

Dated: September 18, 2017.

Lorin S. Curit,

Director, Federal Acquisition Policy Division,
Office of Government-Wide Acquisition
Policy, Office of Acquisition Policy, Office
of Government-Wide Policy.

[FR Doc. 2017-20169 Filed 9-21-17; 8:45 am]

BILLING CODE 6820-EP-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2015-0049]

Notice of Availability of a Revised Environmental Assessment for HHS/ CDC Lawrenceville Campus Proposed Improvements 2015-2025, Lawrenceville, Georgia

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice of availability and
request for comment.

SUMMARY: The Centers for Disease
Control and Prevention (CDC), within
the Department of Health and Human
Services (HHS), announces the
availability and opportunity for public
review and comment of a revised
Environmental Assessment (EA) for the
HHS/CDC Lawrenceville Campus
Proposed Improvements 2015-2025 on
the HHS/CDC Lawrenceville Campus,
Lawrenceville, Georgia. The revised EA
has been prepared in accordance with
the National Environmental Policy Act
of 1969 (NEPA), as amended (42 U.S.C.
4321 *et seq.*), the Council on
Environmental Quality (CEQ)
implementing regulations (40 CFR
1500-1508) and the HHS General
Administration Manual (GAM) Part 30
Environmental Procedures, dated
February 25, 2000.

DATES: Written comments must be
received by October 23, 2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2015-
0049 by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Comments submitted by mail should be sent to Stephen Klim, RA, LEED Green Associate Architect Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-K96, Atlanta, Georgia 30329, Attn: Docket No. CDC-2015-0049.

Instructions: All submissions received must include the agency name and

Docket Number. All relevant comments received will be posted without change to <http://regulations.gov>, including any personal information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

Hard copies of the revised EA are available for review at the following locations:

- Gwinnett County Public Library, Lawrenceville Branch, 1001 Lawrenceville Hwy, Lawrenceville, GA 30046, Telephone: (770) 978-5154.
- Gwinnett County Public Library, Five Forks Branch, 2780 Five Forks Trickum Road, Lawrenceville, GA 30044-5865, Telephone: (770) 978-5154.
- Gwinnett County Public Library, Grayson Branch, 700 Grayson Parkway, Grayson, GA 30017-1208, Telephone: (770) 978-5154.

FOR FURTHER INFORMATION CONTACT:
Stephen Klim, RA, Office of Safety,
Security, and Asset Management,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS-
K96, Atlanta, Georgia 30329, Telephone:
(770)488-8009.

SUPPLEMENTARY INFORMATION: On
February 16, 2016 CDC published a
Notice of Availability for the Final
Environmental Assessment (2016 Final
EA) and Finding of No Significant
Impact (FONSI) for the HHS/CDC's
Lawrenceville Campus Proposed
Improvements 2015-2025 (81 FR 7800).
The proposed improvements identified
in the 2016 Final EA included (1)
building demolition; (2) new building
construction, including an
approximately 12,000 gross square feet
(gsf) Science Support Building, a new
Transshipping and Receiving Area at
approximately 2,500 gsf and two new
Office Support Buildings at
approximately 8,000 gsf and 6,000 gsf;
(3) expansion and relocation of parking
on campus; and (4) the creation of an
additional point of access to the campus
and pedestrian improvements. The 2016
Final EA concluded that no significant
impacts to the human or natural
environment would result and HHS/
CDC issued a FONSI.

Since completion of the 2016 Final
EA and FONSI, HHS/CDC proposed
changes to the Proposed Action. HHS/
CDC has revised the EA to include the
installation of a photovoltaic system
within the northern portion of the
campus. The photovoltaic system would
consist of a 249.9-kilowatt (KW) ground-
mounted solar array covering an area of
approximately 41,750 sf (0.99 acre). The
proposed photovoltaic system would
provide the Lawrenceville Campus with

a renewable energy source in order to
comply with federal renewable energy
mandates.

The revised EA evaluates the
potential environmental impacts of the
proposed photovoltaic system, along
with the proposed improvements
identified in the 2016 Final EA.
Potential impacts of the No Build and
the Build Alternative are evaluated on
the following resource categories:
Socioeconomics; land use; zoning;
public policy; community facilities;
transportation; air quality; noise;
cultural resources; urban design and
visual resources; natural resources;
utilities; waste; and greenhouse gases
and sustainability.

Dated: September 18, 2017.

