actions necessary to address the unsafe condition described in this AD. Such a request should include an assessment of the effect of the changed configuration on the unsafe condition addressed by this AD. In no case does the presence of any modification, alteration, or repair remove any airplane from the applicability of this AD.

Compliance: Required as indicated, unless accomplished previously.

To prevent in-flight separation of the main deck cargo door from the airplane, accomplish the following:

Note 2: This AD references Pemco Alert Service Letter 737–53–0003, Revision 3, dated December 22, 1994, for information concerning inspection and replacement procedures. In addition, this AD specifies replacement requirements different from those included in the service letter. Where there are differences between the AD and the service letter, the AD prevails.

(a) Within 50 flight cycles after the effective date of this AD or within 50 flight cycles after installation of STC SA2969SO, whichever occurs later, perform a visual inspection to detect cracking in the radii on the support angles on the lower jamb of the main deck cargo door, in accordance with Pemco Alert Service Letter 737–53–0003, Revision 3, dated December 22, 1994.

(1) If no cracking is detected, repeat the visual inspection thereafter at intervals not to exceed 450 flight cycles.

(2) If any cracking is detected, prior to further flight, replace the cracked part with a new part in accordance with the service letter. Repeat the visual inspection thereafter at intervals not to exceed 450 flight cycles.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, FAA, Transport Airplane Directorate, Seattle Aircraft Certification (ACO). Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) The inspection and replacement procedures shall be done in accordance with Pemco Alert Service Letter 737–53–0003, Revision 3, dated December 22, 1994. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Pemco Aeroplex, Incorporated, P.O. Box 2287, Birmingham, Alabama 35201–2287. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, Small Airplane Directorate, Atlanta Aircraft Certification Office, Campus Building, 1701 Columbia Avenue, Suite 2–160, College Park, Georgia; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(e) This amendment becomes effective on January 24, 1995.

Issued in Renton, Washington, on December 29, 1994.

S.R. Miller,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 95–199 Filed 1–6–95; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, 484, 485, 486, and 498

[BPD–798–FC]

Medicare Program; Providers and Suppliers of Specialized Services: Technical Amendments

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final rule with comment period.

SUMMARY: This rule reorganizes Medicare regulations that pertain to providers and suppliers of specialized services, in order to facilitate the incorporation of future rules in logical order.

The rule also makes minor technical and editorial changes to clarify the rules and eliminate duplication without substantive change.

DATES: *Effective date:* These rules are effective February 8, 1995.

Comment date: We will consider comments received by March 10, 1995.

ADDRESSES: Please mail written comments (an original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–798–FC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your written comments (an original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, or

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland 21207.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–798–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT: Luisa V. Iglesias, (202) 690–6383.

SUPPLEMENTARY INFORMATION: This rule is part of an ongoing process of relocating the content of part 405 to separate parts devoted to particular aspects of the Medicare program. In this case, the rule—

1. Transfers to part 485 the regulations that pertain to institutional providers of physical therapy and speech-language pathology services that were in subpart Q of part 405; and

2. Establishes a new part 486 for suppliers of specialized services, including—

- Suppliers of portable X-Ray services (from subpart N of part 405); and
- Physical therapists in independent practice (from subpart Q of part 405).

The following subparts, which also pertain to specialized services, are not relocated at this time for the reasons indicated:

- Subpart D of part 485—Conditions for Coverage: Organ Procurement Organizations—A final rule that makes substantive changes is currently in clearance.
- Subpart B of part 494—Conditions for Coverage of Screening Mammography Services—Recent statutory amendments require substantive changes.

The rule also—

- Simplifies and clarifies regulations, without substantive change, by removing extensive (and unnecessary) verbatim statutory citations and separating true definitions from personnel qualification requirements; and
- In § 400.310, which lists the regulation sections for which OMB control numbers have been assigned, conforms those section numbers to changes made by this rule.

Collection of Information Requirements

This rule contains no new information collection requirements subject to review by the Office of Management and Budget under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*).

