**Revisions to CMS-360 Form –**

**Comprehensive Outpatient Rehabilitation Facility Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page #** | **Section** | **Action to be performed** | **Changes to the Application** | **Reasons for the Change** |
| 1 | Section 1  Row 1, Column 1 | Change title of data item #1 | Change title of data item #1 from:  ***“Name of Facility”***  to  ***“Facility Name”*** | The new title is more succinct. |
| 1 | Section 1,  Row 1.  Column 2 | 1. Add a new column to row #1 of section #1. 2. 2. Add a title to this new data field. | 1. 1. Add a 2nd column to row 1 of section 1, and 2. Add the following text to new data field:   ***“Facility CCN”*** | * We have moved the space for facility CCN number up to Row 1 to save space. * Since this form will be a fillable .pdf form, the facility will be able to type in their responses. It will not require an entire row for the ***“Facility Name”*** because this field has been formatted to accommodate multiline text. |
| 1 | Section 1,  Row 2,  Column 1 | Add a new title to column 1 of row 2 of section 1. | Change the current text in the data field from  ***“Number”***  to  ***“Facility Street Address”*** | * In the current version of the CMS-360 form, it asks for the person completing the form to insert a ***“Number”*** in this data field. * While we know that ***“Number”*** refers to the facility’s CCN number, many persons would not because this text is vague and non-descriptive. * To solve this issue, we have moved the section for the facilities CCN number to row 1, column 2 and retitled it as ***“Facility CCN.”*** * We placed this data field at row 1, column 2 because we believe that the logical order of the data to be required should be: 1. Facility Name and 2. Facility CCN…… * We have changed the text in row 2, column 1 from ***“Number”*** to ***“Facility Street Address.”*** * We made this change for several reasons. First, we believe that the facility address would be the next data point to be collected in the logical order of the data collected. * Second. We have made this change to place each component of the facilities address into separate data fields. * We believe that this is better for ease of data input and use of data that will be downloaded from the CMS-360 form |
| 1 | Section 1, Rows 2 & 3,  Colum 2 | Delete current title and replace it with a new tile for this data field | Change the text in this data field from:  ***“Facility Address, Street, City,***  ***State, Zip Code”***  to  ***“City”*** | * In the current version of the CMS-360 form, it asks for the person completing the form to enter the entire address of the facility into this one data field. * We have made this change to place each component of the facilities address into separate data fields. * We believe that this is better for ease of data input and use of data that will be downloaded from the CMS-360 form. |
| 1 | Section 1,  (New) Row 3, Column 1 | * Add a new row 3 to section 1 * Add title text to column 1 of row 3 | * Add a new row 3 containing 3 columns to section 1. * Add the following text to column 1 of row 3: ***“State”*** * Add the following text to column 2 of row 3: ***“Zip Code”*** * Add the following text to column 3 of row 3: ***“Telephone Number”*** | * In the current version of the CMS-360 form, it asks for the person completing the form to enter the entire address of the facility into this one data field. * We have added a third row to section 1 to allow for placement of each individual component of the facilities address into separate data fields. * We believe that format provides easier data input and use of the data that will be downloaded from the CMS-360 form. |
| 1 | Section.  Row 4  ***(row 3 in existing version of CMS-360 form),***  Column 1 | * Retitle the data field in column 1 of row 4.   **NOTE**: Row 3 in the existing version of the form becomes row 4 in the new version of the form due to the addition of a new row 3. | Change the text in this data field from:  ***“Survey Date”***  to  ***“Survey Start Date”*** | * In this data fiend on the existing version of the CMS-360 form, it asks for the **“Survey date.”** We believe thatthis title would be confusing to persons completing the form because they might not know whether to record the survey start date or end date. * To solve this issue, we have modified the title of this data field to **“Survey Start Date.”** This is much more specific. * We have also added a new data field in column 2 for the survey end date (see below). |
| 1 | Section.  Row 4  ***(row 3 in existing version of CMS-360 form),***  Column 2 | * Retitle the data field in column 2 of row 4.   **NOTE**: Row 3 in the existing version of the form becomes row 4 in the new version of the form due to the addition of a new row 3. | Change the text in this data field from:  ***“Type of Survey”***  ***“Initial Resurvey”***  to  ***“Survey End Date”*** | * We have made this change so that the person completing this form can document both the survey start and end dates. * Also, when referring to the survey date, for most purposes CMS uses the survey end data, so adding this data field is necessary. * We have moved the data field for type of survey to a newly created data field in column 3 of row 4. (see below) |
| 1 | Section.  Row 4  ***(row 3 in existing version of CMS-360 form),***  Column 3 | * Divide the rows 3 and 4 in the 3rd column into separate data fields. * Add a title the new data field in column 3 of row 4.   **NOTE**: Row 3 in the existing version of the form becomes row 4 in the new version of the form due to the addition of a new row 3. | * Divide the rows 3 and 4 in the 3rd column into separate data fields. * Add the following title to the new data field in column 3 of row 4:   ***“Type of Survey***  ***Initial***  ***Recertification survey***  ***Complaint***  ***Other (specify)”*** | * In the existing version of the CMS-360 form, rows 2 & 3 in column 3 are merged into one data field for ***“Facility Address”*** * As explained above, in the revised version of the CMS-360 form, we have placed the individual components of the facility’s address into data field. Therefore, there was no longer a need for the 2 cells in rows 2 and 3 in column 3 to be merged. * We separated this merges cell into 2 separate data cells to maximize the amount of data that could be collected in section 1. * As stated above, we added “Telephone Number” to column 3 of row 3. * We also moved the data field for “Type of Survey to the cell at column 3 in row 4. |