Supporting Statement – Part A
Inpatient Psychiatric Facilities Patient Assessment Instrument under the Inpatient Psychiatric Facility Quality Reporting Program:
(OMB 0938-1496, CMS-10954)

A. Background

The requirements of the Inpatient Psychiatric Facility (IPF) Quality Reporting Program are set forth under section 1886(s)(4) of the Social Security Act. Under the IPF Quality Reporting Program, starting in fiscal year (FY) 2014, IPFs must submit pre-defined quality measures to the Centers for Medicare & Medicaid Services (CMS). IPFs that do not report on the selected quality measures and comply with other program requirements will have their IPF prospective payment system (PPS) payment updates reduced by 2.0 percentage points. Burden associated with submission of quality measure data is covered under OMB control number 0938-1171 (expiration date February 29, 2028).

Section 4125(b)(1) of the Consolidated Appropriations Act (CAA), 2023, amended section 1886(s)(4) of the Social Security Act to require IPFs participating in the IPF Quality Reporting Program to collect and submit to the Secretary certain patient assessment data using a standardized patient assessment instrument (PAI), for rate year (RY) 2028 (FY 2028) and each subsequent RY.[1]

This is a new information collection request to address the amended requirements per CAA, 2023 under section 1886(s)(4) of the Social Security Act.

B. Justification

1. Need and Legal Basis

Section 1886(s)(4)(E) of the Social Security Act, as amended, requires that IPFs must submit patient assessment data with respect to admission and discharge of an individual, and more frequently as the Secretary determines appropriate. For IPFs to meet this new data collection and reporting requirement for FY 2028 and each subsequent year, the Secretary must implement a standardized PAI that collects data with respect to the following categories, as required by section 1886(s)(4)(E)(ii) of the Social Security Act: functional status; cognitive function and mental status; special services, treatments, and interventions for psychiatric conditions; medical conditions and comorbidities; impairments; and other categories as

[1] We note that the statute uses the term "rate year" (RY). However, beginning with the annual update of the inpatient psychiatric facility prospective payment system (IPF PPS) that took effect on July 1, 2011 (RY 2012), we aligned the IPF PPS update with the annual update of the ICD codes, effective on October 1 of each year. This change allowed for annual payment updates and the ICD coding update to occur on the same schedule and appear in the same **Federal Register** document, promoting administrative efficiency. To reflect the change to the annual payment rate update cycle, we revised the regulations at 42 CFR 412.402 to specify that, beginning October 1, 2012, the IPF PPS RY means the 12-month period from October 1 through September 30, which we refer to as a "fiscal year" (FY) (76 FR 26435). Therefore, with respect to the IPF Quality Reporting Program, the terms "rate year," as used in the statute, and "fiscal year" as used in the regulation, both refer to the period from October 1 through September 30. For more information regarding this terminology change, we refer readers to section III of the RY 2012 IPF PPS final rule (76 FR 26434 through 26435).

determined appropriate by the Secretary. To enable meaningful comparison of the patient assessment data across all IPFs submitting data, the IPF-PAI must be standardized. Each IPF must administer the same assessment instrument with identical questions, response options, standards, and definitions.

In the FY 2027 IPF PPS final rule, we implemented the IPF-PAI as the assessment instrument for the submission of standardized patient assessment data as required by sections 1886(s)(4)(A) and (E) of the Social Security Act for all patients aged 18 and older to fulfill the requirements of section 4125(b) of the CAA, 2023. The IPF-PAI is intended to meet our statutory obligation to collect standardized patient assessment data on each of the five statutorily-delineated data categories.[2]

In the FY 2027 IPF PPS final rule, we finalized that beginning July 1, 2028 IPFs are required to submit the IPF-PAI. We finalized that in order for an IPF to meet the IPF-PAI requirement, the IPF-PAI submission must be submitted for all patients aged 18 and older and that 100 percent of the IPF-PAI assessment items must be completed for a minimum of 50 percent of the IPF-PAIs submitted by the IPF. We further finalized that beginning with the CY 2030 reporting period/FY 2032 payment determination that 100 percent of the IPF-PAI assessment items must be completed for a minimum of 70 percent of the IPF-PAIs submitted by the IPF.

