A. <u>BACKGROUND</u>

This is a request for revision of form CMS-381which is approved for collection under OMB Control number 0938-0273. Form CMS-381 was developed to ensure that each OPT/OSP extension location at which OPT/OSP providers furnish services, must be reported by the providers to the State Survey Agencies (SAs).

In addition to rendering services on their already approved premises, OPT/OSP providers may also render services on the premises of other institutions (e.g., skilled nursing facilities) or on a premise owned/leased/rented by the OPT/OSP. If the OPT/OSP bills the Medicare program for these services and renders these services in an area within the institution set aside for rehabilitation care, these premises are considered extension locations of the OPT/OSP. However, a patient's home is not considered an extension location

Extension locations are considered part of the OPT/OSP provider's primary location and are subject to the same approval policy as is applicable to the OPT/OSP primary site. In addition to meeting applicable sections of the conditions of participation for all outpatient physical therapy/speech pathology providers, these extension locations fall under the OPT/OSP provider agreement and are identified under the OPT/OSP provider number.

Form CMS-381 is completed when: (1) new OPT/OSP providers enter the Medicare program; (2) when existing OPT/OPS providers delete or add a service, or close or add an extension location; or, (3) when existing OPT/OSP providers are recertified by the State Survey Agency every 6 years.

Form CMS-381 is used by the State survey agencies and by the CMS Survey Operations Group to identify extension locations where services are furnished by providers of outpatient physical therapy and speech-language pathology services. These locations must be known to surveyors in order to ensure the appropriate monitoring of providers' compliance with the Federal requirements.

B. <u>JUSTIFICATION</u>

1. Need and Legal Basis

42 CFR 485.703 defines extension location as "a location or site from which a rehabilitation agency provides services within a portion of the total geographic area served by the primary site. The extension location is part of the rehabilitation agency. The extension location should be located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the extension location to independently meet the conditions of participation as a rehabilitation agency."

Collection of this information is used in conjunction with Conditions of Participation at 42 CFR §485.701 through §485.729 governing the operation of providers of outpatient physical therapy and speech-language pathology services. The provider uses form CMS-381 to report to the State survey agency extension locations that it has added since the date of last report. The collection occurs annually.

2. Information Users

Form CMS-381 is used by the State survey agencies and by the CMS Survey Operations Group (formerly called CMS Regional Offices) to identify extension locations where services are furnished by providers of outpatient physical therapy and speech-language pathology services. These extension locations must be known to the State surveyors in order to ensure the appropriate monitoring of providers' compliance with the Federal requirements.

3. Improved Information Technology

This form does not request anything other than identifying data for the OPT/OSP providers primary and extension sites and the types of services provided at these sites. OPT/OSP providers can complete form CMS-381 using a pdf form filler software program such as Adobe Acrobat Pro or hand write their responses on the form. OPT/OSP provider can send their completed CMS-382 form the State Survey Agency by email or U.S. mail.

4. **Duplication**

Form CMS-381does not duplicate existing data collection. No forms exist that are similar or that collect this data.

5. Small Business

Form CMS-381 will affect large and small business OPT/OSP providers alike. However, the burden associated with the completion of the form CMS-381 is very minimal and would not place undue stress on small business OPR/OSP providers. Also, this data is not available from any other source.

6. Less Frequent Collection

Collection of this information coincides with the certification survey. If the information was collected less frequently than annually, it would result in surveys not being completed in projected timeframes and inefficient use of survey personnel.

7. **Special Circumstances**

No special circumstances exist for this information collection.

8. Federal Register and Outside Consultation

The 60-day Federal Register notice published on October 30, 2020 (85 FR 68884). There were no public comments.

The 30-day Federal Register notice published on January 14, 2021 (86 FR 3158).

9. Payments or Gifts

There are no payments/gifts to respondents.

10. Confidentiality

CMS does not assure confidentiality.

11. Sensitive Questions

There are no sensitive questions on this form.

12. Estimate of Burden (Hours and Wages)

The form CMS-381 is completed when: (1) new OPT/OPS providers enter the Medicare program; (2) when existing OPT/OPS providers delete or add a service, or close or add an extension location; or, (3) when existing OPT/OPS providers are

recertified by the State Survey Agency every 6 years.

