

making informed choices about their Medicare plan.

To quantify whether these goals have been met, measures of what beneficiaries currently know and understand about the Medicare program must be established. It is also necessary to compare attitudes and behavior of beneficiaries who receive the information to those who do not to determine if the print campaign of the NMEP (Medicare & You handbook) has been effective.

This survey will be used to determine the effectiveness of the "Medicare and You Handbook: 2000";

Frequency: Other: one time;

Affected Public: Business or other for-profit, and Individuals or Households;

Number of Respondents: 4,250;

Total Annual Responses: 4,250;

Total Annual Hours: 3,019.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of Information requirements. However, as noted above, comments on these Information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by 9/9/99:

Health Care Financing Administration,
Office of Information Services,
Security and Standards Group,
Division of HCFA Enterprise
Standards, Attention: Dawn
Willingham, Room N2-14-26, 7500
Security Boulevard, Baltimore,
Maryland 21244-1850 and Office of
Information and Regulatory Affairs,
Office of Management and Budget,
Room 10235, New Executive Office
Building, Washington, DC 20503, Fax
Number: (202) 395-6974 or (202) 395-
5167, Attn: Allison Herron Eydtt,
HCFA Desk Officer.

Dated: August 31, 1999.

John Parmigiani,

*Manager, HCFA Office of Information
Services, Security and Standards Group,
Division of HCFA Enterprise Standards.*
[FR Doc. 99-23606 Filed 9-9-99; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-2058-PN]

RIN 0938-AJ68

Medicare and Medicaid Programs; Application of the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) for Continued Approval of Deeming Authority for Home Health Agencies

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

ACTION: Proposed notice.

SUMMARY: This notice announces the receipt of an application from the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) for recognition as a national accreditation program for home health agencies (HHAs) that wish to participate in the Medicare or Medicaid programs. The Social Security Act requires that the Secretary publish a notice identifying the national accreditation body making the request for approval, describing the nature of the request, and providing a 30-day public comment period.

DATES: Written comments will be considered if we receive them at the appropriate address, as provided in **ADDRESSES** section, no later than 5 p.m. on October 12, 1999.

ADDRESSES: Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-2058-PN, P.O. Box 9010, Baltimore, Maryland 21244-9010.

If you prefer, you may deliver your written comments (one original and three copies) to one of the following addresses: Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: Joan C. Berry, (410) 786-7233.

SUPPLEMENTARY INFORMATION:

Comments

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-2058-PN. 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 445-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).

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a home health agency (HHA) provided certain requirements are met. Sections 1861(o) and 1891 of the Social Security Act (the Act) and part 484 of the Medicare regulations specify the conditions that an HHA must meet in order to participate in the Medicare program.

Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to the activities relating to the survey and certification of facilities are at 42 CFR part 488.

Generally, in order to enter into an agreement, an HHA must first be certified by the State survey agency as complying with the conditions or standards set forth in the statute and part 484 of our regulations. Then, the HHA is subject to regular surveys by a State survey agency to determine whether it continues to meet the requirements. There is an alternative, however, to surveys by State agencies.

Section 1865(b)(1) of the Act permits "accredited" HHAs to be exempt from routine surveys by State survey agencies to determine compliance with Medicare conditions of participation. Section 1865(b)(1) of the Act provides that if the Secretary finds that accreditation of a provider entity by a national accreditation body demonstrates that all applicable conditions are met or exceeded, the Secretary "deems" those requirements to be met by the HHA. Our regulations concerning reapproval of accrediting organizations are set forth at §§ 488.4 and 488.8(d)(3). Section 488.8(d)(3) requires reapplication at least every 6 years and permits the Secretary to determine the required materials from those enumerated in § 488.4, and the deadline to reapply for continued approval of deeming authority. The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) is a currently recognized accreditation organization for HHAs.