2. Information Users

As provided by section 1886(s)(6) of the Social Security Act, added by section 4125(b) of the CAA, 2023, data collected through the IPF-PAI may be considered in future revisions to the methodology for determining the IPF PPS payment. CMS also anticipates using results and feedback from the IPF-PAI to inform future potential revisions or improvements to the IPF-PAI.

3. Use of Information Technology

CMS has finalized that we will offer facilities two methods for submitting the IPF-PAI to CMSs: the free CMS-developed web application (web app)—which we have named the Patient Assessment Reporting Interoperability Tool (PARIT)—and a Fast Healthcare Interoperability Resources® (FHIR®) application programming interface (API). Both methods of data submission will require user or system authentication using CMS' Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP), or equivalent CMS-designated identity management system, consistent with CMS security and access control requirements. This is the same identity management system that IPFs and their authorized vendors currently use to submit other IPF Quality Reporting Program data to the CMS Hospital Quality Reporting system. Both methods of IPF-PAI data submission will transmit IPF-PAI data securely to CMS, using data security standards required for any CMS system, where it will be received and reside in the CMS Internet Quality Improvement and Evaluation System (iQIES)[3] environment, or a successor system. Data transfer to CMS via

[2] Sections 1886(s)(4)(E)(ii)(I) through 1886(s)(4)(E)(ii)(V) of the Social Security Act.

[3] *https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/internet-quality-improvement-evaluation-system-iqies*.

either method—the FHIR® API or the web app (PARIT)—will follow standard Health Insurance Portability and Accountability Act (HIPAA)-compliant encryption protocols. By leveraging FHIR® APIs, facilities can transmit required IPF-PAI elements directly from their electronic health records (EHRs), reducing duplicative data entry and associated administrative burden. Because FHIR® uses standardized data structures and vocabularies, it also enables more consistent, interoperable exchange of health information.

IPFs that elect to submit IPF-PAI data using PARIT, the web app, can access the web app directly through a web browser, or via their EHR using Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR®.[4] IPFs can also use a third-party vendor to submit IPF-PAI data via the web app on the IPF's behalf. IPFs that elect to submit IPF-PAI data using the web app will be able to review, correct, and change data until the close of each submission deadline. In accordance with the Source code Harmonization And Reuse in Information Technology Act (SHARE IT Act; Pub. L. No. 118-187), we will ensure that the source code, documentation, configuration scripts (as appropriate), revision history, and other files are located in a software storage location (that is, a public repository) to which access is open to the public.

IPFs will also be able to elect to submit IPF-PAI data using APIs that use the FHIR® standard to iQIES or a successor system via the Internet. This method will be suitable for IPFs that use health IT or that engage with third-party vendors to implement a custom tool or a custom SMART on FHIR® application using these APIs to collect and submit IPF-PAI data to CMS. Under this submission method, an IPF can integrate IPF-PAI data collection and submission within their EHR workflow using one API to retrieve the applicable IPF-PAI assessment items from the EHR, and another API to submit IPF-PAI data to CMS. An IPF can use a third-party vendor to submit IPF-PAI data via the FHIR® API on the IPF's behalf. For this implementation of the IPF-PAI, the Data Element Library (DEL) FHIR® API and associated DEL FHIR® Implementation Guide will support the retrieval of the assessment items, while the iQIES FHIR® API and associated iQIES FHIR® Receiving System Implementation Guide will support the submission to CMS. Draft versions of the DEL FHIR® Implementation Guide and the iQIES FHIR® Receiving System Implementation Guide are available under the Resources section at: https://qualitynet.cms.gov/ipf/PAI. These implementation guides will be updated on no more than an annual basis to incorporate technical updates. IPFs and their vendors will need to use the versions of the implementation guide that are application to the specific IPF-PAI reporting period. Additional technical resources for IPFs and health IT vendors will be made available in the Resources section of https://qualitynet.cms.gov/ipf/PAI as necessary to support FHIR® API implementation. We will also engage with software developers and vendors through various engagement efforts, during which we will respond to questions, comments, and suggestions about technical requirements.

