

Immediate Threat to Health or Safety (ITL) is identified.

++ Clarified its survey policies in the surveyor activity guide (SAG) to address how “Special Issue Resolution” is handled during surveys lasting only one day.

++ Updated its accreditation process policies to ensure its definition of a small hospital is consistent across its policies.

- § 488.28(a), to include all documented observations of non-compliance and all internal, uncompleted Plans for Improvement (PFI) listed in the accredited hospital’s “Statement of Condition (SOC) to correct Life Safety Code Deficiencies” into the survey report.

- § 489.13, related to the effective date of accreditation for facilities undergoing a survey for purposes of its initial participation in Medicare to ensure the survey process and effective date of accreditation when deficiencies have been identified are consistent with the regulatory requirements.

- Complied with section 1861(e)(9)(C) of the Act, to require that waiver and equivalency requests submitted by accredited organizations for Life Safety Code deficiencies that would result in unreasonable hardship for such a facility to resolve and would not jeopardize patient health or safety, be reviewed by TJC, and forwarded to us for approval, as appropriate.

B. Term of Approval

Based on our review and observations described in section III of this final notice, we approve TJC as a national accreditation organization for hospitals that request participation in the Medicare program, effective July 15, 2014 through July 15, 2020.

To verify TJC’s continued compliance with the provisions of this final notice, we will conduct a follow-up corporate on-site visit and survey observation within 18 months of the date of publication of this notice.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 35).

Dated: June 16, 2014.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2014–15103 Filed 6–26–14; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Evidence-Based Falls Prevention Program Standardized Data Collection

AGENCY: Administration on Aging (AoA), Administration for Community Living (ACL), HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL), Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information. 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 of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to the Evidence-Based Falls Prevention Program.

DATES: Submit written or electronic comments on the collection of information by August 26, 2014.

ADDRESSES: Submit electronic comments on the collection of information to: Michele.boutaugh@acl.gov. Submit written comments on the collection of information to Michele Boutaugh, U.S. Administration on Aging, 61 Forsyth Street SW., Suite 5M69, Atlanta, GA 30303–8909.

FOR FURTHER INFORMATION CONTACT: Michele Boutaugh, 404–987–3411 or Michele.boutaugh@acl.gov.

SUPPLEMENTARY INFORMATION: 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. “Collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request 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 (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this

requirement, ACL/AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, ACL/AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of ACL/AoA’s functions, including whether the information will have practical utility; (2) the accuracy of ACL/AoA’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology. ACL/AoA proposes to use this set of data collection tools to monitor grantees receiving cooperative agreements in response to the funding opportunity: “PPHF–2014—Evidence-Based Falls Prevention Programs Financed Solely by 2014 Prevention and Public Health Funds (PPHF–2014).” The statutory authority for cooperative agreements under this program announcement is contained in Section 411 of the Older Americans Act of 1965, as amended, and the Patient Protection and Affordable Care Act (ACA), Section 4002, 42 U.S.C. 300u–11 (Prevention and Public Health Fund).

This data collection is necessary for monitoring program operations and outcomes. ACL/AoA proposes to use the following tools: (1) Semi-annual performance reports to monitor grantee progress; (2) a Host Organization Data form to record location of agencies which sponsor programs which will allow mapping of the delivery infrastructure; and (3) a set of tools used to collect information at each program completed by the program leaders (Program Information Cover Sheet and Attendance Log) and a Participant Information Form and Post Program Survey completed by each participant. The Participant Information Form documents participants’ demographic and health characteristics, including age, gender, race/ethnicity, types of chronic conditions, disability status, and education level. It also assesses some key outcome variables, which will be re-assessed in the Post Program survey, including falls self-efficacy, falls and injury rates, fear of falling, and interference with social activities. ACL/AoA intends to use an online data entry system for the program and participant survey data.

