

terminated because it has completed its mission.

Meeting Agenda: The meeting agenda will include opportunity for the public to give oral testimony to HHS and USDA officials on the Advisory Report.

Meeting Registration: The meeting will be publicly accessible in-person and by webcast on the Internet. Registration is required and is expected to open on March 9, 2015. To register, please go to www.DietaryGuidelines.gov and click on the link for meeting registration. To register by phone, please call National Capitol Contracting, Andrea Popp at (703) 243-9696. Registration must include name, affiliation, and phone number or email address.

Webcast Public Participation: After registering, individuals participating by webcast will receive webcast access information via email. Webcast registrants can observe the oral testimony; however, testimony can only be given in-person.

In-Person Public Participation and Building Access: For in-person participants, the meetings will be held in the National Institutes of Health (NIH) Clinical Center (Building 10), as noted above in the Addresses section. Directions will be posted on www.DietaryGuidelines.gov. For in-person participants, check-in at the registration desk onsite at the meeting is required and will begin at 8:00 a.m. E.S.T.

Oral Testimony: HHS and USDA invite requests from the public to present three minutes of oral testimony to HHS and USDA officials on the Advisory Report at the March 24, 2015 public meeting.

Registration capacity is limited to 70 individuals confirmed to speak and an additional 10 who are not confirmed to speak but are on stand-by (if time remains) to provide oral testimony. Capacity will be filled in the order received. Confirmation by email will include further instructions for participation. Requests to present oral testimony can be made by going to www.DietaryGuidelines.gov and clicking on the link for meeting registration and must include a written outline of the intended testimony not exceeding one page in length. In addition, the public is encouraged to provide written comments (separate from oral testimony) submitted electronically through the public comments database at www.DietaryGuidelines.gov.

Written Public Comments: Written comments on the Advisory Report are encouraged from the public and will be accepted through April 8, 2015. Written public comments can be submitted and/

or viewed at www.DietaryGuidelines.gov using the "Submit Comments" and "Read Comments" links, respectively. HHS and USDA requests that commenters provide a brief (250 words or less) summary of the points or issues in the comment text box. If commenters are providing literature or other resources, complete citations or abstracts and electronic links to full articles or reports are preferred instead of attaching these documents to the comment. All comments must be received by midnight (E.S.T.) on April 8, 2015, after which the time period for submitting written comments to the federal government expires. The ability to view public comments will continue to be available. Please allow until April 22, 2015, for comment submissions to be processed and posted for viewing.

Meeting Documents: Documents pertaining to the meeting, including a meeting agenda and webcast recording will be available on www.DietaryGuidelines.gov. Meeting information will continue to be accessible online, at the NIH Library (see the Addresses section), and upon request at the Office of Disease Prevention and Health Promotion, OASH/HHS; 1101 Wootton Parkway, Suite LL100 Tower Building; Rockville, MD 20852; Telephone (240) 453-8280; Fax: (240) 453-8281.

Dated: January 13, 2015.

Don Wright,

Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services.

Dated: January 13, 2015.

Angela Tagtow,

Executive Director, Center for Nutrition Policy and Promotion, U.S. Department of Agriculture.

Dated: January 15, 2015.

Chavonda Jacobs-Young,

Administrator, Agricultural Research Service, U.S. Department of Agriculture.

[FR Doc. 2015-03552 Filed 2-20-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3304-FN]

Medicare and Medicaid Program; Continued Approval of the Joint Commission's Psychiatric Hospital Accreditation Program

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

ACTION: Final notice.

SUMMARY: This final notice announces our decision to approve the Joint Commission for continued recognition as a national accrediting organization for psychiatric hospitals that wish to participate in the Medicare or Medicaid programs. A psychiatric hospital that participates in Medicaid must also meet the Medicare conditions of participation (CoPs) as required by statute.

DATES: *Effective Date:* This notice is effective February 25, 2015 through February 25, 2019.

FOR FURTHER INFORMATION CONTACT:

Monda Shaver, (410) 786-3410.

Cindy Melanson, (410) 786-0310.

Patricia Chmielewski, (410) 786-6899.

SUPPLEMENTARY INFORMATION:

I. Background

A healthcare provider may enter into an agreement with Medicare to participate in the program as a psychiatric hospital provided certain requirements are met. Section 1861(f) of the Social Security Act (the Act) establishes criteria for facilities seeking participation as a psychiatric hospital. Regulations concerning Medicare provider agreements in general are at 42 CFR part 489 and those pertaining to the survey and certification for Medicare participation of providers and certain types of suppliers are at 42 CFR part 488. The regulations at 42 CFR part 482 subpart E, set forth the specific conditions that a provider must meet to participate in the Medicare program as a psychiatric hospital.

