| **Item** | **Page** | **Section** | **Changes to Application** | **Reason for Change** | **Action/comments** |
| --- | --- | --- | --- | --- | --- |
| 1-CMS Form 3427 | 4 | Instructions for Form CMS 3427 -Types of Modalities/Services, Dialysis Stations, And Days/Hours of Operation (ITEMS 20-29) | Item 22: Previous package language - ***Item 22* and list for all LTCs: name, CCN, staffing provided by, and number of dialysis patients treated by modality under Remarks (*Item 33*). New requests for dialysis within any LTC facility require completion of *Item 22* (and 33 if applicable) and submission of this form to the State agency prior to survey.**  Item 22: Revised language (current package) - ***Item 22* and list for all LTCs: name, CCN, staffing provided by, and number of dialysis patients treated by modality under Remarks (*Item 33*). Notifications of any agreement initiated between the facility and a LTC facility for providing home dialysis to residents within any LTC facility require completion of *Item 22* (and 33 if applicable) and submission of this form to the State agency .** | Revised grammar for clarification. This does not impact or change the previous data collection requirements for the CMS Form 3427 |  |