Response to Comments

Although this is a final rule, we will consider timely comments from anyone who believes that the reorganization of

content and the clarifying technical and editorial changes affect the substance of the rules. If we revise this rule as a result of comments, we will discuss all timely comments in the preamble to the revised rule.

Waiver of Proposed Rulemaking

The changes made by this rule are purely technical and editorial and have no substantive impact. Accordingly, we find that there is good cause to waive proposed rulemaking procedures as unnecessary.

Regulatory Flexibility Analysis

Consistent with the Regulatory Flexibility Act (RFA) and section 1102(b) of the Social Security Act, we prepare a regulatory flexibility analysis for each rule, unless the Secretary certifies that the particular rule will not have a significant economic impact on a substantial number of small entities, or a significant impact on the operation of a substantial number of small rural hospitals.

The RFA defines ''small entity'' as a small business, a nonprofit enterprise, or a governmental jurisdiction (such as a county, city, or township) with a population of less than 50,000. We also consider all providers and suppliers of services to be small entities. For purposes of section 1102(b) of the Act, we define small rural hospital as a hospital that has fewer than 50 beds, and is located anywhere but in a metropolitan statistical area.

We have not prepared a regulatory flexibility analysis because we have determined, and the Secretary certifies, that these rules will not have a significant economic impact on a substantial number of small entities or a significant impact on the operation of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this rule was not reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 400

Grant programs-health, Health facilities, Health maintenance organizations (HMO), Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 484

Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 485

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 486

Health professionals, Medicare, Organ procurement, X-rays.

42 CFR Part 498

Administrative practice and procedure, Health facilities, Health professions, Medicare, Reporting and recordkeeping requirements.

42 CFR chapter IV is amended as set forth below:

PART 400—INTRODUCTION; DEFINITIONS

A. Part 400 is amended as set forth below:

1. The authority citation for part 400 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) and 44 U.S.C. Chapter 35.

§ 400.310 [Amended]

2. In the left-hand column of § 400.310, the following changes are made:

a. ''405.1716, 405.1717, 405.1720, 405.1721, 405.1722, 405.1724, 405.1725, 405.1726'' is revised to read ''485.709, 485.711, 485.717, 485.719, 485.721, 485.725, 485.727, 485.729.''

b. ''405.1733, 405.1736, 405.1737'' is revised to read ''486.155, 486.161, 486.163''.

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Part 405 is amended as set forth below:

§§ 405.1411, 405.1412, 405.1413, 405.1414, 405.1415, 1405.1416 [Redesignated]

1. Subpart N, consisting of §§ 405.1411 through 405.1416 is redesignated as subpart C under a new part 486, in accordance with the following redesignation table:

Old section (subpart N of part 405)	New section (subpart C of part 486)
405.1411	486.100
405.1412	486.102
405.1413	486.104
405.1414	486.106
405.1415	486.108
405.1416	486.110

§§ 405.1701, 405.1730 [Amended]

2. In subpart Q, the undesignated centered headings preceding § 405.1701 and § 405.1730, respectively, are removed.

§§ 405.1701, 405.1702, 405.1715–405.1726 [Redesignated]

3. Subpart G to part 485 is added and reserved and §§ 405.1701, 405.1702, and 405.1715 through 405.1726 of subpart Q in part 405 are redesignated as new subpart H under part 485 in accordance with the following redesignation table:

Old section (subpart Q of part 405)	New section (subpart H of part 485)
405.1701	485.701
405.1702, introductory text	Removed.
405.1702(a)	485.705(a)
405.1702(b)	485.703(a)
405.1702(c)	485.703(b)
405.1702(d)	485.705(b)
405.1702(e)	485.705(c)
405.1702(f)	485.705(d)
405.1702(g)	485.705(e)
405.1702(h)	485.703(c)
405.1702(i)	485.703(d)
405.1702(j)	485.705(f)
405.1702(k)	485.705(g)
405.1702(l)	485.703(e)
405.1702(m)	485.705(h)
405.1715	485.707
405.1716	485.709
405.1717	485.711
405.1718	485.713
405.1719	485.715
405.1720	485.717
405.1721	485.719
405.1722	485.721
405.1723	485.723
405.1724	485.725
405.1725	485.727
405.1726	485.729