II. Approval of Deeming Organizations

Section 1865(b)(2) of the Act further requires that the Secretary's findings concerning review of national accrediting organizations consider, among other factors, the accreditation organization's requirements for accreditation, its survey procedures, its ability to provide adequate resources for conducting required surveys and ability

to supply information for use in enforcement activities, its monitoring procedures for provider entities found out of compliance with the conditions or requirements, and its ability to provide the Secretary with necessary data for validation.

Section 1865(b)(3)(A) of the Act requires that the Secretary publish, within 60 days of the receipt of an organization's complete application, a notice that identifies the national accreditation body making the request, describes the nature of the request, and provides at least a 30-day public comment period. Subsequently, the Secretary has 210 days from the receipt of the request to publish a finding of approval or denial of the application.

The purpose of this notice is to notify the public of JCAHO's request for reapproval and continuation of its deeming authority on the basis that the Secretary find that its separate accreditation programs for HHAs meet or exceed the Medicare conditions. This notice also solicits public comment on the ability of JCAHO requirements to meet or exceed the Medicare conditions of participation for HHAs.

III. Evaluation of Deeming Request

On July 26, 1999, JCAHO submitted all the necessary information concerning its request to be reapproved as a deeming organization for HHAs to permit us to make a determination. Under section 1865(b)(2) of the Act and our regulations at § 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:

- The equivalency of JCAHO's requirements for an HHA to our comparable HHA conditions of participation.
- JCAHO's survey processes, to determine the following:
 - The composition of the survey team, surveyor qualifications, and JCAHO's ability to provide continuing surveyor training.
 - The comparability of its implemented processes to those of State agencies, including survey frequency, and its ability to investigate and respond appropriately to complaints against accredited facilities.
 - Its procedures for monitoring HHAs found by JCAHO to be out of compliance with program requirements. (These procedures are used only when JCAHO identifies noncompliance. If noncompliance is identified through validation reviews, the survey agency monitors

corrections as specified at § 488.7(b)(2).)

- Its ability to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.
- The ability of JCAHO to provide us with electronic data in ASCII comparable code and any reports necessary for effective validation and assessment of its survey processes.
- The adequacy of JCAHO's staff and other resources, and its financial viability.
- JCAHO's ability to provide adequate funding for performing required surveys.
- JCAHO's policies with respect to whether surveys are announced or unannounced.
- JCAHO'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 Upon Completion of Evaluation

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

Authority: Sec. 1865(b)(3)(A) of the Social Security Act (42 U.S.C. 1395bb(b)(3)(A)) (Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: September 1, 1999.

Michael M. Hash

Deputy Administrator,

Health Care Financing Administration.

[FR Doc. 99-23624 Filed 9-9-99; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-2059-PN]

RIN 0938-AJ69

Medicare and Medicaid Programs; Application of the Community Health Accreditation Program, Incorporated (CHAP) for Continued Approval of Deeming Authority for Home Health Agencies

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

ACTION: Proposed notice.

SUMMARY: This notice announces the receipt of an application from the

Community Health Accreditation Program, Incorporated (CHAP) for recognition as a national accreditation program for home health agencies (HHAs) that wish to participate in the Medicare or Medicaid programs. The Social Security Act requires that the Secretary publish a notice identifying the national accreditation body making the request for approval, describing the nature of the request, and providing a 30-day public comment period.

DATES: Written comments will be considered if we receive them at the appropriate address, as provided in **ADDRESSES** section, no later than 5 p.m. on October 12, 1999.

ADDRESSES: Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-2059-PN, P.O. Box 9010, Baltimore, Maryland 21244-9010.

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

Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, D.C. 20201, or Room C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: Joan C. Berry, (410) 786-7233.

SUPPLEMENTARY INFORMATION:

Comments

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-2059-PN. 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 445-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).

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a home health agency (HHA) provided certain requirements are met. Sections 1861(o) and 1891 of the Social Security Act (the Act) and part 484 of the Medicare regulations specify the conditions that an HHA must meet in order to participate in the Medicare program.

Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to the activities relating