Lauren Hoffman,

Acting Executive Secretary, Centers for
Disease Control and Prevention.

[FR Doc. 2017-20104 Filed 9-21-17; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3343-FN]

Medicare and Medicaid Programs; Continued Approval of the American Osteopathic Association/Healthcare Facilities Accreditation Program's (AOA/HFAP's) Ambulatory Surgical Center Accreditation Program

AGENCY: Centers for Medicare &
Medicaid Services, HHS.

ACTION: Final notice.

SUMMARY: This final notice announces
our decision to approve the American
Osteopathic Association/Healthcare
Facilities Accreditation Program (AOA/
HFAP) for continued recognition as a
national accrediting organization for
ambulatory surgical centers (ASCs) that
wish to participate in the Medicare or
Medicaid programs.

DATES: This final notice is effective
September 22, 2017 through September
22, 2023.

FOR FURTHER INFORMATION CONTACT:
Monda Shaver, (410) 786-3410, Erin
McCoy, (410) 786-2337, or Patricia
Chmielewski, (410) 786-6899.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible
beneficiaries may receive covered
services in an ambulatory surgical
center (ASC) provided certain
requirements are met. Sections

1832(a)(2)(F)(i) of the Social Security Act (the Act) establishes distinct criteria for facilities seeking designation as an ASC. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 416, specify the conditions that an ASC must meet in order to participate in the Medicare program, the scope of covered services and the conditions for Medicare payment for ASCs.

Generally, to enter into an agreement, an ASC must first be certified as complying with the conditions set forth in Part 416 and recommended to the Centers of Medicare & Medicaid Services (CMS) for participation by a state survey agency. Thereafter, the ASC is subject to periodic surveys by a state survey agency to determine whether it continues to meet these conditions. However, there is an alternative to certification surveys by state agencies. Accreditation by a nationally recognized Medicare accreditation program approved by CMS may substitute for both initial and ongoing state review.

Section 1865(a)(1) of the Act provides that, if the Secretary of the Department of Health and Human Services (the Secretary) finds that accreditation of a provider entity by an approved national accrediting organization meets or exceeds all applicable Medicare conditions, we may treat the provider entity as having met those conditions, that is, we may “deem” the provider entity to be in compliance. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

Part 488, subpart A, implements the provisions of section 1865 of the Act and requires that a national accrediting organization applying for approval of its Medicare accreditation program must provide CMS with reasonable assurance that the accrediting organization requires its accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.5.

II. Application Approval Process

Section 1865(a)(3)(A) of the Act provides a statutory timetable to ensure that our review of applications for CMS approval of an accreditation program is conducted in a timely manner. The Act provides us 210 days after the date of receipt of a complete application, with any documentation necessary to make the determination, to complete our survey activities and application

process. Within 60 days after receiving a complete application, we must publish a notice in the **Federal Register** that identifies the national accrediting body making the request, describes the request, and provides no less than a 30-day public comment period. At the end of the 210-day period, we must publish a notice in the **Federal Register** approving or denying the application.

III. Provisions of the Proposed Notice

On June 13, 2017, we published a proposed notice (82 FR 27067) in the **Federal Register**, announcing AOA/HFAP’s request for continued approval of its Medicare ASC accreditation program. In the proposed notice, we detailed our evaluation criteria. Under section 1865(a)(2) of the Act and in our regulations at § 488.5, we conducted a review of AOA/HFAP’s Medicare ASC accreditation renewal application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- An onsite administrative review of AOA/HFAP’s: (1) Corporate policies; (2) financial and human resources available to accomplish the proposed surveys; (3) procedures for training, monitoring and evaluation of its ASC surveyors; (4) ability to investigate and respond appropriately to complaints against accredited ASCs; and (5) survey review and decision-making process for accreditation.

- The comparison of AOA/HFAP’s Medicare ASC accreditation program standards to our current Medicare ASC condition of coverage (CfC’s).

- A documentation review of ASC’s survey process to:

- ++ Determine the composition of the survey team, surveyor qualifications, and AOA/HFAP’s ability to provide continuing surveyor training.

- ++ Compare AOA/HFAP’s processes to those we require of state survey agencies, including periodic resurvey and the ability to investigate and respond appropriately to complaints against accredited ASCs.

- ++ Evaluate AOA/HFAP’s procedures for monitoring ASCs found to be out of compliance with AOA/HFAP’s program requirements. (This pertains only to monitoring procedures when AOA/HFAP identifies non-compliance. If noncompliance is identified by a state survey agency through a validation survey, the state survey agency monitors corrections as specified at § 488.9(c).)