§§ 405.1730–405.1737 [Redesignated]

4. Sections 405.1730 through 405.1737 are redesignated as subpart D under a new part 486, in accordance with the following redesignation table:

Old section (subpart Q of part 405)	New section (subpart D of part 486)
405.1730	486.150
405.1731	486.151
405.1732	486.153
405.1733	486.155
405.1734	486.157
405.1735	486.159
405.1736	486.161
405.1737	486.163

PART 485—CONDITIONS OF PARTICIPATION AND CONDITIONS FOR COVERAGE: SPECIALIZED PROVIDERS

C. Part 485 is amended as set forth below.

1. The authority citation for part 485 is revised to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh).

2. The heading of part 485 is revised to read as follows:

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

§ 485.70 [Amended]

3. In § 485.70, the following changes are made:

a. In § 485.70(e), ''§ 485.70(d) and (e) of this chapter.'' is revised to read ''paragraphs (b) and (c) of § 485.705.''

b. In § 485.70(m), ''§ 405.1702(j) of this chapter.'' is revised to read ''§ 485.705(f).''.

4. The heading and table of contents of newly designated subpart H read as follows:

Subpart H—Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services

Sec.

§§ 485.707, 485.715, 485.723, 485.727, 485.729 [Amended]

5. In newly designated subpart H, in the following sections, the section heading is amended to change the dash to a colon and to capitalize the first word after the colon:

§§ 485.707, 485.715, 485.721, 485.723, 485.727, and 485.729.

6. Newly designated § 485.701 is revised to read as follows:

§ 485.701 Basis and scope.

This subpart implements section 1861(p)(4) of the Act, which—

(a) Defines outpatient physical therapy and speech pathology services;

(b) Imposes requirements with respect to adequate program, facilities, policies, staffing, and clinical records; and

(c) Authorizes the Secretary to establish by regulation other health and safety requirements.

§ 485.703 [Amended]

7. In newly designated § 485.703, the heading is revised to read *Definitions.*, and the paragraph designations are removed.

§ 485.705 [Amended]

8. In newly designated § 485.705, a section heading and introductory text are added, to read as follows:

§ 485.705 Personnel qualifications.

The training, experience, and membership requirements for personnel involved in the furnishing of outpatient physical therapy and speech-language pathology services are as follows:

* * * * *

§ 485.707 [Amended]

9. In newly designated § 485.707, the following changes are made:

a. In the introductory text and paragraph (a), ''clinic, rehabilitation agency, or public health agency'' and the plural version of that phrase are revised to read ''organization'' and ''organizations'', respectively.

b. In paragraph (a), ''pursuant to such law'' is revised to read ''in accordance with applicable laws''.

§ 485.709 [Amended]

10. In newly designated § 485.709, the following changes are made:

a. Paragraph (b) is revised to read as set forth below.

b. In paragraph (c), second sentence, ''where'' is revised to ''if''.

c. In paragraph (d), second sentence, ''which'' is revised to ''that''.

§ 485.709 Condition of participation: Administrative management.

* * * * *

(b) *Standard: Administrator.* The governing body—

(1) Appoints a qualified full-time administrator;

(2) Delegates to the administrator the internal operation of the clinic or rehabilitation agency in accordance with written policies;

(3) Defines clearly the administrator's responsibilities for procurement and direction of personnel; and

(4) Designates a competent individual to act during temporary absence of the administrator.

* * * * *

§ 485.711 [Amended]

11. In newly designated § 485.711, the following changes are made:

a. In paragraph (a), introductory text, ''prior to'' is revised to read ''before''.

b. Paragraph (b)(1) is revised to read as set forth below.

c. In paragraph (b)(3), the parenthetical statement, ''at least every 30 days'' is inserted immediately before ''in accordance'', and ''§ 424.25(e)'' is revised to read ''§ 410.61(e)''.

d. Paragraph (b)(4) is revised to read as set forth below.

e. In paragraph (c), second sentence, ''There are'' is revised to read ''The'', and ''that covers'' is revised to read ''cover''.

