

are eligible to participate. Enrollees in TRICARE Reserve Select and the Transitional Assistance Management Program may also use the program. TRIAP provides assistance to beneficiaries dealing with personal problems that might adversely impact their work performance, health, and well-being. It includes assessment, short-term counseling, and referrals to more comprehensive levels of care if needed. TRIAP is based on commercial employee assistance models and provides counseling in a virtual face-to-face environment. There is a no diagnosis made, there are no limits to usage, and no notification about those seeking counseling will be made to their primary care managers or others, unless required by the counselor's licensure (e.g., spouse abuse). Participant confidentiality is protected, as no medical record entry is made.

Calls per month to the TRIAP line since the demonstration was extended and an aggressive marketing campaign launched have increased two fold, however, the majority (89%) of the calls are in the TRICARE West Region. In order to re-engage education efforts in the TRICARE North and South regions, allow enough time for these efforts to take effect and provide enough time to gather adequate data on the feasibility of utilizing audio and visual technologies including Web-based services to our active duty service members, their families and other beneficiaries on a permanent basis, an extension of the demonstration is necessary.

**b. Implementation**

This demonstration extension will be effective April 1, 2011.

**c. Evaluation**

As noted in the original **Federal Register** Notice, 74 FR 3667 July 24, 2009, and the extension **Federal Register** Notice, March 30, 2010, an independent evaluation of the demonstration will be conducted. It will be performed retrospectively and using administrative measures of behavioral health care access to provide analyses and comment on the effectiveness of the demonstration in meeting its goal of improving beneficiary access to behavioral health care by incorporating Web-based technology.

Dated: March 1, 2011.

**Morgan F. Park,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 2011-4867 Filed 3-3-11; 8:45 am]

**BILLING CODE 5001-06-P**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**TRICARE, Formerly Known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Fiscal Year 2011 Mental Health Rate Updates**

**AGENCY:** Department of Defense.

**ACTION:** Notice of Updated Mental Health Rates for Fiscal Year 2011.

**SUMMARY:** This notice provides the updated regional per-diem rates for low-volume mental health providers; the update factor for hospital-specific per-diems; the updated cap per-diem for high-volume providers; the beneficiary per-diem cost-share amount for low-volume providers; and, the updated per-diem rates for both full-day and half-day TRICARE Partial Hospitalization Programs for Fiscal Year 2011.

**DATES: Effective Date:** The Fiscal Year 2011 rates contained in this notice are effective for services on or after October 1, 2010.

**ADDRESSES:** TRICARE Management Activity (TMA), Medical Benefits and Reimbursement Branch, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

**FOR FURTHER INFORMATION CONTACT:** Ann N. Fazzini, Medical Benefits and Reimbursement Branch, TMA, telephone (303) 676-3803.

**SUPPLEMENTARY INFORMATION:** The final rule published in the **Federal Register** (FR) on September 6, 1988 (53 FR 34285) set forth reimbursement changes that were effective for all inpatient hospital admissions in psychiatric hospitals and exempt psychiatric units occurring on or after January 1, 1989. The final rule published in the **Federal Register** on July 1, 1993 (58 FR 35-400) set forth maximum per-diem rates for all partial hospitalization admissions on or after September 29, 1993. Included in these final rules were provisions for updating reimbursement rates for each federal Fiscal Year. As stated in the final rules, each per-diem shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare Prospective Payment System (*i.e.*, this is the same update factor used for the inpatient prospective payment system). For Fiscal Year 2011, the market basket rate is 2.6 percent. This year, Medicare applied two reductions to their market basket amount: (1) a 0.25 percent reduction due to provisions found in the Patient Protection and Affordable Care Act, and (2) a 2.9 percent reduction for documentation and coding adjustments found in Public Law 110-90. These two

reductions do not apply to TRICARE. Hospitals and units with hospital specific rates (hospitals and units with high TRICARE volume) and regional specific rates for psychiatric hospitals and units with low TRICARE volume will have their TRICARE rates for Fiscal Year 2011 updated by 2.6 percent.

Partial hospitalization rates for full-day and half-day programs will also be updated by 2.6 percent for Fiscal Year 2011.

The cap amount for high-volume hospitals and units will also be updated by the 2.6 percent for Fiscal Year 2011.

The beneficiary cost share for low volume hospitals and units will also be updated by the 2.6 percent for Fiscal Year 2011.

Per 32 Code of Federal Regulations (CFR) 199.14, the same area wage indexes used for the CHAMPUS Diagnosis-Related Group (DRG)-based payment system shall be applied to the wage portion of the applicable regional per-diem for each day of the admission. The wage portion shall be the same as that used for the CHAMPUS DRG-based payment system. For wage index values greater than 1.0, the wage portion of the regional rate subject to the area wage adjustment is 68.8 percent for Fiscal Year 2011. For wage index values less than or equal to 1.0, the wage portion of the regional rate subject to the area wage adjustment is 62 percent.

Additionally, 32 CFR 199.14, requires that hospital specific and regional per-diems shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare prospective payment system.

The following reflect an update of 2.6 percent for Fiscal Year 2011.