- ++ Assess AOA/HFAP’s ability to report deficiencies to the surveyed ASC and respond to the ASCs plan of correction in a timely manner.

- ++ Establish AOA/HFAP’s ability to provide CMS with electronic data and

reports necessary for effective validation and assessment of the organization’s survey process.

- ++ Determine the adequacy of AOA/HFAP’s staff and other resources.

- ++ Confirm AOA/HFAP’s ability to provide adequate funding for performing required surveys.

- ++ Confirm AOA/HFAP’s policies with respect to surveys being unannounced.

- ++ Obtain AOA/HFAP’s agreement to provide CMS with a copy of the most current accreditation survey, along with any other information related to the survey as we may require, including corrective action plans.

In accordance with section 1865(a)(3)(A) of the Act, the June 13, 2017 proposed notice also solicited public comments regarding whether AOA/HFAP’s requirements met or exceeded the Medicare CfCs for ASCs. We received 2 comments in response to our proposed notice. All of the comments received expressed unanimous support for AOA/HFAP’s ASC accreditation program.

IV. Provisions of the Final Notice

A. Differences Between AOA/HFAP’s Standards and Requirements for Accreditation and Medicare Conditions and Survey Requirements

We compared AOA/HFAP’s ASC accreditation program requirements and survey process with the Medicare CfCs at 42 CFR part 416, and the survey and certification process requirements of Parts 488 and 489. Our review and evaluation of AOA/HFAP’s ASC application, which were conducted as described in section III of this final notice, yielded the following areas where, as of the date of this notice, AOA/HFAP has revised its standards and certification processes in order to meet the requirements at:

- Section 416.2, to ensure its standards appropriately reference § 416.2 and Part 416 subparts B and C.

- Section 416.25, to ensure its standards to require facilities meet the definition at § 416.2.

- Section 416.41(b)(3)(i), to ensure its standards appropriately reference § 416.41(b)(2).

- Section 416.41(b)(3)(ii), to ensure its standards appropriately reference § 416.41(b)(2).

- Section 416.42(b)(2), to ensure its standards appropriately reference § 416.42(c)

- Section 416.49(b)(2), to ensure standards appropriately reference § 416.49(c).

- Section 416.50(a), to ensure its standards appropriately reference § 416.50.

- Section 416.50(b), to ensure its standards appropriately reference Part 420.
- Section 488.5(a)(4)(ii), to ensure AOA/HFAP's surveyors review the minimum number of medical records as specified by CMS and AOA/HFAP policy.
- Section 488.5(a)(4)(iv), to ensure each that all observations of non-compliance are documented in the survey report.
- Section 488.5(a)(7) through (9), to ensure AOA/HFAP complies with its policy and criteria for surveyor qualifications, education and evaluation system to monitor the performance of surveyors and teams.
- Section 488.26(b), to ensure AOA/HFAP cites findings of observed non-compliance at the appropriate level (condition versus standard level).

B. Term of Approval

Based on our review and observations described in section III of this final notice, we approve AOA/HFAP as a national accreditation organization for ASCs that request participation in the Medicare program, effective September 22, 2017 through September 22, 2023.

V. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: September 14, 2017.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2017-20281 Filed 9-21-17; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers CMS-R-185, CMS-718-721, CMS-10123/-10124, CMS-10142, and CMS-R-262]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by November 21, 2017.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number ____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-R-185 Granting and Withdrawal of Deeming Authority to Private Nonprofit Accreditation Organizations and CLIA Exemption under State Laboratory Programs
 CMS-718-721 Business Proposal Forms for Quality Improvement Organizations (QIOs)
 CMS-10123/-10124 Fast Track Appeals Notices: NOMNC/DENC
 CMS-10142 Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP)
 CMS-R-262 Contract Year 2019 Plan Benefit Package (PBP) Software and Formulary Submission

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Extension of currently approved collection; *Title of Information Collection:* Granting and Withdrawal of Deeming Authority to Private Nonprofit Accreditation Organizations and CLIA Exemption Under State Laboratory Programs; *Use:* The information required is necessary to determine whether a private accreditation organization/State licensure program standards and accreditation/licensure process is at least equal to or more stringent than those of the Clinical Laboratory Improvement Amendments of 1988 (CLIA). If an accreditation organization is approved, the laboratories that it