§ 485.711 Condition of participation: Plan of care and physician involvement.

* * * * *

(b) *Standard: Plan of care*—(1) For each patient there is a written plan of care established by the physician or by the physical therapist or speech-language pathologist who furnishes the services.

* * * * *

(4) Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.

* * * * *

§ 485.713 [Amended]

12. In newly designated § 485.713, the following changes are made:

a. The introductory text is revised to read as set forth below.

b. In paragraph (a)(1) introductory text, ''will be'' is revised to read ''is''.

c. In paragraph (a)(1)(i), ''utilizing'' is revised to ''using''.

d. Paragraph (a)(2) is revised to read as set forth below.

e. In paragraph (b), ''accepted'' is revised to read ''it accepts''.

f. In paragraph (d), ''such'' is revised to ''these''.

§ 485.713 Conditions of participation: Physical therapy services.

If the organization offers physical therapy services, it provides an adequate program of physical therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

(a) *Standard: Adequate program.*

* * *

(2) A qualified physical therapist is present or readily available to offer supervision when a physical therapist assistant furnishes services.

(i) If a qualified physical therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.

(ii) When a physical therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days.

* * * * *

§ 485.715 [Amended]

13. In newly designated § 485.715, the following changes are made:

a. In paragraph (a), ''will be'' is revised to read ''is''.

b. In paragraph (b), ''accepted'' is revised to read ''it accepts''.

c. In paragraph (c), ''rendered'' is revised to read ''furnished''.

§ 485.717 [Amended]

14. In newly designated § 485.717, the following changes are made:

a. The undesignated introductory text is revised to read as set forth below.

b. In paragraph (a), ''rendered, as applicable'' is revised to read ''furnished as appropriate''.

c. Paragraph (b) is revised to read as set forth below.

§ 485.717 Condition of participation: Rehabilitation program.

This condition and its standards apply only to a rehabilitation agency's own patients, not to patients of hospitals, skilled nursing facilities (SNFs), or Medicaid nursing facilities (NFs) to whom the agency furnishes services. (The hospital, SNF, or NF is responsible for ensuring that qualified staff furnish services for which they arrange or contract for their patients.) The rehabilitation agency provides, in addition to physical therapy and speech-language pathology services, social or vocational adjustment services to all of its patients who need them. The agency provides for special qualified staff to evaluate the social and vocational factors, to counsel and advise on the social or vocational problems that arise from the patient's illness or injury, and to make appropriate referrals for needed services.

* * * * *

(b) *Standard: Arrangements for social or rehabilitation services*—(1) If a rehabilitation agency does not provide social or vocational adjustment services through salaried employees, it may provide those services through a written contract with others who meet the requirements and responsibilities set forth in this subpart for salaried personnel.

(2) The contract must specify the term of the contract and the manner of termination or renewal and provide that the agency retains responsibility for the control and supervision of the services.

§ 485.719 [Amended]

15. In newly designated § 485.719, the following changes are made:

a. In paragraph (a), ''when'' is revised to ''if''; ''and/or'' is revised to read ''or''; ''such'' is revised to ''the''(twice); ''provides for retention by the organization'' is revised to read ''provides that the organization retains''; and ''responsibility form and control and supervision of'' is corrected to read ''responsibility for, and control and supervision of,''.

b. Paragraph (b) is revised to read as set forth below:

§ 485.719 Condition of participation: Arrangements for physical therapy and speech-language pathology services to be performed by other than salaried organization personnel.

* * * * *

(b) *Standard: Contract provisions.* The contract—

(1) Specifies the term of the contract and the manner of termination or renewal;

(2) Requires that personnel who furnish the services meet the requirements that are set forth in this subpart for salaried personnel; and

(3) Provides that the contracting outside resource may not bill the patient or Medicare for the services. This limitation is based on section 1861(w)(1) of the Act, which provides that—

(i) Only the provider may bill the beneficiary for covered services furnished under arrangements; and

(ii) Receipt of Medicare payment by the provider, on behalf of an entitled individual, discharges the liability of the individual or any other person to pay for those services.