The proposed Falls Prevention Data Collection Tools can be found at ACL's Web site at: http://www.aoa.gov/AoARoot/AoA_Programs/Tools/Resources/collection_tools.aspx. ACL/AoA estimates the burden of this collection of information as 240 hours for project staff, 405 hours for local agency staff, and 1,000 hours for individuals. Total burden is 1,645 hours per year.

Dated: June 20, 2014.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2014-15141 Filed 6-26-14; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Reinstatement With Changes to Title III Supplemental Form to the Financial Status Report

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by July 28, 2014.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.5806 or by email to OIRA_submission@omb.eop.gov, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Alice Kelsey, 312-938-9860.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. The supplemental form to the financial status report for all ACL/AoA Title III grantees provides an understanding of how projects funded by the Older Americans Act are being administered by grantees, in conformance with legislative requirements, pertinent Federal regulations and other applicable instructions and guidelines issued by the Administration for Community Living (ACL). A template may be found on the ACL Web site at: http://www.acl.gov/NewsRoom/NewsInfo/docs/FFR-ACL-AoA-TitleIII-Supplemental_SF-425.pdf. The information will be used for Federal oversight of Title III projects. ACL estimates the burden of this collection of information as follows: 56 State Units on Aging (SUA) respond semiannually which should be an average burden of 2 hours per grantee for a total of 112 hours per submission.

Dated: June 20, 2014.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2014-15144 Filed 6-26-14; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Community Living

Availability of Program Instructions for MIPPA Funds Program Title: Medicare Improvements for Patients and Providers Act: State Plans for Medicare Savings Program, Low Income Subsidy & Prescription Drug Enrollment Outreach and Assistance

Announcement Type: Initial.
Funding Opportunity Number: AOA-MI-14-001

Statutory Authority: The Medicare Improvements for Patients and Providers Act of 2008—Section 119, Public Law (PL) 110-275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA) and reauthorized by section 110 of the Protecting Access to Medicare Act of 2014.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.071.

DATES: The deadline date for the submission of MIPPA state plans is 11:59PM EST 08/04/2014.

I. Funding Opportunity Description

The purpose of the funding is to enhance efforts through statewide and local coalition building focused on intensified outreach activities to help beneficiaries likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and in assisting beneficiaries in applying for benefits. ACL will provide funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs (ADRCs), to inform older

Americans about available Federal and State benefits. ACL seeks plans from states that will describe how the MIPPA funds will be used for beneficiary outreach and education over the next three years.

ACL requests that states submit a three year state plan with specific project strategies to expand, extend, or enhance the outreach efforts to beneficiaries on Medicare Part D and for those with limited incomes. States should describe how the SHIP, AAA, and ADRC efforts will be coordinated to provide outreach to beneficiaries with limited incomes statewide, for general Medicare Part D outreach and assistance to beneficiaries in rural areas, and for outreach activities aimed at Medicare prevention and wellness benefits as well as the improvements in the Part D program under the Affordable Care Act as mandated by Section 3306 of the Act. States are asked to review their 2013 MIPPA plans and update these plans to reflect successes achieved to date and direct their efforts to enhance and expand their MIPPA outreach activities.

State agencies may prepare either one statewide plan or separate plans for each eligible State agency.

II. Award Information

1. Funding Instrument Type

These awards will be made in the form of grants to State Agencies for each MIPPA Priority Area.

Priority Area 1—Grants to State Agencies (the State Unit on Aging or the State Department of Insurance) that administer the State Health Insurance Assistance Programs to provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS or for the MSP.

Priority Area 2—Grants to State Units on Aging for AAAs to provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS, MSP, Medicare Part D and Part D in rural areas.

Priority Area 3—Grants to State Units on Aging that administer the Aging and Disability Resource Centers to provide outreach to individuals regarding the benefits available under Medicare Part D and under the MSP. Funds will be allocated to ADRCs via a formula patterned after the statutory formula used for SHIPs and AAAs.

2. Anticipated Total Priority Area Funding per Budget Period

ACL intends to make available, under this program announcement, grant