Generally, to enter into an agreement, a psychiatric hospital must first be certified by a State Survey Agency as complying with the conditions or requirements set forth in part 482 subpart E of our regulations. Thereafter, the psychiatric hospital is subject to regular surveys by a State Survey Agency to determine whether it continues to meet these requirements. However, there is an alternative to certification surveys by state agencies. Accreditation by a national Medicare accreditation program approved by the Centers for Medicare & Medicaid Services (CMS) may substitute for both initial and ongoing state agency 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 its accredited provider entities meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.4 and § 488.8(d)(3). The regulations at § 488.8(d)(3) require an accrediting organization to reapply for continued approval of its Medicare accreditation program every 6 years or sooner, as determined by CMS. The Joint Commission's current term of approval as a Medicare accreditation program for psychiatric hospitals expires February 25, 2015.

II. Application Approval Process

Section 1865(a)(3)(A) of the Act requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

III. Provisions of the Proposed Notice

On September 23, 2014, we published a proposed notice in the **Federal Register** (79 FR 56806) entitled "Continued Approval of the Joint Commission's Psychiatric Hospital Accreditation Program" announcing the Joint Commission's request for continued approval of its Medicare psychiatric hospital accreditation program. In the proposed notice, we detailed our evaluation criteria. Under section 1865(a)(2) of the Act and in our regulations at § 488.4 and § 488.8, we conducted a review of the Joint Commission's Medicare psychiatric hospital accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- An onsite administrative review of the Joint Commission's: (1) Corporate policies; (2) financial and human resources available to accomplish the proposed surveys; (3) procedures for training, monitoring, and evaluation of its psychiatric hospital surveyors; (4) ability to investigate and respond appropriately to complaints against accredited psychiatric hospitals; and (5)

survey review and decision-making process for accreditation.

- A comparison of the Joint Commission's Medicare accreditation program standards to our current Medicare psychiatric hospital conditions of participations (CoPs).

- A documentation review of the Joint Commission's survey process—
 - ++ Determine the composition of the survey team, surveyor qualifications, and the Joint Commission's ability to provide continuing surveyor training.
 - ++ Compare the Joint Commission'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 psychiatric hospitals.
 - ++ Evaluate the Joint Commission's procedures for monitoring psychiatric hospitals it has found to be out of compliance with the Joint Commission's program requirements. (This pertains only to monitoring procedures when the Joint Commission identifies non-compliance. If non-compliance is identified by a State Survey Agency through a validation survey, the State Survey Agency monitors corrections as specified at § 488.7(d).)
 - ++ Assess the Joint Commission's ability to report deficiencies to the surveyed psychiatric hospital and respond to the psychiatric hospital's plan of correction in a timely manner.
 - ++ Establish the Joint Commission'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 the Joint Commission's staff and other resources.
 - ++ Confirm the Joint Commission's ability to provide adequate funding for performing required surveys.
 - ++ Confirm the Joint Commission's policies with respect to surveys being unannounced.
 - ++ Obtain the Joint Commission's agreement to provide CMS with a copy of the most current accreditation survey together 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 September 23, 2014 proposed notice also solicited public comments regarding whether the Joint Commission's requirements met or exceeded the Medicare CoPs for psychiatric hospitals. We received one comment in response to our proposed notice. The commenter supported our approval of the Joint Commission for continued recognition as a national accrediting organization for psychiatric

hospitals that wish to participate in the Medicare or Medicaid programs.

IV. Provisions of the Final Notice

A. Differences Between the Joint Commission's Standards and Requirements for Accreditation and Medicare Conditions and Survey Requirements

We compared the Joint Commission's psychiatric hospital accreditation requirements and survey process with the Medicare CoPs in part 482, and the survey and certification process requirements of parts 488 and 489. Our review and evaluation of the Joint Commission's psychiatric hospital accreditation program application, which were conducted as described in section III of this final notice, identified a number of areas in which, as of the date of this notice, the Joint Commission is in the process of, or has completed, revising its standards in order to ensure that its accredited psychiatric hospitals meet the following regulatory requirements:

- Section 482.61(a)(2), requiring that the medical record include the diagnosis of intercurrent diseases as well as the psychiatric diagnoses.
- Section 482.61(a)(4), requiring that social service records include a social history and reports of interviews with patients, family members, and others.
- Section 482.61(a)(5), requiring that a complete neurological examination be recorded at the time of the admission physical examination.
- Section 482.61(b)(4), requiring that the psychiatric evaluation includes the onset of illness and the circumstances leading to admission.
- Section 482.61(b)(7), requiring that the psychiatric evaluation include an inventory of the patient's assets.
- Section 482.61(c)(1), requiring that the individual comprehensive treatment plan be based on the patient's strengths and disabilities.
- Section 482.61(c)(1)(i), requiring that the treatment plan contain a substantiated diagnosis.
- Section 482.61(c)(1)(v), requiring that the treatment plan contain adequate documentation to justify the diagnosis, treatment, and rehabilitation activities carried out.
- Section 482.61(c)(2), requiring that the treatment plan contain documentation of the treatment received by the patient, in a way that assures all active therapeutic efforts are included.
- Section 482.61(d), requiring that progress notes contain recommendations for revisions in the treatment plan, as indicated, as well as a precise assessment of the patient's

progress in accordance with the original or revised treatment plan.