§ 485.721 [Amended]

16. In newly designated § 485.721, the following changes are made:

a. In paragraph (b), the commas at the end of paragraphs (b)(1) through (b)(6) are changed to periods; in paragraph (b)(1), ''provided'' is revised to ''furnished''; and the ''and'' at the end of paragraph (b)(6) is removed.

b. In paragraph (c), the last sentence is revised to read as set forth below.

c. In paragraph (d), the commas at the end of the paragraphs (d)(1) and (d)(2)(1) are changed to semicolons, and in the introductory text, ''a period of time of not less than'' is revised to read ''at least''.

d. In paragraph (d)(1), ''That'' is revised to ''The period''.

e. In paragraph (d)(2), introductory text, the colon is changed to a dash.

§ 485.721 Condition of Participation: Clinical records.

* * * * *

(c) *Standard: Completion of records and centralization of reports.* * * * Each physician signs the entries that he or she makes in the clinical record.

* * * * *

§ 485.723 [Amended]

17. In newly designated § 485.723, the following changes are made:

a. In paragraph (a)(2), ''organization'' is revised to ''premises'' (twice).

b. In paragraph (b), at the end of the introductory text, the colon is removed and ''that—'' is inserted.

c. In paragraph (b)(1), ''That'' is revised to ''The'', and the comma is changed to a semicolon.

d. In paragraph (b)(2), ''That the'' is revised to read ''The'', and ''which'' is revised to ''that''.

e. In paragraph (c)(2), ''utilization'' is revised to ''use''.

§ 485.725 [Amended]

18. In newly designated § 485.725, the following changes are made:

a. Paragraph (b) is revised to read as set forth below.

b. In paragraph (c), the designation ''(1)'' is inserted immediately before the first sentence; ''such'' is revised to ''housekeeping''; the designation ''(2)'' is inserted immediately before the third sentence; ''and/or'' is revised to read ''or'', and ''meets'' is revised to read ''or both meet''.

c. In paragraph (e), ''The organization is maintained'' is revised to read ''The organization's premises are maintained''.

§ 485.725 Condition of participation: Infection control.

* * * * *

(b) All personnel follow written procedures for effective aseptic techniques. The procedures are reviewed annually and revised if necessary to improve them.

§ 485.727 [Amended]

19. In newly designated § 485.727, in the introductory text, ''such disasters'' is revised to read ''a disaster''.

§ 485.729 [Amended]

20. In newly designated § 485.729, the following changes are made:

a. In the introductory text, ''which'' is revised to ''that'', and ''assure'' is revised to ''ensure''.

b. In paragraph (a), ''assure'' is revised to ''ensure''.

c. In paragraph (b) ''such statistical data as'' is revised to read ''statistical data such as''.

D. A new part 486 is added.

1. The heading and the table of contents of the new part 486 read as follows:

PART 486—CONDITIONS FOR COVERAGE OF SERVICES OF SPECIALIZED SUPPLIERS

Subparts A and B—[Reserved]

Subpart C—Conditions for Coverage: Portable X-Ray Services

Sec.

Subpart D—Conditions for Coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In newly designated subpart D, in the following sections, the section heading is revised to change the dash to a colon and capitalize the first word after the colon: §§ 486.153, 486.155, 486.157, and 486.161.

3. Newly designated §§ 486.150 and 486.151 are revised to read as follows:

§ 486.150 Condition for coverage: General requirements.

In order to be covered under Medicare as a supplier of outpatient physical therapy services, a physical therapist in independent practice must meet the following requirements:

(a) Be licensed in the State in which he or she practices.

(b) Meet one of the personnel qualifications specified in § 485.705(b).

(c) Furnish services under the circumstances described in § 410.60 of this chapter.

(d) Meet the requirements of this subpart.

§ 486.151 Condition for coverage: Supervision.

