Consultations.

Tribal leaders and designated representatives interested in submitting written testimony or proposing specific

agenda topics for the Oklahoma City Consultation Session should contact Camille Loya at [Camille.Loya@acf.hhs.gov](mailto:Camille.Loya@acf.hhs.gov). Proposals must be submitted at least three days in advance of the session and should include a brief description of the topic area, along with the name and contact information of the suggested presenter.

The Consultation Session will be conducted with elected or appointed leaders of Tribal Governments and their designated representatives [42 U.S.C. 9835, Section 640(l)(4)(A)]. Designees must have a letter from the Tribal Government authorizing them to represent the tribe. The letter should be submitted at least three days in advance of the Consultation Session to Camille Loya at (202) 205-9721 (fax). Other representatives of tribal organizations and Native nonprofit organizations are welcome to attend as observers.

A detailed report of the Consultation Session will be prepared and made available within 90 days of the Consultation Session to all Tribal Governments receiving funds for Head Start and Early Head Start programs. Tribes wishing to submit written testimony for the report should send testimony to Camille Loya at [Camille.Loya@acf.hhs.gov](mailto:Camille.Loya@acf.hhs.gov) either prior to the Consultation Session or within 30 days after the meeting.

Oral testimony and comments from the Consultation Session will be summarized in each report without attribution, along with topics of concern and recommendations. Hotel and logistical information for the Consultation Session has been sent to tribal leaders via email and posted on the Head Start Resource Center Web site at <http://www.headstartresourcecenter.org>.

Dated: March 21, 2012.

**Yvette Sanchez Fuentes,**  
*Director, Office of Head Start.*

[FR Doc. 2012-7556 Filed 3-28-12; 8:45 am]

**BILLING CODE 4184-40-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Service Administration

#### Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

*Dates and Times:* April 24, 2012, 10 a.m. to 4 p.m., EDST.

*Place:* Webinar Format.

*Status:* The meeting will be open to the public.

*Purpose:* The Committee members will finalize their efforts to develop the 12th Annual Report for the Secretary of the Department of Health and Human Services (the Secretary) and the Congress, focusing on the topic *Preparing the Interprofessional Team to Care for Diverse Populations*. The meeting will afford Committee members with the opportunity to finalize the outstanding components of the annual report.

*Agenda:* The ACICBL agenda includes an overview by Dr. Linda Redford, Chairperson of the ACICBL, specific to the opportunities outlined in the report and recommendations indicated. The agenda will be available 2 days prior to the meeting on the HRSA Web site (<http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Meetings/index.html>). Agenda items are subject to change as dictated by the priorities of the Committee.

*Supplementary Information:* Requests to make oral comments or to provide written comments to the ACICBL should be sent to Dr. Joan Weiss, Designated Federal Official, at the contact information below. Written comments can be provided before and after the meeting. Individuals who plan to participate in the webinar should register at least one day prior to the meeting using the following webinar information: <https://hrsa.connectsolutions.com/e45379671/event/registration.html>.

The conference call-in number is 1-888-946-9420, and the passcode is ACICBL.

*For Further Information Contact:* Anyone requesting information regarding the ACICBL should contact Dr. Joan Weiss, Designated Federal Official within the Bureau of Health Professions, Health Resources and Services Administration, in one of three ways: (1) Send a request to the following address: Dr. Joan Weiss, Designated Federal Official, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, Maryland 20857; (2) call (301) 443-6950; or (3) send an email to [jweiss@hrsa.gov](mailto:jweiss@hrsa.gov). In the absence of Dr. Weiss, CAPT Norma J. Hatot, Senior Nurse Consultant, can be contacted via telephone at (301) 443-2681 or by email at [nhatot@hrsa.gov](mailto:nhatot@hrsa.gov).

Dated: March 22, 2012.

**Reva Harris,**

*Acting Director, Division of Policy and Information Coordination.*

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