

meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Gary Johnson,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates To Serve on the World Trade Center Health Program Scientific/Technical Advisory Committee (the STAC or the Committee), Centers for Disease Control and Prevention, Department of Health and Human Services

Correction: This notice was originally published in the **Federal Register** on January 30, 2014 Volume 79, Number 20, page 4911. This notice is to announce the extension of submission for potential nominees.

Nominations must be submitted (postmarked or electronically received) by March 31, 2014. Please submit written nominations (one original and two copies) to the following address only: NIOSH Docket 229-B, c/o Zaida Burgos, Committee Management Specialist, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1600 Clifton Rd. NE., MS: E-20, Atlanta, Georgia 30333 or electronic nominations to: nioshdocket@cdc.gov. Attachments in Microsoft Word are preferred. Telephone and facsimile submissions cannot be accepted.

For further information, please contact: Paul Middendorf, Senior Health Scientist, 1600 Clifton Rd. NE., MS: E-20, Atlanta, GA 30333; Telephone (404) 498-2500 (this is not a toll-free number); email pmiddendorf@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3286-FN]

Medicare and Medicaid Programs; Application From the Joint Commission for Continued Approval of Its Home Health Agency (HHA) Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Final Notice.

SUMMARY: This notice announces our decision to approve the Joint Commission for continued recognition as a national accreditation program for Home Health Agencies (HHAs) seeking to participate in the Medicare or Medicaid programs. An HHA that participates in Medicaid must, in accordance with § 440.70(d) meet the Medicare participation requirements, and may demonstrate compliance through deemed status, as provided for under § 488.6(b), with the exception of the capitalization requirements at § 489.28.

DATES: *Effective Date:* This final notice is effective March 31, 2014 through March 31, 2020.

FOR FURTHER INFORMATION CONTACT: Lillian Williams, (410) 786-8636, Patricia Chmielewski, (410) 786-6899, or Monda Shaver, (410) 786-3410.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a HHA provided certain requirements are met. Sections 1861(o) and 1891 of the Social Security Act (the Act), establish distinct criteria for facilities seeking to participate in Medicare as an HHA. Regulations concerning Medicare provider agreements are at part 489 and those pertaining to activities relating to the survey and certification of facilities are at part 488. The regulations at part 484 specify the minimum conditions that a HHA must meet to be certified to participate in the Medicare program.

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

Section 1865(a) of the Act provides that, if an accrediting organization is recognized by the Secretary as having standards for accreditation that meet or exceed all applicable Medicare conditions or requirements, as well as comparable survey procedures, a provider entity accredited under the national accrediting body's approved Medicare accreditation program would be deemed to meet the Medicare conditions or requirements. Accreditation under an approved Medicare accreditation program of an accrediting organization is voluntary and is not required for Medicare participation.

A national accrediting organization applying for approval of its accreditation program in accordance with section 1865(a)(2) and (3) of the Act and our implementing regulations at part 488, subpart A, must provide us with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as all of the applicable Medicare conditions or requirements. Our regulations concerning the approval of accrediting organizations are set forth at § 488.4 and § 488.8(d)(3). The regulations at § 488.8(d)(3) require accrediting organizations to reapply for continued approval of a Medicare accreditation program every 6 years or sooner, as determined by us.

The Joint Commission's current term of approval for its HHA accreditation program expires March 31, 2014.

II. Approval of Deeming Organizations

Section 1865(a)(2) of the Act and our regulations at § 488.8(a) require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's requirements for accreditation; its survey procedures; its ability to provide adequate resources for conducting required surveys and to furnish us information for use in enforcement activities; its monitoring procedures for provider entities found not in compliance with the conditions or requirements; and its ability to provide us with the necessary data for validation.