The services are furnished by or under the direct supervision of a qualified physical therapist in independent practice.

§ 486.155 [Amended]

4. In newly designated § 486.155, the following changes are made:

a. In paragraph (a), introductory text, ''The following information is obtained by the physical therapist prior to'' is revised to read ''The physical therapist obtains the following information before''.

b. In paragraph (b)(4), the second sentence is revised to read: ''If the patient has an attending physician, the therapist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.''.

c. In the parenthetical statement in paragraph (b)(4), ''§ 424.25(e)'' is revised to read ''§ 410.61(e)''.

5. Newly designated § 486.159 is revised to read as follows:

§ 486.159 Condition for coverage: Coordination of services with other organizations, agencies, or individuals.

The physical therapist coordinates her physical therapy services with the health and medical services the patient receives from organizations or agencies or other individual practitioners through exchange of information that meets the following standard:

If a patient is receiving or has recently received, from other sources, services related to the physical therapy program, the physical therapist exchanges pertinent documented information with those other sources—

(a) On a regular basis;

(b) Subject to the requirements for protection of the confidentiality of medical records, as set forth in § 485.721 of this chapter; and

(c) With the aim of ensuring that the services effectively complement one another.

§ 486.163 [Amended]

6. In newly designated § 486.163, the following changes are made:

a. In the introductory text, ''and/or'' is revised to read ''or''.

b. In paragraph (b), first sentence, the word ''established'' is removed.

c. In paragraph (c), second sentence, ''such'' is changed to ''the''.

d. Paragraph (d) is revised to read as follows:

§ 486.163 Condition for coverage: Physical environment.

* * * * *

(d) The physical therapist is alert to the possibility of fire and other nonmedical emergencies and has written plans that include—

(1) The means for leaving the office and the building safely, demonstrated, for example, by fire exit signs; and

(2) Other provisions necessary to ensure the safety of patients.

E. Technical corrections.

PART 410—[AMENDED]

1. In part 410, the following changes are made:

a. the authority citation of part 410 is revised to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395 (hh)) unless otherwise indicated.

b. In § 410.60(a)(3)(ii), ''§ 405.1702(d) of this chapter'' is revised to read ''§ 485.705(b) of this chapter''.

PART 484—[AMENDED]

2. In part 484, the following changes are made:

a. The authority citation for part 484 is revised to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395 (hh)) unless otherwise indicated.

§ 484.38 [Amended]

b. In § 484.38, ''§§ 405.1717 through 405.1719, 405.1721, 405.1723, and 405.1725 of this chapter'' is revised to read ''subpart H of part 485 of this chapter''.

PART 498—[AMENDED]

3. In part 498, the following changes are made:

a. The authority citation for part 498 is revised to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) unless otherwise indicated.

§ 498.3 [Amended]

b. In § 498.3(b)(6), ''§§ 405.1730 through 405.1737, or in § 410.22 of this chapter, respectively,'' is revised to read ''subpart D of part 486 of this chapter and § 410.22 of this chapter, respectively.''

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 2, 1994.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: October 12, 1994.

Donna E. Shalala,

Secretary.

[FR Doc. 95–485 Filed 1–6–95; 8:45 am]

BILLING CODE 4120–01–P

LEGAL SERVICES CORPORATION

45 CFR Part 1607

Governing Bodies; Correction

AGENCY: Legal Services Corporation.

ACTION: Final rule.

SUMMARY: This rule corrects the final regulation that was published on Monday, December 19, 1994 (59 FR 65249). The regulation revised part 1607 of the Legal Services Corporation's (''LSC'' or ''Corporation'') regulations relating to governing bodies of recipients of LSC funds.

EFFECTIVE DATE: January 18, 1995.

FOR FURTHER INFORMATION CONTACT: Victor M. Fortuno, General Counsel, at (202) 336–8810.

SUPPLEMENTARY INFORMATION: As published, § 1607.5(b) of the final regulation refers to a waiver granted under § 1607.6(c)(1). This reference is incorrect.

