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.
• § 489.28(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 TJJC, 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 TJJC as a national accreditation organization for hospitals to request participation in the Medicare program, effective July 15, 2014 through July 15, 2020.

To verify TJJC’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
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](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.

ADDITIONAL 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.aoa.gov/NewsRoom/NewsInfo/docs/FFR-AoA-AOA-TitleIII-Supplemental_SF-425.pdf](http://www.aoa.gov/NewsRoom/NewsInfo/docs/FFR-AoA-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

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


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