4. Duplication of Efforts

The IPF-PAI collects data on all individuals aged 18 years and older admitted to IPFs. This data collection does not duplicate any other effort; no other data sets provide comparable information on all patients aged 18 and older admitted to IPFs.

[4] SMART on FHIR® is a set of standards that enables third-party application to securely integrate with electronic health records. *https://smarthealthit.org/*.

5. Small Business

Information collection requirements are designed to allow maximum flexibility specifically to small IPFs participating in the IPF Quality Reporting Program. CMS provides a help desk to support users and respond to questions about the data collection. Additionally, a dedicated IPF Quality Reporting Program webpage will include training resources, IPF-PAI Guidance Manual, and frequently asked questions which support understanding of the IPF-PAI: https://qualitynet.cms.gov/ipf/PAI#tab2. CMS utilizes a listserv to facilitate outreach to IPFs and vendors, such as communicating timely and important new material(s). Finally, CMS provides a free internet-based system through which users can access on-demand reports for feedback on the collection of the IPF-PAI associated with their facility.

This initial version of the IPF-PAI is intended to meet our statutory obligation to collect standardized patient assessment data on each of the statutorily mandated categories while minimizing reporting burden for IPFs

6. Less Frequent Collection

IPFs are statutorily required to submit IPF-PAI data with respect to admission and discharge of an individual to and from the IPF, and more frequently as the Secretary determines appropriate beginning with rate year 2028 and each subsequent rate year. In the FY 2027 IPF PPS final rule, we have finalized that IPFs will be required to collect data at admission and discharge and to report such data to CMS based on quarterly submission deadlines, beginning July 1, 2028.

7. Special Circumstances

There are no special circumstances that with respect to the information collection covered in this package.

8. Federal Register Notice/Outside Consultation

a. Federal Register Notice

A 60-day *Federal* Register notice of the FY 2027 IPF PPS proposed rule (CMS-1847-P, RIN 0938-AV77) was published on April 7, 2026 (91 FR 17720). We are submitting the public comments received regarding information collection burden as well as our responses as an appendix to this PRA package. The FY 2027 IPF PPS final rule (RIN 0938-AV77, CMS-1847-F) was published on July 31, 2026 (91 FR 48514).

b. Outside Consultation

Between 2023 and 2025, CMS and its contractors engaged in a multi-stage process to conceptualize and scope a new, statutorily mandated PAI for the IPF setting that included: identifying key clinical topic areas within the broad CAA, 2023 data categories, identifying and evaluating candidate assessment items within those topic areas, and conducting formative (alpha) and field (beta) testing on those candidate assessment items. This process also included engagement with subject matter experts, clinicians and administrators at IPFs, and individuals with lived experience, as well as guidance from interoperability experts on how to

structure assessment items and their related data elements so that the patient-level data that are collected by the IPF-PAI will be interoperable and aligned with current health IT standards. In addition, a technical expert panel (TEP) was convened by the IPF-PAI development contractor to give input on the extent to which topics of assessment items were clinically relevant to patient care in IPFs, likely to inform CMS's understanding of resource use or costs of care, and considered feasible and relatively low burden to collect. The 16 TEP members (10 of whom were IPF clinicians) included a psychiatrist, a psychiatric nurse practitioner, psychologists, nurses, and social workers, IPF executives and administrators, individuals with experience as patients in IPFs, and an interoperability expert.

9. Payment/Gift to Respondent

IPFs must submit their IPF-PAI data to receive the full market basket update for a given FY. If data are not submitted to CMS, the IPF receives a 2.0 percentage point reduction to its APU, as required by section 1886(s)(4)(A) of the Social Security Act.

10. Confidentiality

We pledge privacy to the extent provided by law. As a matter of policy, CMS will prevent the disclosure of personally identifiable information contained in the data submitted. All information collected under the IPF Quality Reporting Program will be maintained in strict accordance with statutes and regulations governing confidentiality requirements for CMS data, including the Privacy Act of 1974 (5 U.S.C. 552a) and the HIPAA. In addition, the tools used for transmission of data are considered confidential forms of communication, and there are safeguards in place in accordance with HIPAA Privacy and Security Rules to protect the submission of patient information, at 45 CFR Part 160 and 164, Subparts A, C, and E.

