

further extending the comment period for the above referenced actions.

To submit comments, or access the docket, please follow the detailed instructions provided under **ADDRESSES**. If you have questions, consult the technical person listed under **FOR FURTHER INFORMATION CONTACT**.

Lee Zeldin,

Administrator.

[FR Doc. 2025-02910 Filed 2-20-25; 8:45 am]

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## ENVIRONMENTAL PROTECTION AGENCY

[FRL OP-OFA-166]

### Environmental Impact Statements; Notice of Availability

*Responsible Agency:* Office of Federal Activities, General Information 202-564-5632 or <https://www.epa.gov/nepa>.

Weekly receipt of Environmental Impact Statements (EIS)

Filed February 10, 2025 10 a.m. EST  
Through February 14, 2025 10 a.m. EST

Pursuant to 40 CFR 1506.9.

*Notice:* Section 309(a) of the Clean Air Act requires that EPA make public its comments on EISs issued by other Federal agencies. EPA's comment letters on EISs are available at: <https://cdxapps.epa.gov/cdx-enepa-II/public/action/eis/search>.

*EIS No. 20250022, Draft, MARAD, USCG, LA, Blue Marlin Offshore Port Project, Comment Period Ends: 04/07/2025, Contact: Martha Mannion 206-815-4907*

*EIS No. 20250023, Draft Supplement, FERC, LA, Commonwealth LNG Project, Comment Period Ends: 04/07/2025, Contact: Office of External Affairs 866-208-3372*

Dated: February 14, 2025.

Nancy Abrams,

Associate Director, Office of Federal Activities.

[FR Doc. 2025-02907 Filed 2-20-25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3466-FN]

### Medicare and Medicaid Programs: Approval of Application From the American Association for Accreditation of Ambulatory Surgery Facilities dba QUAD A for Continued CMS-Approval of Its Outpatient Physical Therapy (OPT) Accreditation Program

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

**ACTION:** Notice.

**SUMMARY:** This notice acknowledges the approval of an application from the American Association for Accreditation of Ambulatory Surgery Facilities dba QUAD A for continued recognition as a national accrediting organization for Outpatient Physical Therapy programs that wish to participate in the Medicare or Medicaid programs.

**DATES:** The decision announced in this notice is applicable April 4, 2025 to April 4, 2030.

**FOR FURTHER INFORMATION CONTACT:** Caecilia Andrews, (410) 786-2190.

### SUPPLEMENTARY INFORMATION:

#### I. Background

A healthcare provider may enter into an agreement with Medicare to participate in the program as a provider of outpatient physical therapy (OPT) provided certain requirements are met. Section 1861(p)(4) of the Social Security Act (the Act), establishes distinct criteria for facilities seeking designation as an OPT. 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 part 488. The regulations at part 485, subpart H, specify the conditions that a provider must meet to participate in the Medicare program as an OPT.

Generally, to enter into an agreement, an OPT must first be certified by a state survey agency (SA) as complying with the conditions or requirements set forth in part 485 of our Medicare regulations. Thereafter, the OPT is subject to regular surveys by an SA to determine whether it continues to meet these requirements. 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 conditions are met or exceeded, we may deem that provider entity as having met the 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 as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program may be deemed to meet the Medicare conditions. The AO applying for approval of its accreditation program under 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 conditions. Our regulations concerning the approval of AOs are set forth at § 488.5.

The QUAD A's current term of approval for its OPT program expires April 4, 2025.

#### 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 October 17, 2024, we published a proposed notice in the **Federal Register** (89 FR 8368), announcing QUAD A's request for continued approval of its Medicare OPT 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 QUAD A's Medicare OPT accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- An administrative review of QUAD A's: (1) corporate policies; (2) financial