- Section 482.61(e), requiring that each patient who has been discharged has a documented discharge summary.
 - Section 482.62(c), requiring that, if medical and surgical diagnostic and treatment services are not available within the institution, the institution have an agreement with an outside source of these services to ensure that they are immediately available or a satisfactory agreement must be established for transferring patients to a general hospital that participates in the Medicare program.
 - Section 482.62(g)(1), requiring that therapeutic activities be appropriate to the needs and interests of patients and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.
- In addition, we determined that the Joint Commission is in the process of, or has completed, revising its accreditation survey processes in order to ensure that they meet the following regulatory requirements:
- Section 488.4(a)(3), regarding the sample sizes required for medical record reviews and the minimum number of medical records to be reviewed during the survey process.
 - Section 488.8(a)(2)(v), requiring that complaint data submitted to CMS be accurate.
 - Section 488.8(a)(2)(ii), requiring that a process be in place to conduct routine second level survey documentation review to assure that deficiency citations are made at the appropriate level when no “flags” have been placed on the survey report through the automated process of the electronic scoring system or the surveyor; that surveyors are adequately equipped and trained to appropriately identify circumstances posing an immediate threat to life and safety; that medical records and credentialing records are sampled appropriately, based on services provided and types of staff employed; and that medical records and credentialing records are reviewed thoroughly, in a uniform and complete manner by surveyors.
 - Section 488.9, requiring the Joint Commission to consistently provide CMS access to observe its entire survey process, including surveyors’ use of resources provided outside of the accreditation standards manual (for example, discussions with its Standards Interpretation Group, as outlined in the application).
 - Section 488.26(b), regarding surveyors’ abilities to—
 - Accurately and completely document instances of non-compliance

at the appropriate level of citation [condition versus standard level citations];

- Ensure that all instances of observed non-compliance are documented in the survey report; and,
- Ensure that surveyors do not minimize the importance of compliance with regulations.

B. Term of Approval

Based on our review and observations described in section III of this final notice, we approve the Joint Commission as a national accrediting organization for psychiatric hospitals that request participation in the Medicare program, effective February 25, 2015 through February 25, 2019.

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

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.

Dated: February 13, 2015.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2015-03559 Filed 2-20-15; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG-2015-0023]

Lower Mississippi River Waterway Safety Advisory Committee; Meeting

AGENCY: Coast Guard, DHS.

ACTION: Notice of Federal Advisory Committee Meeting.

SUMMARY: The Lower Mississippi River Waterway Safety Advisory Committee will meet to discuss safe transit of vessels and cargoes to and from the ports of the Lower Mississippi River. This meeting will be open to the public.

DATES: The Committee will meet on Wednesday, March 11, 2015, from 9 a.m. to 12:00 p.m. Written comments for distribution to committee members and

for inclusion on the Lower Mississippi River Waterway Safety Advisory Committee Web site must be submitted on or before March 2, 2015. Please note that this meeting may close early if all business is finished.

ADDRESSES: The Committee will meet at the New Orleans Yacht Club, 403 North Roadway Street, New Orleans, LA 70124 <http://noyc.org/wordpress/>.

For information on facilities or services for individuals with disabilities or to request special assistance, please contact Lieutenant Junior Grade Colin Marquis as indicated in the **FOR FURTHER INFORMATION CONTACT** paragraph below.

To facilitate public participation, we are inviting public comment on the issues to be considered by the committee as listed in the “Agenda” section below. Written comments must be identified by the Docket No. USCG-2015-0023 and submitted by one of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>.

Follow the instructions for submitting comments (preferred method to avoid delays in processing).

- *Fax:* 202-493-2251.

- *Mail:* Docket Management Facility (M-30), U.S. Department of Transportation, West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue SE., Washington, DC 20590-0001.

- *Hand Delivery:* Same as mail address above, between 9 a.m. and 5 p.m., Monday through Friday, except Federal Holidays. The telephone number for the Docket Management Facility is 202-366-9329.

Instructions: All submissions must include the words “Department of Homeland Security” and the docket number for this action. Comments received will be posted without alteration at <http://www.regulations.gov>,

including any personal information provided. You may review a Privacy Act notice regarding our public dockets in the January 17, 2008, issue of the **Federal Register** (73 FR 3316).

Docket: For access to the docket to read documents or comments related to this notice, go to <http://www.regulations.gov>, enter the docket number in the “Search” field and follow the instructions on the Web site.

FOR FURTHER INFORMATION CONTACT: Lieutenant Junior Grade Colin Marquis, Alternate Designated Federal Officer of the Lower Mississippi River Waterway Safety Advisory Committee, telephone 504-365-2280, or at Colin.L.Marquis@uscg.mil. If you have any questions on reviewing or submitting material to the