The system of records notice (SORN) for these data will establish stringent privacy requirements. We intend to publish a request for approval for a SORN for the IPF-PAI in the *Federal Register*.

11. Sensitive Questions

The IPF-PAI collects information that might be considered private such as type of admission, psychiatric services, treatments and interventions (including restrictive interventions), primary diagnosis, and suicide screening; we note that assessment items developed for use in the IPF-PAI were selected to address categories required by the statute. For example, section 1886(s)(4)(E)(i)(III) of the Social Security Act requires the inclusion of patient assessment data with respect to special services, treatments, and interventions for psychiatric conditions. Assessment items were also selected to focus on patient characteristics or aspects of treatment that will be appropriate to consider in revisions to the IPF PPS payment model, as required by section 1886(s)(6) of the Social Security Act.

Patient-level data will not be released to the public and are not releasable by requests under the Freedom of Information Act.

12. Burden Estimates

The burden estimate associated with the IPF-PAI is the time required for IPF staff to input responses to IPF-PAI assessment items into PARIT, the web application. We note that our burden estimate assumes manual entry of patient assessment data (that is, entry using PARIT) for all IPFs and represents the most conservative estimate of the time it will take to input responses. Therefore, we did not separately estimate burden for data collection via FHIR® APIs although we expect that some IPFs will utilize the FHIR® APIs to partially or fully automate their data collection and submission process, thereby reducing the collection of information burden.

We finalized IPF-PAI assessment items for each of the five statutorily mandated data categories, as well as Administrative assessment items that are necessary for record matching and database management. Table 1 lists the finalized IPF-PAI assessment items by category.

TABLE 1: ASSESSMENT ITEMS TO BE INCLUDED IN THE IPF-PAI

CAA, 2023 Category	Finalized Assessment Item
Functional status	Mobility: Chair/Bed-to-Chair Transfer
Cognitive function and mental status	Suicide Screening
Special services, treatments, and interventions	Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting (Psychiatric Treatments, Restrictive Interventions)
Medical conditions and comorbidities	Primary Medical Condition Category
Impairments	Hearing; Speech Clarity; Vision
Administrative Data	Legal Name of Patient, Birth Date, Sex, Medicare Number*, Facility Provider Numbers (National Provider Identifier, CMS Certification Number), Admission/Discharge Date, Payer Information—Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission/Type of Discharge, IPF-PAI Completion Date

*Medicare Number will be required only for patients for whom Medicare is the primary payer.

The IPF-PAI admission and discharge assessments consist of 19 and 21 assessment item parts, respectively.[5] For the purpose of estimating collection of information burden, we estimate that each assessment item part in the IPF-PAI will require approximately 0.3 minutes to complete. Our estimate of 0.3 minutes is similar to estimates used in other CMS PAI data collections,[6] and is supported by the IPF-PAI field (beta) test. In field testing, which used volunteer assessors and a convenience sample of patients, assessors completed the beta test assessments, which contained 86 assessment item parts at Admission and 85 assessment parts at Discharge, in a median time of 13 minutes, or approximately 0.15 minutes per

[5] For the purposes of estimating information collection burden, some multi-part assessment items are counted as more than one item, out of recognition that they may require multiple responses.

[6] The Inpatient Rehabilitation Facility-PAI (OMB control number 0938-0842), the Outcome and Assessment Information Set (OMB control number 0938-1279), the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set (OMB control number 0938-1163), and the Minimum Data Set (OMB control number 0938-1140) estimate time required to complete assessment items at 0.15, 0.25, and/or 0.3 minutes.

assessment item part; time per assessment item part was slightly higher for admission assessments (median time to complete of 16 minutes, or 0.19 minutes per assessment item part) than for discharges assessments (median time to complete of 11 minutes, or 0.13 minutes).[7] We use 0.3 minutes for each assessment item part as a conservative estimate in alignment with other CMS PAI data collections, and estimate that the IPF-PAI will require 12 minutes (0.3 minutes x 40 assessment item parts) or 0.2 hours per patient.

