

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3465-FN]

Medicare and Medicaid Programs; Application From the Accreditation Commission for Health Care Inc. for Continued Approval of Its Home Health Agency Accreditation Program

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

ACTION: Notice.

SUMMARY: This notice announces our decision to approve the Accreditation Commission for Health Care Inc. (ACHC) for continued recognition as a national accrediting organization for home health agencies (HHAs) that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is applicable February 24, 2025, to February 24, 2031.

FOR FURTHER INFORMATION CONTACT:

Erin Imhoff, (410) 786-2337.

Lillian Williams, (410) 786-8636.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from a home health agency (HHA), provided certain requirements are met. Sections 1861(m) and (o), 1891 and 1895 of the Social Security Act (the Act) establish distinct criteria for an entity seeking designation as an HHA. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities and other entities are at 42 CFR part 488. The regulations at 42 CFR parts 409 and 484 specify the conditions that an HHA must meet to participate in the Medicare program, the scope of covered services and the conditions for Medicare payment for home health care.

Generally, to enter into a provider agreement with the Medicare program, an HHA must first be certified by a state survey agency as complying with the conditions or requirements set forth in 42 CFR part 484 of our regulations. Thereafter, the HHA 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 surveys by state agencies. Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through

accreditation by a Centers for Medicare & Medicaid Services (CMS) approved national accrediting organization (AO) that all applicable Medicare requirements are met or exceeded, we will deem those provider entities as having met such requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of the Department of Health and Human Services (the Secretary) as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare requirements. A national AO applying for approval of its accreditation program under 42 CFR part 488, subpart A, must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare requirements.

Our regulations concerning the approval of AOs are at §§ 488.4 and 488.5. The regulations at § 488.5(e)(2)(i) require an AO to reapply for continued approval of its accreditation program every 6 years or sooner, as determined by CMS. This notice is to announce our continued approval of ACHC's HHA accreditation program for a period of 6 years.

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 September 17, 2024, we published a proposed notice in the **Federal Register** (89 FR 180), announcing ACHC's request for continued approval of its Medicare HHA 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 ACHC's Medicare HHA accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- An administrative review of ACHC's: (1) Corporate policies; (2) financial and human resources available to accomplish the proposed surveys; (3) procedures for training, monitoring, and evaluation of its surveyors; (4) ability to investigate and respond appropriately to complaints against accredited facilities; and (5) survey review and decision-making process for accreditation.
- A comparison of ACHC's accreditation to our current Medicare HHA conditions of participation (CoPs).
- A documentation review of ACHC's survey process to do the following:
 - ++ Determine the composition of the survey team, surveyor qualifications, and ACHC's ability to provide continuing surveyor training.
 - ++ Compare ACHC's processes to those of state survey agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities.
 - ++ Evaluate ACHC's procedures for monitoring HHAs out of compliance with ACHC's program requirements. The monitoring procedures are used only when ACHC identifies noncompliance. If noncompliance is identified through validation reviews, the state survey agency monitors corrections as specified at § 488.7(d).
 - ++ Assess ACHC's ability to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner.
 - ++ Establish ACHC'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 staff and other resources.
 - ++ Confirm ACHC's ability to provide adequate funding for performing required surveys.
 - ++ Confirm ACHC's policies with respect to whether surveys are unannounced.
 - ++ Confirm ACHC's policies and procedures to avoid conflicts of interest, including the appearance of conflicts of interest, involving individuals who conduct surveys or participate in accreditation decisions.
 - ++ Obtain ACHC'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.

IV. Analysis of and Responses to Public Comments on the Proposed Notice

In accordance with section 1865(a)(3)(A) of the Act, the September 17, 2024, proposed notice also solicited public comments regarding whether ACHC's requirements met or exceeded the Medicare CoPs for HHAs. We received no comments in response to our proposed notice.

V. Provisions of the Final Notice

A. Differences Between ACHC's Standards and Requirements for Accreditation and Medicare Conditions and Survey Requirements

We compared ACHC's HHA requirements and survey process with the Medicare CoPs and survey process as outlined in the State Operations Manual (SOM). Our review and evaluation of ACHC's HHA application were conducted as described in section III. of this notice and have yielded the one area where, as of the date of this notice, ACHC has completed revising its standards and certification processes in order to meet the requirements at § 484.115, to ensure ACHC's standards have a comparable requirement for adherence to HHA personnel qualifications.