- There are approximately 75 new OPT/OSP providers each year.
- We estimate that approximately 1% of the existing OPT/OSP providers would delete or add a service, or close or add an extension location each year. This equates to 21 OPT/OSP providers that would be required to complete the form CMS-381 due to programmatic changes.
 - o 2083 OPT/OPS providers divided by 1% = 21
- OPT/OSP providers are surveyed by the State Survey Agency every 6
 years. There are currently 2,083 existing OPT/OSP providers. This means
 that the State Survey Agency would survey approximately 347 OPT/OSP
 providers each year.
 - o 2,083 OPT/OSP providers divided by 6 years = 347

Based on the above-stated information, we estimate that a total of 443 OPT/OPS provider would complete the form CMS-381 each year.

We estimate that it would take the OPT/OSP providers approximately 15 minutes to complete form CMS-381. We make this time estimate because form CMS-381 contains only 5 simple questions that would require minimal effort for the OPT/OSP staff to respond to. We believe that the information required to respond to each question would be easily accessible in the OPT/OSP facility.

We estimate that the total annual time burden for the completion of all 443 form CMS-381's annually would be 111 hours.

- 443 form CMS-381 annually x 15 minutes per each form = 6,645 minutes
- 6,645 minutes divided by 60 minutes per hour = 111 hours

We believe that the person at the OPT/OPS facility that would complete the CMS-381 would be a Physical Therapy Assistant. According to the U.S. Bureau of Labor Statistics, the mean average hourly wage for a Physical Therapy Assistant is \$28.14 (https://www.bls.gov/oes/current/oes312021.htm). This wage adjusted for the employer's overhead and fringe benefits would be \$56.28.

We estimate that the total cost burden associated with the completion of each form CMS-381 would be \$14.07.

• \$56.28 per hour x 0.25 hour = \$14.07

We further estimate that the total annual cost burden across all CMS-381 forms would be \$1,561.77.

• \$14.07 per hour x 111 hours annually = \$1,561.77

13. <u>Capital Costs</u>

There are no capital costs.

14. Federal Cost Estimates

The only cost to the Federal government is for printing the form. Printing costs for 443, three (3)-page forms, is estimated at \$172.77 (standard government calculation rate per printed page is \$0.13).

15. Burden Changes/Program Changes

We have decreased the time burden for this data collection from 540 hours to 111 hours. This is a 429 hour decrease in the time burden. We have also decreased the cost burden associated with this data collection from \$49,248 to \$1,561.77. This is a \$47.686.23 decrease in the cost burden for this data collection.

The decrease in the time and cost burdens can be attributed to several factors. First, we have changed our figures for the number of CMS-381 forms that are submitted on an annual basis. In the prior PRA package submission, it was stated that the form CMS-381 was submitted once per year by each OPT/OPS provider. However, this is no longer accurate. As stated above, the form CMS-381 is now completed only when: (1) new OPT/OPS providers enter the Medicare program; (2) when existing OPT/OPS providers delete or add a service, or close or add an extension location; or, (3) when existing OPT/OPS providers are recertified by the State Survey Agency every 6 years. Because of this change, the number of CMS-381 forms submitted annually has decreased from 2,161 to 443. This is a decrease of 1,718.

Second, we have changed the category for the person that would be completing

the form CMS-381 from an Administrative Services Manager (BLS occupational code #11-3011) with a mean hourly wage of \$45.60 to Physical Therapy Assistant (BLS occupational code #31-2021) with a mean hourly wage of \$28.14. This change decreased in the mean hourly wage used in the burden calculation by \$17.46.

We made this change because we believe that the job of Administrative Services Manager applies more to an industrial or corporate setting instead of a small healthcare setting. We believe that it would be more likely that a Physical Therapy Assistant would complete the form CMS-381 in an OPT/OSP facility.

16. Publication and Tabulation Dates

There are no publication or tabulation dates.

17. Expiration Date

CMS will display the expiration date on the revised CMS-381 form.

18. <u>Certification Statement</u>

There are no exceptions to the certification statement.