In the FY 2027 IPF PPS final rule, we adopted the IPF-PAI with voluntary data submission beginning October 1, 2027, and mandatory data submission beginning July 1, 2028. That is, IPFs will be able to voluntarily collect and submit IPF-PAI admission and discharge assessments for all patients aged 18 years and older, regardless of payer, who were admitted or discharged beginning October 1, 2027 until June 30, 2028. Admission and discharge assessments conducted on admissions or discharges before July 1, 2028 will not impact payment determinations. Assessments mandatorily conducted for applicable patients admitted or discharged July 1, 2028 through December 31, 2028 will impact the FY 2030 payment determination.

Beginning with the FY 2031 payment determination and for subsequent years, we finalized that an IPF must report data with respect to admissions and discharges for all patients aged 18 years and older that occur during the calendar year from January 1 through December 31, that is, the calendar year two years preceding the FY payment determination year (for example, January 1, 2029 through December 31, 2029 for the FY 2031 payment determination, January 1, 2030 through December 31, 2030 for the FY 2032 payment determination, and so on). We finalized that IPF-PAI data must be submitted for each calendar quarter by the submission deadline, that is, the 15th day of the second month following the end of the calendar quarter, as outlined in Table 2. See Table 2 for submission deadlines through the FY 2031 payment determination.

TABLE 2: FINALIZED DATA SUBMISSION DEADLINES AND ASSOCIATED PAYMENT DETERMINATION YEARS FOR THE IPF-PAI

Quarter of Patient Admission or Discharge Date	Data Submission deadline*	Applicable Payment Determination
Q4 2027 (Oct 1 – Dec 31, 2027)	February 15, 2028	N/A (Voluntary)
Q1 2028 (Jan 1 – Mar 31, 2028)	May 15, 2028	N/A (Voluntary)
Q2 2028 (Apr 1 – Jun 30, 2028)	August 15, 2028	N/A (Voluntary)
Q3 2028 (Jul 1 – Sept 30, 2028)	November 15, 2028	FY 2030
Q4 2028 (Oct 1 – Dec 31, 2028)	February 15, 2029	FY 2030
Q1 2029 (Jan 1 – Mar 31, 2029)	May 15, 2029	FY 2031
Q2 2029 (Apr 1 – Jun 30, 2029)	August 15, 2029	FY 2031
Q3 2029 (Jul 1 – Sept 30, 2029)	November 15, 2029	FY 2031
Q4 2029 (Oct 1 – Dec 31, 2029)	February 19, 2030	FY 2031

* Submission deadlines reflect consideration of federal holidays and weekends. When that occurs, the data submission deadline will be moved to the next business day.

In the FY 2027 IPF PPS final rule, we finalized to require mandatory collection of the IPF-PAI for all patients aged 18 and older beginning July 1, 2028, and that IPFs will need to

[7] CMS internal analysis based on IPF–PAI Testing Report, available under IPF–PAI Development and Testing resources at https://qualitynet.cms.gov/ipf/PAI.

complete 100 percent of the IPF-PAI assessment items on 50 percent of the IPF-PAIs submitted to meet the IPF Quality Reporting Program's IPF-PAI requirement for the applicable annual payment determination. Beginning with the CY 2030 reporting period impacting the FY 2032 payment determination, the compliance threshold will increase to 70 percent. Because we are currently unable to estimate the percent of IPF-PAIs submitted that may have less than 100 percent of assessment items completed, for burden estimating purposes, we assume 100 percent of assessment items will be completed for 100 percent of IPF-PAIs submitted.

We estimate that there are approximately 1,564 facilities eligible to participate in the IPF Quality Reporting Program with an average of 1,342 discharges per IPF (based on data from the FY 2027 payment determination). Because historical data indicate that almost all facilities participate in the IPF Quality Reporting Program, and because we wish to be conservative in our estimates, we estimated that half of the eligible IPFs will complete the IPF-PAI when submission is voluntary (Q4 of CY 2027 through Q2 of CY 2028), and that all eligible facilities will complete the IPF-PAI when submission is mandatory (beginning Q3 of CY 2028). To calculate the number of patients for whom the IPF-PAI will be administered, we multiply the number of IPFs by the average discharges per IPF, for a total of 2,098,888 patients (1,564 IPFs x 1,342 discharges/IPF).