In addition to the standards review, CMS also reviewed ACHC's comparable survey processes, which were conducted as described in section III. of this notice, and yielded the one area where, as of the date of this notice, ACHC has completed revising its survey processes, in order to demonstrate that it uses survey processes that are comparable to state survey agency processes by revising ACHC's surveyor guidance to be comparable with the CMS State Operations Manual, Appendix Q related to the use Immediate Jeopardy templates.

B. Term of Approval

Based on our review and observations described in section III and section V of this notice, we approve ACHC as a national AO for HHAs that request participation in the Medicare program. The decision announced in this final notice is effective February 24, 2025, through February 24, 2031 (6 years). In accordance with § 488.5(e)(2)(i), the term of the approval will not exceed 6 years.

VI. 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.*).

The Acting Administrator of the Centers for Medicare & Medicaid Services (CMS), Stephanie Carlton, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Chyana Woodyard,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2025–02918 Filed 2–20–25; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS–2025–0006]

Notice of the Establishment of the Federal Emergency Management Agency Review Council

AGENCY: Department of Homeland Security (DHS).

ACTION: Notice of establishment of the Federal Emergency Management Agency Review Council.

SUMMARY: The goal of the FEMA Review Council is to advise the President, through the Assistant to the President for National Security Affairs, the Assistant to the President for Homeland Security, and the Director of the Office of Management and Budget, on the existing ability of FEMA to capably and impartially address disasters occurring within the United States and shall advise the President on all recommended changes related to FEMA to best serve the national interest. This notice is not a solicitation for membership.

FOR FURTHER INFORMATION CONTACT: Patrick Powers, telephone (202) 891–2283, email FEMAreviewcouncil@hq.dhs.gov.

SUPPLEMENTARY INFORMATION: On January 24, 2025, the President established the Federal Emergency Management Agency Review Council (FEMA Review Council) through Executive Order 14180, *Council to Assess the Federal Emergency Management Agency*. The Federal responses to Hurricane Helene and other recent disasters demonstrate the need to drastically improve the Federal Emergency Management Agency's ("FEMA's") efficacy, priorities, and competence, including evaluating

whether FEMA's bureaucracy in disaster response ultimately harms the agency's ability to successfully respond. Despite obligating nearly \$30 billion in disaster aid each of the past three years, FEMA has managed to leave vulnerable Americans without the resources or support they need when they need it most.

There are serious concerns of political bias in FEMA. Indeed, at least one former FEMA responder has stated that FEMA managers directed her to avoid homes of individuals supporting the campaign of Donald J. Trump for President. And it has lost mission focus, diverting limited staff and resources to support missions beyond its scope and authority, spending well over a billion dollars to welcome illegal aliens.

Americans deserve an immediate, effective, and impartial response to and recovery from disasters. FEMA therefore requires a full-scale review, by individuals highly experienced at effective disaster response and recovery, who shall recommend to the President improvements or structural changes to promote the national interest and enable national resilience.

The Council shall be composed of not more than 20 members appointed by the President and serving at the pleasure of the President. The Secretary of Homeland Security and the Secretary of Defense shall be members of the Council. The remaining members shall include relevant agency heads and distinguished individuals and representatives from sectors outside of the Federal Government and have diverse perspectives and expertise in disaster relief and assistance, emergency preparedness, natural disasters, Federal-State relationships, and budget management.

Dated: February 18, 2025.

Michael J. Miron,

Committee Management Officer.

[FR Doc. 2025–02916 Filed 2–20–25; 8:45 am]

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INTERNATIONAL TRADE COMMISSION

[Investigation No. 337–TA–1439]

Certain Polyvinylidene Fluoride Resins; Notice of Institution of Investigation

AGENCY: U.S. International Trade Commission.

ACTION: Notice.

SUMMARY: Notice is hereby given that a complaint was filed with the U.S. International Trade Commission on