

The Long-Term Care Facility Resident Assessment Instrument User's Manual for Version 3.0 is published by the Centers for Medicare & Medicaid Services (CMS) and is a public document. It may be copied freely, as our goal is to disseminate information broadly to facilitate accurate and effective resident assessment practices in long-term care facilities.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. (Note: The RAI mandated by OBRA is exempt from this requirement.) The valid OMB control number for the Medicare Prospective Payment System SNF and Swing Bed information collection is 0938-1140 and forms have been approved through TBD. The times required to complete the information collection for the item sets are as follows:

Item Set	Estimated response time
NP	51 minutes
NOD	39 minutes
NO/SO	26.52 minutes
NSD	34.17 minutes
NS/SS	14.03 minutes

These times are estimated per response, including completion, encoding, and transmission of the information collection.

If you have comments concerning the accuracy of the time estimates or suggestions for improving these forms, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.