We also assume the IPF-PAI will be completed by a variety of clinical or administrative staff. As shown in Table 3, we estimate that approximately 50 percent of data collection associated with the IPF-PAI will be completed by Medical Records Specialists with the remaining 50 percent being split equally by Registered Nurses (RNs), Licensed Practical/Licensed Vocational Nurses (LP/LVNs), and Mental Health and Substance Abuse Social Workers. We utilized the BLS median hourly wage rates of $27.53/hour, $46.74/hour, $28.09/hour, and $37.49/hour for Medical Records Specialists (SOC 29-2072), RNs (SOC 29-1141), LP/LVNs (SOC 29-2061), and Mental Health and Substance Abuse Social Workers (SOC 21-1023), respectively, for the industry, "general medical and surgical hospitals"[8] and calculated the cost of overhead, including fringe benefits, at 100 percent of the median hourly wage. As a result, we use a weighted average labor rate of $65.04/hour [($27.53/hour x 2 x 50 percent) + ($46.74/hour x 2 x 16.7 percent) + ($28.09/hour x 2 x 16.7 percent) + ($37.49/hour x 2 x 16.7 percent)].

[8] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics: General Medical and Surgical Hospitals, Medical Records Specialists. Accessed January 8, 2026. Available at: *https://data.bls.gov/oes/#/industry/622100*.

TABLE 3: WAGE INFORMATION

Role	Occupation Code, if applicable	Hourly Wage ($/hour)	Fringe Benefits and Overhead ($/hour)	Adjusted Hourly Wage ($/hour)	Weight	Weighted Rate ($/hour)
Medical Records Specialist	29-2072	27.53	27.53	55.06	50.0%	27.53
Registered Nurses	29-1141	46.74	46.74	93.48	16.7%	15.61
Licensed Practical/Licensed Vocational Nurses	29-2061	28.09	28.09	56.18	16.7%	9.38
Mental Health and Substance Abuse Social Workers	21-1023	37.49	37.49	74.98	16.7%	12.52
Total					100.0%	65.04

We estimate the finalized requirements for the IPF-PAI will result in a burden of 419,778 hours annually (0.2 hours x 2,098,888 patients) at a cost of $27,302,361 (419,778 x $65.04/hour) for all IPFs, beginning with the CY 2029 reporting period which is the first full mandatory reporting period that the IPF-PAI will be implemented. For each IPF, we estimate an annual burden of approximately 268 hours (419,778 ÷ 1,564 IPFs) at a cost of $17,457 ($27,302,361 ÷ 1,564 IPFs).

For voluntary data submission in Quarter 4 of the CY 2027 Reporting Period and Quarters 1 and 2 of the CY 2028 Reporting Period, we assume 50 percent of IPFs will administer the IPF-PAI to 25 percent of patients on average, resulting in a total of 65,590 patients ((50 percent x 1,564 IPFs) x (25 percent x ((1,342 discharges/IPF ÷ 4 quarters) x 1 quarter))) and 131,181 patients ((50 percent x 1,564 IPFs) x (25 percent x ((1,342 discharges/IPF ÷ 4 quarters) x 2 quarters))) in the CY 2027 and CY 2028 Reporting Periods, respectively. For the CY 2027 Reporting Period, we estimate a burden of 13,118 hours (0.2 hours x 65,590 patients) at a cost of $853,195 (13,118 hours x $65.04/hour), approximately 17 hours (13,118 ÷ 782 IPFs) at a cost of $1,091 ($853,195 ÷ 782 IPFs) per IPF. For mandatory data submission in Quarters 3 and 4 of the CY 2028 Reporting Period, we estimate the number of patients for which the IPF-PAI will be administered to be 50 percent of the annual total of 2,098,888 patients, or 1,049,444 patients (2,098,888 patients x 50 percent). We note that 50 percent is because it is mandatory for half of the year. As a result, for the CY 2028 reporting period, we estimate a burden of 236,125 hours (0.2 hours x (1,049,444 + 131,181 patients)) at a cost of $15,357,570 (236,125 hours x $65.04/hour). For each IPF, we estimate a burden of approximately 151 hours (236,125 ÷ 1,564 IPFs) at a cost of $9,819 ($15,357,570 ÷ 1,564 IPFs) for the CY 2028 reporting period.

