validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to Be Considered: The agenda will include discussions on the following: NIOSH program update, Department of Labor program update, Department of Energy program update, and Special Exposure Cohort (SEC) Issues; SEC Petitions Updates, Carborundum WG Update, SEC Issues, Hanford, Pinellas Plant, Los Alamos National Laboratory workgroup updates, procedure reviews finalization/ document approvals and board work sessions. Agenda items are subject to change as priorities dictate. For additional information, please contact Toll Free 1–800–232–4636.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–13920 Filed 7–9–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3479–FN]

Medicare and Medicaid Programs; Application From The Joint Commission for Continued CMS Approval of Its Home Health Agency (HHA) Accreditation Program

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

SUMMARY: This notice announces our decision to approve The Joint Commission for continued CMS recognition as a national accrediting organization for home health agencies that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this notice is applicable from March 31, 2026 through March 31, 2032.

FOR FURTHER INFORMATION CONTACT: Joy Webb, (410) 786–1667. Kristen Shifflett, (410) 786–4166.

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) of the Social Security Act (the Act) establish distinct criteria for facilities seeking designation as HHAs. Regulations concerning provider agreements are set out at 42 CFR part 489, and those pertaining to survey and certification activities are at 42 CFR part 488. The regulations at 42 CFR part 484 specify the minimum conditions that an HHA must meet to participate in the Medicare program.

Generally, to enter into an agreement, an HHA must first be certified by a State survey agency (SA) as complying with the conditions or requirements set forth in part 484 of our regulations. Thereafter, the HHA 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 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 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 set forth at §§ 488.4, 488.5, and 488.5(e)(2)(i). 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.

The Joint Commission's most recent term of approval for its HHA accreditation program expired March 31, 2026. Due to the Government shutdown, there was a delay in publishing a proposed notice announcing receipt of The Joint Commission's application, providing a 30-day public comment period, and announcing The Joint Commission's application approval.

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 with 210 days from the date of receipt of a complete application, along with any necessary documentation to make the determination, to complete the 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 April 3, 2026, we published a proposed notice in the **Federal Register** (91 FR 16944), announcing The Joint Commission's request for continued approval of its Medicare HHA accreditation program. CMS approves or denies an AO's application based on an assessment of the factors that follow, which may include, but are not limited to, a review of the information required to be submitted by the AO, interviews with AO staff, an evaluation of the AO's survey process and findings, and other activities necessary to determine that the AO meets the requirements set forth at §§ 488.4 and 488.5. Under section 1865(a)(2) of the Act and our regulations at § 488.5 and § 488.8(h), we reviewed The Joint Commission's Medicare HHA accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to the following:

- The AO's (1) corporate policies; (2) financial viability; (3) ability to investigate and respond appropriately to allegations of violations of the Medicare program requirements; and (4) survey review and decision-

making process for the purposes of deemed status.
- Survey processes to confirm that they are comparable to the State agencies' survey processes and the AO can adequately assess whether a provider or supplier, meets or exceeds the Medicare program requirements.
- The composition of the survey team.
- Procedures for monitoring accredited HHAs that have been found to be out of compliance with the AO's program requirements.
- The AO's ability to report deficiencies to the surveyed HHA and respond to the HHA's plan of correction in a timely manner.
- Verification of the AO's agreement to provide us 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 April 3, 2026, proposed notice solicited public comments regarding whether The Joint Commission's requirements met or exceeded the Medicare conditions of participation (CoPs) for HHAs. No comments were received in response to our proposed notice.

V. Provisions of the Final Notice

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

We assessed The Joint Commission's HHA accreditation requirements and survey process in comparison to the Medicare CoPs in part 484, and the survey and certification process requirements in parts 488 and 489 of our rules. Our review and evaluation of The Joint Commission's HHA application, which was conducted as described in section III. of this final notice, yielded no findings, as of the date of this notice, that required The Joint Commission to revise their application.

B. Term of Approval

Based on our review and observations described in sections III., IV., and V. of this final notice, we approve The Joint Commission as a national accreditation organization for HHAs that request participation in the Medicare program. The decision announced in this final notice is effective March 31, 2026 through March 31, 2032 (6 years). In accordance with § 488.5(e)(2)(i), the term of the approval will not exceed 6 years.

VI. Collection of Information and Regulatory Impact Statement

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 CMS, Mehmet Oz, 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. 2026–13918 Filed 7–9–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #:0970–0154]

Submission for Office of Management and Budget Review; Income Withholding for Support

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is requesting the Office of Management and Budget (OMB) to extend approval of the Income Withholding for Support (IWO), with changes, for an additional three years. The current OMB approval expires August 31, 2026.

DATES: *Comments due* August 10, 2026.

ADDRESSES: The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202607-0970-002.* You can also obtain copies of the proposed collection of information by emailing *InfoCollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The IWO is the required, standard form used to order and notify employers and income providers to withhold child support payments from an obligor's income. It is also used to notify employers and other income providers where to remit the payments, as well as other information needed to correctly withhold payments so that children and families receive the support to which they are entitled.

OCSE revised the IWO form *to* add checkboxes pertaining to detail for the respondent to check, if applicable; revised links; clarified language and definitions; changed Office of Child Support Services to OCSE; and added fields, such as a daily pay amount, to the record specifications.

Respondents: Courts, private attorneys, custodial parties, or their representatives, employers, and other entities that provide income to noncustodial parents.

Annual Burden Estimates: The burden estimates were updated to reflect current estimates for the annual number of respondents and responses over the next three years. The burden reduction accounts for decreases in the number of new hire reports submitted and decreases in the number of proactive matches generated from the Federal Case Registry for participants in child support cases. Additionally, more employers using electronic IWO (e-IWO) has decreased the burden with processing paper documents. Response times also reflect clearer instructions. Estimated burden was added to account for the time states will need to update programming as a result of proposed changes, but overall, the ongoing total estimated annual burden associated with this information collection has been reduced by 30 percent.

Information collection title	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Income withholding order/notice (Courts, private attorneys, custodial parties or their representatives)	3,439,580	1	0.083	285,485