

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Average expected annual number of activities	Average number of respondents per activity	Annual responses	Frequency of response (per request)	Average burden per response (in hours)	Total burden (in hours)
Individuals and Households, Businesses and Organizations, State, Local or Tribal Government	50	6,000	300,000	1	30/60	150,000
Total						

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2018-05915 Filed 3-22-18; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-18-17SG]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled "Information on Law Enforcement Officers" to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on March 16, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Anthropometric Information on Law Enforcement Officers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act of 1970, Public Law 9-596 (Section 20) [a][1] authorizes NIOSH to conduct research to advance the health and safety of workers.

In 1975, the National Bureau of Standards (NBS) released its manually measured anthropometric data of law enforcement officers (LEOs). The data have largely become outdated due to demographic changes in the LEO workforce (e.g., gender and race/ethnicity) that have occurred in the past 43 years. NIOSH has initiated a national study on LEO anthropometry, using both traditional and three-dimensional (3D) scanning technologies to advance the safety and health of approximately

817,000 U.S. LEOs. Collecting traditional anthropometry will ensure easy comparison of data between this and previous studies, while 3D scan information (body contours and spatial relations between body parts) will be used for advanced anthropometric analysis, computer simulation, and human body modeling. Study results will be used to enhance design and standards for LEO vehicle configuration and personal protective equipment (PPE), such as cabins, seats, body restraints, vehicle accesses, and body armors.

The improved vehicle configurations will help enhance safe operation (due to improved driver visibility and control operation) and increase post-crash survivability (due to enhanced seats and restraint system configurations). Body armor, helmet, gloves, and boots are important elements of an integrated LEO personal protective system, especially for handling violent acts. Poor equipment fit may compromise the protective capabilities of PPE and may result in LEOs not wearing the PPE because of discomfort.

By establishing an anthropometric database for LEOs, the designers and manufacturers of these types of equipment will be able to produce products that are more effective and reduce the problems associated with sizing and stocking these items. Data collection will occur in 4 U.S. geographic areas using traditional anthropometric techniques for whole body measurements, 3D scanning techniques for head, foot, and whole body measurements, and a 2D scanning technique for hand measurements. An anthropometer, a beam caliper (rearranged pieces of the anthropometer), tape measures, and an electronic scale will be used to collect the traditional anthropometry data in the study. A hand scanner, head scanner, foot scanner, and whole body scanner, housed in a mobile trailer, are used for 2D and 3D body shape measurements.

The study population will be current law enforcement officers employed by

police departments, sheriff's departments, or similar governmental organizations throughout the continental United States. One thousand five LEO volunteers will participate in

the study over three years, with a study goal of obtaining complete anthropometric assessment of 1,000 LEOs. Information collection for each respondent is expected to take no longer

than 63 minutes (total) to complete. Participation is voluntary and there are no costs to the respondents other than their time. The total estimated annualized burden hours are 353.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Law Enforcement Officers	Biographical Information	335	1	3/60
Law Enforcement Officers	Data Sheet	335	1	25/60
Law Enforcement Officers	Assessment of Challenges in Vehicle and with Body Armor.	335	1	5/60
Law Enforcement Officers	Two-dimensional Hand Scan and Three-dimensional Body Scans.	335	1	30/60

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2018-05911 Filed 3-22-18; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3349-FN]

Medicare and Medicaid Programs; Approval of the Community Health Accreditation Partner for Continued CMS Approval of Its Home Health Agency Program

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

ACTION: Notice.

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

DATES: This notice is applicable March 31, 2018 through March 31, 2024.

FOR FURTHER INFORMATION CONTACT: Lillian Williams (410) 786-8636, Monda Shaver, (410) 786-3410, or Patricia Chmielewski (410) 786-6899.

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 entities 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 agencies 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 conditions or requirements set forth in 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 an approved national accrediting organization that all applicable Medicare conditions are met or exceeded, we will deem those provider entities as having met the requirements. Accreditation by an accrediting organization is voluntary and is not required for Medicare participation.

If an accrediting organization is recognized by the Secretary of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting organization's approved program may be deemed to meet the Medicare conditions. A national accrediting organization applying for CMS approval of their accreditation program under 42 CFR part 488, subpart A, must provide CMS

with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.5. Section 488.5(e)(2)(i) requires accrediting organizations to reapply for continued approval of its Medicare accreditation program every 6 years or sooner as determined by CMS. The Community Health Accreditation Partner's (CHAP'S) term of approval as a recognized accreditation program for HHAs expires March 31, 2018.

II. Approval of Accreditation Organizations

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 of receiving a completed 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. Proposed Notice

On October 20, 2017, we published a proposed notice in the **Federal Register** (82 FR 48817) announcing CHAP'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 § 488.5, we