

The wells were abandoned under permit from SCDEH.

- From 2006 through 2013 groundwater samples were collected from the two remaining wells, B-50 and B-73. The groundwater samples were analyzed for VOCs. In April 2017, after the attainment of TCE MCLs and with EPA concurrence, both wells were abandoned under permit from SCDEH.

The Final Groundwater Monitoring Report, was prepared after the 2013 sampling events. As described in the Draft Revised Final Remedy Certification Report for the VOC Groundwater Work, per 2014 EPA guidance, analysis of contaminant-specific data from the MGM Brakes Site provided a technical and scientific basis that:

1. The MCL for TCE was met in both remaining wells; and,
2. The groundwater would continue to meet the MCL for TCE in both remaining wells in the future.

In February 2018, the EPA provided a Certificate of Completion for the VOC Groundwater Work, which documented EPA's concurrence that all portions of the RA for groundwater were completed in accordance with the ROD, CD and ESD.

Operation and Maintenance

There are no ongoing monitoring activities for soil or groundwater. The 2016 ESD removed the requirement for institutional controls. There are no operation and maintenance activities required.

Five Year Review

The *Third Five-Year Review Report for MGM Brakes Superfund Site, Cloverdale California*, September 2013 (Third FYR) was the last five-year review completed at the Site. The Third FYR concluded that the Site remedy is protective of human health and the environment and that there are no issues that affect protectiveness in the short- or long-term. Furthermore, an evaluation completed during the Third FYR, and documented in the 2016 ESD, concluded that hazardous substances and pollutants had been removed to safe levels and that the site qualified for unlimited use and unrestricted exposure. Future FYRs are not required.

Community Involvement

The community has been involved in the MGM Brakes Superfund Cleanup throughout the remedial process. Comments were submitted in strong opposition to the original remedy suggested by the feasibility study in 1986. These comments were taken into consideration and EPA prepared a

revised FS in May 1988 evaluating a list of alternative remedies, ultimately resulting in a different remedy for the Site. No adverse comments were received during the public comment period regarding this remedy.

Determine That the Site Meets the Criteria for Deletion in the NCP

In March 1998, the EPA provided a Certificate of Completion for the demolition and excavation work, which documented EPA's concurrence that all portions of the RA for soil were completed in accordance with the ROD, CD, and ESD. In February 2018, the EPA provided a Certificate of Completion for the VOC Groundwater Work, which documented EPA's concurrence that all portions of the RA for groundwater were completed in accordance with the ROD, CD and ESD. In the Third FYR and the 2016 ESD, EPA concluded that hazardous substances and pollutants had been removed to safe levels and that the site qualified for unlimited use and unrestricted exposure.

In February 2018, the Regional Water Quality Control Board of California determined that no further action (NFA) was required at the MGM Brakes Superfund Site located at 1201 South Cloverdale Boulevard, Cloverdale, California. A letter documenting the NFA status is included in the deletion docket. In December 2018 the Department of Toxic Substances Control issued a letter concurring with EPA's proposed deletion of the MGM Brakes Site from the National Priorities List. This letter is also included in the deletion docket.

The implemented remedy at the MGM Brakes Superfund Site has achieved the degree of cleanup specified in the ROD for all exposure pathways; and all selected remedial and removal action objectives and associated cleanup levels are consistent with agency policy and guidance. No further Superfund response is needed at the MGM Brakes Superfund Site to protect human health and the environment.

List of Subjects in 40 CFR Part 300

Environmental protection, Air pollution control, Chemicals, Hazardous waste, Hazardous substances, Intergovernmental relations, Penalties, Reporting and recordkeeping requirements, Superfund, Water pollution control, Water supply.

Authority: 33 U.S.C. 1321(d); 42 U.S.C. 9601-9657; E.O. 13626, 77 FR 56749, 3 CFR, 2013 Comp., p. 306; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp., p. 351; E.O. 12580, 52 FR 2923, 3 CFR, 1987 Comp., p. 193.

Dated: April 30, 2019.

Michael Stoker,

Regional Administrator, Region 9.

[FR Doc. 2019-12771 Filed 6-17-19; 8:45 am]

BILLING CODE 6560-50-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, and 495

[CMS-1716-CN]

RIN 0938-AT73

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals; Correction

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

ACTION: Proposed rule; correction.

SUMMARY: This document corrects technical errors in the proposed rule that appeared in the May 3, 2019, issue of the **Federal Register** entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals."

DATES: June 18, 2019.

FOR FURTHER INFORMATION CONTACT:

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Dylan Podson, (410)-786-5031.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2019-08330 of May 3, 2019 (84 FR 19158), there were a number of technical errors that are identified and corrected in the Correction of Errors section of this correcting document.

