

## V. Provisions of the Final Notice

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

We compared CHAP'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 CHAP's HHA application were conducted as described in section III. of this notice and have yielded the following areas where, as of the date of this notice, CHAP has completed revising its standards and certification processes to meet the standard's requirements of all the following regulations:

- Section 484.50(c)(8), to clarify under Patient Right's that the HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204 when providing the patient with written notice, in advance of a specific service being furnished.
- Section 484.75(c)(2), to specify that when rehabilitative therapy services are provided under the supervision of an occupational therapist or physical therapist, the qualified professional meets the requirements of § 484.115(f) or (h), respectively.
- Section 484.75(c)(3), to specify that when medical social services are provided under the supervision of a social worker, the requirements of § 484.115(m) are met.
- Section 484.100(a), to appropriately cross-reference the Medicare conditions of §§ 420.201, 420.202, and 420.206 or corresponding comparable CHAP standards.
- Section 484.102(d)(2)(iii), to include the requirement for HHAs to analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.
- Section 484.105(g), to appropriately cross-reference the Medicare conditions of §§ 485.713, 485.715, 485.719, 485.723, and 485.727 or corresponding comparable CHAP standards.

In addition to the standards review, CMS also reviewed CHAP's comparable survey processes, which were conducted as described in section III. of this notice, and yielded the following areas where, as of the date of this notice, CHAP has completed revising its survey processes, in order to demonstrate that it uses survey processes that are comparable to state survey agency processes by removing references to "blackout dates," by allowing facilities to select dates which suggested the

facility would be unavailable for surveys, as CMS expects all Medicare-participating facilities to be survey ready at all times.

### B. Term of Approval

Based on our review and observations described in sections III. and V. of this notice, we approve CHAP as a national AO for HHAs that request participation in the Medicare program. The decision announced in this final notice is effective March 31, 2024, through March 31, 2030 (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 Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, 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.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This is the second of two planned notices informing the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as primary medical care, dental health, and mental health professional shortage areas (HPSA). This notice includes the lists of HPSAs in a designated status as of December 2, 2023. The lists are available on the shortage area topic page on HRSA's [data.hrsa.gov](https://data.hrsa.gov) website. The

first **Federal Register** notice was published on July 3, 2023, and included HPSAs in a designated status and those proposed for withdrawal, while extending the transition time communicated in the prior notice published on July 7, 2022. State primary care offices had additional time to submit HPSA data that was re-evaluated in preparation for the publication of this notice. This second **Federal Register** notice includes the lists of HPSAs in a designated status and withdraws designations proposed for withdrawal not meeting the requirements for designation as of the data pull on December 2, 2023.

**ADDRESSES:** Complete lists of HPSAs designated as of December 2, 2023, are available on the website at <https://data.hrsa.gov/tools/health-workforce/shortage-areas/frn>. Frequently updated information on HPSAs is available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>. Information on shortage designations is available at <https://bhwa.hrsa.gov/workforce-shortage-areas/shortage-designation>.

**FOR FURTHER INFORMATION CONTACT:** For further information on the HPSA designations listed on the website or to request additional designation, withdrawal, or reapplication for designation, please contact Anthony Estelle, Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce (BHW), HRSA, 5600 Fishers Lane, Room 11W16, Rockville, Maryland 20857, [sdb@hrsa.gov](mailto:sdb@hrsa.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

Section 332 of the Public Health Service (PHS) Act, 42 U.S.C. 254e, provides that the Secretary shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. Section 332 further requires that the Secretary annually publish lists of the designated geographic areas, population groups, and facilities. The lists of HPSAs are to be reviewed at least annually and revised as necessary.

Final regulations (42 CFR part 5) were published in 1980 that include the criteria for designating HPSAs. Criteria were defined for seven health professional types: primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary care. The criteria for correctional facility

HPSAs were revised and published on March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA or relevant sub-score designations such as Maternity Care Target Areas.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. National Health Service Corps health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA's BHW. Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare & Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for increased levels of Medicare reimbursement.

#### Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse shortage area topic web page and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of December 2, 2023. This notice incorporates the most recent annual reviews of designated HPSAs, which can be located on HRSA's [data.hrsa.gov](https://data.hrsa.gov) website, and supersedes the HPSA lists published in the **Federal Register** on July 3, 2023 (88 FR 42725).

In addition, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHC) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this

listing. Since they are automatically designated by statute, absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase "County" following the county name.

#### Development of the Designation and Withdrawal Lists

Requests for designation or withdrawal of a particular geographic area, population group, or facility as a HPSA are received continuously by BHW. Under a Cooperative Agreement between HRSA and the 54 state and territorial Primary Care Offices (PCO), PCOs conduct needs assessments and submit applications to HRSA to designate HPSAs. BHW also receives other requests for designation from other sources and refers them to PCOs for review. As part of the HPSA designation process, interested parties, including Governors, state Primary Care Associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.

BHW reviews each recommendation for possible addition, continuation, revision, or withdrawal. Following review, BHW notifies the appropriate agency, individuals, and interested organizations of each designation of a HPSA, rejection of recommendation for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list. Designations (or revisions of designations) are effective as of the date on the notification from BHW and are updated daily on the HRSA Data Warehouse website. While this list is a snapshot of HPSAs at a point in time, HPSA designations are regularly being updated so the best source of current designation status is the HRSA Data Warehouse website at (<https://data.hrsa.gov/tools/shortage-area>).

In 2024, BHW will publish two **Federal Register** notices to inform the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as

primary medical care, dental health, and mental health professional shortage areas. The first notice will be on or before May 1, 2024, and will list all designated HPSAs and those that are proposed for withdrawal HPSAs that will remain in a designated status until the second **Federal Register** notice which will be scheduled on or before November 1, 2024. The second **Federal Register** notice will withdraw all HPSAs that were proposed for withdrawal and do not meet the requirements for designation. This two-step process provides greater clarity for jurisdictions and facilities to prepare for any changes in HPSA designation.

**Carole Johnson,**  
*Administrator.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Substance Abuse and Mental Health Services Administration

##### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-0361.

##### Project: Survey of Current and Alumni SAMHSA Fellows of the Minority Fellowship Program (MFP) (OMB No. 0930-0304)—REVISION

In 1973, in response to a substantial lack of ethnic and racial minorities in the mental health professions, the Center for Minority Health at the National Institute of Mental Health established the MFP. Since the MFP's transition to SAMHSA in 1992, the program has continued to facilitate the entry of graduate students and psychiatric residents into mental health careers and has increased the number of psychology, psychiatry, nursing, and social work professionals trained to provide mental health and substance abuse services to minority groups. The traditional MFP offers sustained grants to six national behavioral health professional associations: the American Association of Marriage and Family Therapy (AAMFT), American Nurses Association (ANA), American Psychiatric Association (APsychA),