**REGIONAL SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH LOW TRICARE VOLUME FOR FISCAL YEAR 2011**

United States census region	Regional rate
<b>Northeast:</b>	
New England .....	\$764
Mid-Atlantic .....	736
<b>Midwest:</b>	
East North Central .....	636
West North Central .....	600
<b>South:</b>	
South Atlantic .....	757
East South Central .....	810
West South Central .....	690
<b>West:</b>	
Mountain .....	689
Pacific .....	814
Puerto Rico .....	519

Beneficiary cost-share: Beneficiary cost-share (other than dependents of

Active Duty members) for care paid on the basis of a regional per-diem rate is the lower of \$202 per day or 25 percent of the hospital billed charges effective for services rendered on or after October

1, 2010. Cap Amount: Updated cap amount for hospitals and units with high TRICARE volume is \$960 per day for services on or after October 1, 2010.

The following reflect an update of 2.6 percent for Fiscal Year 2011 for the partial hospitalization rates.

PARTIAL HOSPITALIZATION RATES FOR FULL-DAY AND HALF-DAY PROGRAMS  
[Fiscal year 2011]

United States census region	Full-day rate (6 hours or more)	Half-day rate (3–5 hours)
Northeast:		
New England (Maine, N.H., Vt., Mass., R.I., Conn.) .....	\$306	\$227
Mid-Atlantic:		
(N.Y., N.J., Penn.) .....	333	250
Midwest:		
East North Central (Ohio, Ind., Ill., Mich., Wis.) .....	293	218
West North Central:		
(Minn., Iowa, Mo., N.D., S.D., Neb., Kan.) .....	293	218
South:		
South Atlantic (Del., Md., D.C., Va., W.Va., N.C., S.C., Ga., Fla.) .....	314	237
East South Central:		
(Ky., Tenn., Ala., Miss.) .....	340	256
West South Central:		
(Ark., La., Texas, Okla.) .....	\$340	256
West:		
Mountain (Mon., Idaho, Wyo., Col., N.M., Ariz., Utah, Nev.) .....	343	259
Pacific (Wash., Ore., Calif., Alaska, Hawaii) .....	337	252
Puerto Rico .....	218	165

The above rates are effective for services rendered on or after October 1, 2010.

Dated: March 1, 2011.

**Morgan F. Park,**

*Alternate OSD Federal Register Liaison  
Officer, Department of Defense.*

[FR Doc. 2011-4866 Filed 3-3-11; 8:45 am]

**BILLING CODE 5001-06-P**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Meeting of the Defense Policy Board

**AGENCY:** Defense Policy Board,  
Department of Defense.

**ACTION:** Notice.

**SUMMARY:** The Defense Policy Board will meet in closed session on March 15, 2011 from 0800 hrs until 1800 hrs and on March 16, 2011 from 0800 hrs until 1030 hrs at the Pentagon.

The purpose of the meeting is to provide the Secretary of Defense, Deputy Secretary of Defense and Under Secretary of Defense for Policy with independent, informed advice on major matters of defense policy. The Board will hold classified discussions on national security matters.

In accordance with Section 10(d) of the Federal Advisory Committee Act, Public Law 92-463, as amended [5 U.S.C. App II (1982)], it has been

determined that this meeting concerns matters listed in 5 U.S.C. 552B (c)(1)(1982), and that accordingly this meeting will be closed to the public.

**FOR FURTHER INFORMATION CONTACT:** Ms. Ann Hansen, 703-571-9232.

Dated: February 25, 2011.

**Morgan F. Park**

*Alternate OSD Federal Register Liaison  
Officer, Department of Defense.*

[FR Doc. 2011-4864 Filed 3-3-11; 8:45 am]

**BILLING CODE 5001-06-P**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Meeting of a Federal Advisory Committee

**AGENCY:** Department of Defense.

**ACTION:** Notice of meeting.

**SUMMARY:** Under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended), the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended), and 41 CFR 102-3.150, the Department of Defense announces that the following Federal Advisory Committee meeting of the Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill, and Injured Members of the Armed Forces (subsequently referred to as the Task Force) will take place.

**DATES:** Wednesday, March 30, 2011, and Thursday, March 31, 2011 from 8 a.m.–5 p.m.

**ADDRESSES:** Gaylord National Resort & Convention Center, 201 Waterfront St., National Harbor, MD 20745.

**FOR FURTHER CONTACT INFORMATION:** Mail Delivery service through Recovering Warrior Task Force, Hoffman Building II, 200 Stovall St., Alexandria, VA 22332-0021 “Mark as Time Sensitive for March Meeting.”

E-mails to [rwtf@wso.whs.mil](mailto:rwtf@wso.whs.mil). Telephone (703) 325-6640. Fax (703) 325-6710.

#### **SUPPLEMENTARY INFORMATION:**

*Purpose of the Meeting:* The purpose of the meeting is for the Task Force Members to convene and receive briefings on the Marine Corps Wounded Warrior Regiment, the Navy Safe Harbor Program, and the National Guard’s Transition Assistance Advisor Program.

*Agenda:* (Please refer to <http://dtf.defense.gov/rwtf/meetings.html> for the most up-to-date meeting information.)

#### **8 a.m.–5 p.m. Wednesday 30 March 2011**

- 8 Opening and review of recent Task Force Installation Visits
- 10 Break
- 10:15 Measures of Effectiveness and Systems of Performance and Accountability and Marine Corps Support to Caregivers in the Marine Corps Wounded Warrior Regiment