II. Summary of Errors

A. Summary of Errors in the Preamble

On page 19428, in our discussion of the proposed revisions to the definition of the base operating DRG payment amount for purposes of the Hospital Readmissions Reduction Program, we made an error in describing our policy for the treatment of the difference between the hospital-specific payment rate and the Federal payment rate for purposes of calculating the base operating DRG payment amount with respect to a Medicare-dependent, small rural hospital that receives payments under § 412.108(c) or a sole community hospital that receives payments under § 412.92(d). We are correcting this language to reflect our current policy that the base operating DRG payment amount includes the difference between the hospital-specific payment rate and the Federal payment rate for a Medicare-dependent, small rural hospital and does not include the difference between the hospital-specific payment rate and the Federal payment rate for a sole community hospital. We also made an error in our citation to the applicable statutory provision. We erroneously cited to section 1886(q)(2)(b)(i) instead of section 1886(q)(2)(B)(i) of the Act.

On pages 19568, in our discussion of the Medicare and Medicaid Promoting Interoperability Programs, we made an error in a web link.

B. Summary of Errors in the Regulations Text

On page 19581, in our proposed amendments to the definition of the base operating DRG payment amount for purposes of the Hospital Readmissions Reduction Program, we made an error in describing our current policy for determining the base operating DRG payment amount by stating that with respect to a sole community hospital that receives payments under § 412.92(d) or a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part. We are correcting this language to reflect our current policy, which is that the base operating DRG payment amount for a sole community hospital that receives payments under § 412.92(d) *does not include* the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part while the base operating DRG payment amount for a Medicare-dependent, small rural hospital that receives payments under

§ 412.108(c) *does include* the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.

IV. Correction of Errors

In FR Doc. 2019–08330 of May 3, 2019 (84 FR 19158), we make the following corrections:

A. Errors in the Preamble

1. On page 19428, first column, last partial paragraph, lines 10 through 13, the phrase “amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart.” is corrected to read “amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart for a Medicare-dependent, small rural hospital that receives payments under § 412.108(c) and does not include the difference between the hospital-specific payment rate and the Federal payment rate determined under the subpart for a sole community hospital that receives payment under § 412.92(d).”

2. On page 19428, second column, first partial paragraph, lines 1 through 4, the phrase “1886(q)(2)(b)(i) of the Act, because the regulatory text was not updated following the expiration of the FY 2013 changes.” is corrected to read “1886(q)(2)(B)(i) of the Act by specifying the differential treatment following the expiration of the special treatment for Medicare-dependent, small rural hospitals for FY 2013 in the statute.”

3. On page 19568, third column, last paragraph (footnote 830), lines 1 and 2, the hyperlink “https://www.healthit.gov/sites/default/files/onc_pghd_final_white_paper.pdf.%95” is corrected to read “https://www.healthit.gov/sites/default/files/onc_pghd_final_white_paper.pdf”.

B. Errors in the Regulations Text

§ 412.152 [Corrected]

4. On page 19581, third column, first paragraph (definition of Base operating DRG payment amount), lines 17 through 26, “With respect to a sole community hospital that receives payments under § 412.92(d) or a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount also includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.” is corrected to read “With respect to a sole community hospital that receives payments under § 412.92(d) this amount also does not include the difference

between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part. With respect to a Medicare-dependent, small rural hospital that receives payments under § 412.108(c), this amount includes the difference between the hospital-specific payment rate and the Federal payment rate determined under subpart D of this part.”

Dated: June 12, 2019.

Ann C. Agnew,

*Executive Secretary to the Department,
Department of Health and Human Services.*

[FR Doc. 2019–12906 Filed 6–17–19; 8:45 am]

BILLING CODE 4120-01-P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 64

[CG Docket Nos. 13–24 and 03–123; DA 19–521]

IP CTS Order Hamilton Petition for Reconsideration

AGENCY: Federal Communications Commission.

ACTION: Petition for reconsideration.

SUMMARY: The Consumer and Governmental Affairs Bureau seeks comment on a Petition for Reconsideration (Petition).

DATES: Oppositions to the Petition must be filed on or before July 3, 2019. Replies to oppositions must be filed on or before July 15, 2019.

ADDRESSES: Federal Communications Commission, 445 12th Street SW, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Michael Scott, Consumer and Governmental Affairs Bureau, at: (202) 418–1264; email: Michael.Scott@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission’s document, DA 19–521, released June 5, 2019. The full text of the Petition is available for viewing and copying at the FCC Reference Information Center, 445 12th Street SW, Room CY–A257, Washington, DC 20554. It also may be accessed online via the Commission’s Electronic Comment Filing System at: https://ecfsapi.fcc.gov/file/1040816929886/Hamilton_Petition_for_Reconsideration_of_2019_IPCTS_URD_Order.pdf. The Commission will not send a Congressional Review Act (CRA) submission to Congress or the Government Accountability Office pursuant to the CRA, 5 U.S.C. because no rules are being adopted by the Commission.