

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-2036-NC]

RIN 0938-AJ25

Medicare and Medicaid Programs; Recognition of the Commission for Accreditation of Rehabilitation Facilities

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

ACTION: Notice with comment period.

SUMMARY: This notice announces and invites comments on the receipt of an application from the Commission for Accreditation of Rehabilitation Facilities for recognition as a national accreditation organization with deemed status authority. The Social Security Act requires us to publish this notice in which we identify the national accreditation body making the application, describe the nature of the request, and provide a 30-day public comment period. The intent of this notice is to solicit public comment as to the advisability of recognizing the Commission for Accreditation of Rehabilitation Facilities as a national accreditation organization with deeming authority to survey and accredit comprehensive outpatient rehabilitation facilities for participation in the Medicare or Medicaid programs.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. eastern time on January 25, 1999.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following addresses: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-2036-NC, P. O. Box 26688, Baltimore, MD 21207-0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 443-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201-0001, or Room C5-16-03, Central Building, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-2036-NC. Written 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 443-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. eastern time (phone: (202) 690-7890).

FOR FURTHER INFORMATION CONTACT: Helaine M. Jeffers, (410) 786-5648.

SUPPLEMENTARY INFORMATION:

I. Background

Providers of health care services participate in the Medicare and Medicaid programs in accordance with provider agreements with us (for Medicare) and State Medicaid agencies (for Medicaid). Generally, in order to enter into a provider agreement, an entity must first be certified by a State survey agency as complying with the conditions, requirements or standards set forth in the Social Security Act (the Act) and regulations. Providers are subject to routine surveys by State survey agencies to determine whether the provider continues to meet these requirements.

There is an alternative, however, to surveys by State agencies. Section 1865 of the Act includes a provision that permits providers of services to be exempt from routine surveys by State survey agencies to determine whether they comply with the definition of hospital services in section 1861(e) of the Act. Specifically, section 1865(b)(1) of the Act provides that if we find that accreditation of a provider entity by a national accrediting body demonstrates that all of the applicable Medicare conditions or requirements are met or exceeded, we would "deem" the provider entity as meeting the applicable Medicare requirements. If a national accrediting organization applies to us for recognition of its provider accrediting program, we examine its requirements to determine whether they meet or exceed the Medicare conditions as we would have applied them. If we were to approve the accrediting organization as having standards that meet or exceed our own, providers accredited under the approved program would be "deemed" to meet the Medicare conditions of participation or requirements for which the accreditation standards have been recognized.

A deemed status provider is one that has voluntarily applied for and has been accredited by a national accreditation organization under its approved program that meets or exceeds the applicable Medicare conditions or requirements. Federal regulations at 42

CFR part 485, subpart B, set forth the conditions that comprehensive outpatient rehabilitation facilities (CORFs) must meet to be certified under section 1861(cc)(2) of the Act and be accepted for participation in the Medicare program in accordance with 42 CFR part 489.

II. Approval of Accreditation Organization's Program

The purpose of this notice is to notify the public of the receipt of the Commission for Accreditation of Rehabilitation Facilities' (CARF) application for approval to participate in the Medicare program as a national accreditation organization with deemed status authority for CORF accreditation. This notice also solicits public comment on the ability of CARF's program requirements to meet or exceed the Medicare conditions of participation.

Section 1865(b)(2) of the Act sets forth the requirements for us to make a finding among other factors with respect to a national accreditation body, as specified in section III. of this notice.

Section 1865(b)(3)(A) of the Act requires that we publish, no later than 60 days after the date of the receipt of a completed application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing a period of at least 30 days for the public to comment on the request. In addition, we have 210 days from the receipt of the request to publish an approval or denial of the application.

III. Evaluation of the Application

On August 10, 1998, CARF submitted the necessary application information about its request for our determination that its provider accreditation program meets or exceeds the Medicare conditions and certification requirements for CORFs.

Under section 1865(b)(2) of the Act and our regulations at 42 CFR 488.8 ("Federal review of accreditation organizations"), our review and evaluation of a national accreditation organization will be conducted in accordance with, but not necessarily limited to, the following factors:

- A determination of the equivalency of an accreditation organization's requirements for an entity to our requirements for the entity.
- A review of the organization's survey process to determine the following:

1. The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

2. The organization's comparability of its processes to that of State agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.

3. The organization's procedures for monitoring providers or suppliers found to be out of compliance with program requirements. These monitoring procedures are used only when it identifies noncompliance. If noncompliance at the condition level is identified through validation reviews, the appropriate State survey agency monitors corrections as specified at § 488.7(b)(2).

4. The organization's ability to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.

- The organization's ability to provide us with electronic data in ASCII comparable code and reports necessary for effective validation and assessment of its survey process.

- The adequacy of staff and other resources, and its financial viability.

- The organization's ability to provide adequate funding for performing required surveys.

- The organization's policies with respect to whether surveys are announced or unannounced.

- The organization's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Notice of Evaluation

Upon completion of our evaluation, including the evaluation of public comments received as a result of this notice, we will publish a notice in the **Federal Register** announcing the result of our evaluation.

V. Response to Public Comments

Because of the large number of comments we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble and will respond to them in a forthcoming notice document.

Authority: Section 1865 of the Social Security Act (42 U.S.C. 1395bb).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 30, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

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BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-day Proposed Collection: IHS Registered Nurses Recruitment and Retention Survey

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, which requires the provision of a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget for review.

Proposed Collection

Title: 09-17-NEW, "IHS Registered Nurses Recruitment and Retention Survey." *Type of Information Collection Request:* New collection. *Form Number:* No reporting forms required. *Need and Use of Information Collection:* The information collected in the proposed survey will be used to determine which improvements made since 1984 have worked and what additional changes need to be made to continue to attract and retain Registered Nurses in the IHS, tribal and urban (I/T/U) programs. The information collected in the survey will help to determine (1) the factors that lead to the initial decision to work in the Indian health program; (2) what aspects of the job do/did these employees like or dislike and why; (3) how environmental and personal factors, such as living on or near reservations, local government housing, distance to shopping, schools (pre-school, elementary, and high), social activities, child care facilities, location and size of non-Indian community, sex and race differences, etc., affect their decision to continue with or terminate IHS employment; and (4) how work related issues and current changes, such as Indian preference, quality of other health care staff, local health care management practices, managed care, Tribal Self-Governance and Self-Determination, etc., affect their decision to stay with or leave IHS employment. *Affected Public:* Individuals, *Type of Respondents:* Current I/T/U Registered Nurses.

Table 1 below provides the following information: types of data collection instruments, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hour.

TABLE 1

| Data collection instruments | Estimated number of respondents | Responses per respondent | Annual number of responses | Average burden hr per response* | Total annual burden hours |
|-----------------------------|---------------------------------|--------------------------|----------------------------|---------------------------------|---------------------------|
| Nursing Survey | 600 | 1 | 600 | 1.00 (60 Mins) | 600 |
| Total | 600 | 1 | 600 | 1.00 (60 mins) | 600 |

For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is

necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to

determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.