Accordingly, the publication on December 19, 1994, of the final regulation which was the subject of FR Doc. 94–31043 is corrected as follows:

§ 1607.5 [Corrected]

On page 65256, in the first column, in § 1607.5, paragraph (b) is corrected to read as follows:

''Pursuant to a waiver granted under § 1607.6(b)(1), a recipient may adopt policies that would permit partners or associates of attorney members to participate in any compensated private attorney involvement activities supported by the recipient.''

Dated: January 3, 1995.

Victor M. Fortuno,

General Counsel.

[FR Doc. 95–378 Filed 1–6–95; 8:45 am]

BILLING CODE 7050–01–P

DEPARTMENT OF DEFENSE

48 CFR Part 231

Defense Federal Acquisition Regulation Supplement; Allowable Individual Compensation

AGENCY: Department of Defense (DoD).

ACTION: Interim rule with request for comments.

SUMMARY: The Director of Defense Procurement has issued an interim rule that places a ceiling on allowable individual compensation under DoD contracts.

DATES: *Effective date:* December 14, 1994.

Comment date: Comments on the interim rule should be submitted in writing at the address shown below on or before March 10, 1995, to be considered in the formulation of a final rule.

ADDRESSES: Interested parties should submit written comments to: Defense Acquisition Regulations Council, ATTN: Mr. Eric R. Mens, PDUSD(A&T)DP/DAR, IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062. Telefax number (703) 602–0350. Please cite DFARS Case 94–D318 in all correspondence.

FOR FURTHER INFORMATION CONTACT: Mr. Eric R. Mens, (703) 602–0131.

SUPPLEMENTARY INFORMATION:

A. Background

Section 8117 of the Department of Defense Appropriations Act, 1995 (Public Law 103–335), limits allowable costs for individual compensation to $250,000 per year. This restriction applies to DoD contracts awarded after April 15, 1995, when payments are from funds appropriated in fiscal year 1995.

The interim DFARS rule revises DFARS Subpart 231.2, Contracts with Commercial Organizations; Subpart 231.3, Contracts with Educational Institutions; Subpart 231.6, Contracts with State, Local, and Federally Recognized Indian Tribal Governments; and Subpart 231.7, Contracts with Nonprofit Organizations to implement the statutory ceiling on allowable individual compensation costs. In supplementing the cost principle at FAR 31.205–6, this DFARS rule relies upon the same definition of compensation found in the FAR cost principle, i.e., ''all remuneration paid currently or accrued, in whatever form and whether paid immediately or deferred, for services rendered by employees to the contractor.''

B. Determination To Issue an Interim Rule

A determination has been made under the authority of the Secretary of Defense to issue this rule as an interim rule. Compelling reasons exist to promulgate this rule without prior opportunity for public comment because section 8117 of the Defense Appropriations Act for Fiscal Year 1995 (Public Law 103–335) applies to DoD contracts awarded after April 15, 1995, using funds appropriated in FY 1995. An interim rule will ensure that DoD contracting activities become aware of the statutory ceiling on allowable individual compensation costs when forward pricing contracts which will be awarded after April 15, 1995, using FY 1995 funds. However, comments received in response to the publication of this rule will be considered in formulating the final rule.

C. Regulatory Flexibility Act

The interim rule is not expected to have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, because most small entities are not subject to the contract cost principles in FAR Part 31 or DFARS Part 231. The contract cost principles normally apply where contract award exceeds $500,000 and the price is based on certified cost or pricing data. Most contracts awarded to small entities are awarded on a competitive, fixed-price basis. This interim DFARS rule applies only to DoD contractors which incur individual compensation costs in excess of $250,000 per year in performing new contracts awarded after April 15, 1995, using funds appropriated in FY 1995. An Initial Regulatory Flexibility Analysis has, therefore, not been performed. Comments are invited from small business entities and other interested parties. Comments from small entities concerning the affected DFARS Subparts will also be considered in accordance with section 610 of the Act. Such comments must be submitted separately and cite DFARS Case 94–D318 in correspondence.