APPENDIX A TO PART 4—TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

<table>
<thead>
<tr>
<th>Sec.</th>
<th>Diagnostic Code No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.117</td>
<td></td>
</tr>
</tbody>
</table>

7717 Added [Date 30 days after date of publication of the final rule in the Federal Register].

Appendix B to Part 4 [Amended]

4. In Appendix B to Part 4 add diagnostic code 7717 to the table in numerical order (following the entry for diagnostic code number 7716) and its disability entry "AL amyloidosis (primary amyloidosis)" to read as follows:

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

<table>
<thead>
<tr>
<th>Diagnostic Code No.</th>
<th>AL amyloidosis (primary amyloidosis).</th>
</tr>
</thead>
<tbody>
<tr>
<td>7717</td>
<td></td>
</tr>
</tbody>
</table>

Appendix C to Part 4 [Amended]

5. Appendix C to Part 4 is amended by adding in alphabetical order (following "Agranulocytosis") a new entry "AL amyloidosis" and its diagnostic code number "7717" to read as follows:

APPENDIX C TO PART 4—ALPHABETICAL INDEX OF DISABILITIES

<table>
<thead>
<tr>
<th>Diagnostic Code No.</th>
<th>AL amyloidosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>7717</td>
<td></td>
</tr>
</tbody>
</table>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 84

[Docket Numbers NIOSH–221, NIOSH–082A, NIOSH–147]

Public Meeting To Discuss NIOSH’s Respirator Standards Development Efforts

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of a public meeting.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), National Personal Protective Technology Laboratory (NPPTL), will conduct a public meeting to discuss current respirator standards development projects, including the NIOSH Regulatory Agenda for updating 42 CFR part 84, CBRN Combination Unit Respirator Performance Requirements, and the NIOSH policy on SCBA “Buddy-Breathing”. There will be an opportunity for discussion following each topic’s presentations.

DATES: The public meeting will be held 8:30 a.m. to 5 p.m., December 9, 2010. On-site registration will be held beginning at 7:45 a.m.

ADDRESSES: The public meeting will be held at Hyatt Regency Pittsburgh International Airport, 1111 Airport Boulevard, Pittsburgh, PA 15231, telephone 800–233–1234.

FOR FURTHER INFORMATION CONTACT: Jonathan Szalajda, NPPTL, Policy and Standards Development Branch Chief, P.O. Box 18070, 626 Cochran’s Mill Road, Pittsburgh, PA 15236, telephone 412–386–5200, fax 412–386–4089, E-mail npptlevents@cdc.gov.

SUPPLEMENTARY INFORMATION: Status: The meeting will be open to the public, limited only by the space available. The meeting room accommodates approximately 125 people.

Instructions: Requests to make presentations at the public meeting should be mailed to the NIOSH Docket Officer, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, Ohio 45226. Requests may also be submitted by telephone 513–533–8611, fax 513–533–8285, or e-mailed to niocindocket@cdc.gov. All requests to present should contain the name, address, and telephone number, relevant business affiliations of the presenter, topic of the presentation, and the approximate time requested for the presentation. Oral presentations should be limited to 15 minutes.

After reviewing the requests for presentations, NIOSH will notify the presenters that their presentations are scheduled. If a participant is not present when his/her presentation is scheduled to begin, the remaining participants will be heard in order. At the conclusion of the meeting, an attempt will be made to allow presentations by scheduled participants who missed their assigned times. Attendees who wish to speak but did not submit a request for the opportunity to make a presentation may be given this opportunity at the conclusion of the meeting, at the discretion of the presiding officer.

This meeting will also be using Audio/Live Meeting Conferencing,
remote access capabilities where interested parties may listen in and review the presentations over the internet simultaneously. Parties remotely accessing the meeting will have the opportunity to ask questions during the open comment period. To register to use this capability, please contact the NPPTL, Policy and Standards Development Branch, P.O. Box 18070, 626 Cochran Mill Road, Pittsburgh, PA 15236, telephone 412–386–5200, fax 412–386–4089. This option will be available to participants on a first come, first served basis and is limited to the first 50 participants.

Background: NIOSH, National Personal Protective Technology Laboratory (NPPTL), will present information to attendees concerning the development of the concepts being considered for performance criteria of various classes of respirators. Participants will be given an opportunity to ask questions and to present individual comments that they may wish to have considered.

Reference: Information regarding documents that will be discussed at the meeting may be obtained from the NIOSH Web site using this link: http://www.cdc.gov/niosh/review/public/ using the docket numbers listed in this notice.


Dated: October 12, 2010.

Tanja Popovic,
Deputy Associate Director for Science,
Centers for Disease Control and Prevention.

[FR Doc. 2010–26129 Filed 10–21–10; 8:45 am]
BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 483
[CMS–3140–P]
RIN 0938–AP32

Medicare and Medicaid Programs; Requirements for Long Term Care Facilities; Hospice Services

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would revise the requirements that an institution would have to meet in order to qualify to participate as a skilled nursing facility (SNF) in the Medicare program, or as a nursing facility (NF) in the Medicaid program. We are proposing these requirements to ensure that long-term care (LTC) facilities (that is, SNFs and NFs) that chose to arrange for the provision of hospice care through an agreement with one or more Medicare-certified hospice providers would have in place a written agreement with the hospice that specified the roles and responsibilities of each entity.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on December 21, 2010.

ADDRESSES: In commenting, please refer to file code CMS–3140–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):
1. Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the instructions for “Comment or Submission” and enter the file code to find the document accepting comments.
2. By regular mail. You may mail written comments (one original and two copies) to the following address only:
Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3140–P, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.
3. By express or overnight mail. You may send written comments (one original and two copies) to the following address only:

4. By hand or courier. If you prefer, you may deliver (by hand or courier) your written comments (one original and two copies) before the close of the comment period to either of the following addresses:

(because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)
b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document’s paperwork requirements by following the instructions at the end of the “Collection of Information Requirements” section in this document.

For information on viewing public comments, see the beginning of the SUPPLEMENTARY INFORMATION section.

FOR FURTHER INFORMATION CONTACT:

SUPPLEMENTARY INFORMATION:
Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: http://www.regulations.gov. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

I. Background

According to CMS data, at any point in time, approximately 1.4 million elderly and disabled nursing home residents are receiving care in nearly 16,000 Medicare- and Medicaid-certified Long-Term Care (LTC) facilities

 Accordingly, the individual is considered an eligible individual for Medicare purposes and, consequently, is not a Medicare beneficiary. The eligibility determination is based on the beneficiary’s admission and discharge status, as well as other conditions specified in the Medicare program.

The individual is considered a Medicare beneficiary as of the first day the individual is considered an institutionalized individual. The date of the individual’s admission to the institutional setting is the date the individual is considered an institutionalized individual and the date the individual is considered to be a beneficiary under Medicare. The date of admission is the date the individual enters the institutional setting. The date of discharge is the date the individual leaves the institutional setting.

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