TABLE 4: TOTAL CY 2027 IPF-PAI BURDEN

Response Description	Number Respondents	Number of Responses/ Respondent	Total Responses	Time per Response (hrs)	Time per Facility (hrs)	Total Time (hrs)	Total Cost ($)
IPF-PAI (Voluntary) Q4 2027	782	83.9	65,590	0.2	16.8	13,118	853,195

TABLE 5: TOTAL CY 2028 IPF-PAI BURDEN

Response Description	Number Respondents	Number of Responses/ Respondent	Total Responses	Time per Response (hrs)	Time per Facility (hrs)	Total Time (hrs)	Total Cost ($)
IPF-PAI (Voluntary) Q1 2028 and Q2 2028	782	167.8	131,181	0.2	33.5	26,236	1,706,389
IPF-PAI (Mandatory) Q3 2028 and Q4 2028	1,564	671	1,049,444	0.2	134.2	209,889	13,651,181

TABLE 6: TOTAL ANNUAL IPF-PAI BURDEN BEGINNING IN CY 2029

Response Description	Number Respondents	Number of Responses/ Respondent	Total Responses	Time per Response (hrs)	Time per Facility (hrs)	Total Time (hrs)	Total Cost ($)
IPF-PAI (Mandatory) Q1-Q4 2029	1,564	1,342	2,098,888	0.2	268.4	419,778	27,302,361

13. Capital Costs (Maintenance of Capital Costs)

There may be variable non-recurring costs among IPFs associated with changes in workflow and information systems to administer the IPF-PAI and collect and submit the data. IPFs will have the option of two methods for submission of IPF-PAI data to CMS: web application (PARIT) and FHIR® API. As IPFs have not yet used FHIR® for program data submission, we acknowledge that technological, financial, and staffing barriers may present challenges to adoption and use in some facilities. We also recognize that IPFs and the health IT vendors that support IPFs will require time to develop and implement data collection and submission tools for the IPF-PAI.

14. Cost to Federal Government

The Department of Health & Human Services will incur costs associated with the implementation of the IPF-PAI, including costs associated with the IT system used to process IPF-PAI submissions to CMS and analysis of the data received.

CMS (Center for Clinical Standards and Quality, Information Services Group (ISG)) will utilize a commercial contractor to manage the online reporting and data receiving systems that support the IPF-PAI. This contractor works with CMS to support the IT needs of multiple patient assessment instruments and will also support the IPF-PAI. After IPF-PAI data is received by CMS, this contractor performs some basic analysis which helps to determine IPF compliance with the IPF Quality Reporting Program reporting requirement. The findings are communicated to the IPF

Quality Reporting Program Lead in a report. Contractor costs include the development, testing, and implementation of updates to data submission systems and reports, as well as ongoing operational costs.

CMS has retained the services of another contractor to assist us with IPF training and support services related to the IPF-PAI.

In addition to the contractor costs, the total includes the cost of the following Federal employee:

- GS-13 (locality pay area of Washington-Baltimore-Northern Virginia) at 100% effort for 3 years, or $538,293, or $138,024 + $41,407 in benefits (30%) annually.

The estimated cost to the federal government for the contractor is as follows:

CMS contractor – Maintenance and support of IT platform that Supports the IPF-PAI …….…….	$ 875,000
Training & help desk contractor……..….	$1,000,000
GS-13 Federal Employee (100% x 3 years at $179,431 annually)…….....	$ 538,293
Total Cost to Federal Government ……	**$2,413,293**

15. Program and Burden Changes

This is a new information collection request, there are no changes to burden.

16. Publication/Tabulation Dates

There is no public reporting of IPF-PAI data being finalized at this time.

17. Expiration Date

We will display the approved PRA expiration date on the instructional text and response options of the IPF-PAI included as appendix to this PRA.

18. Certification Statement

We are not claiming any exceptions to the Certification for Paperwork Reduction Act Submissions Statement.

Supporting Statement – Part B
Collection of Information Employing Statistical Methods

The IPF-PAI does not require sampling and CMS will not employ any statistical methods or sampling in the calculation of assessment results.