

**Supporting Statement for the
Conditions of Participation for Comprehensive Outpatient Rehabilitation Facilities
(CORFs) (OMB Control No. 0938-1091/CMS-10282)**

A. BACKGROUND

The purpose of this package is to request approval from the Office of Management and Budget (OMB) to reinstate, with change, the information collections (ICs) titled, “Supporting Statement for the Conditions of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs) (OMB Control No. 0938-1091/CMS-10282).”

CORFs provide coordinated outpatient diagnostic, therapeutic, and restorative services to rehabilitate individuals who are injured, disabled or ill. Physical, occupational and speech-language therapy may be provided at a single, off-site location. CORFs must provide the following core services:

- Physician consultation and supervision of staff, oversight of treatment plans, and facility administration;
- Physical therapy and social or psychological services.

The ICs described herein enable the Centers for Medicare & Medicaid Services (CMS) to ensure CORFs comply with the initial and ongoing Medicare Conditions of Participation (CoPs) specified at Title 42 Code of Regulations (CFR) Section 485, Subpart B.¹ These CoPs help assure a minimal level of patient health and safety in participating facilities and help ensure that Medicare requirements are being met. The only CoP with ICs is 42 CFR § 485.66 and the burden estimates are designated as: IC-1a: §485.66(a) - for Newly Certified CORFs to Develop Utilization Review Plan and IC-1b: §485.66 - for Currently Certified CORFs to Conduct Annual Utilization Reviews.²

The previous iteration of this package included an estimated annual burden of 1,504 hours and an annual cost of \$103,776.³ For this reinstatement, the total annual hourly burden is revised to **1,260** hours, with an annual burden cost of **\$108,190**. (see Table 5). The 16% decrease in burden hours (from 1,504 to 1,260) is primarily due to the decrease in number of certified CORFs from 188 in the prior iteration to 155 in this reinstatement. For a detailed explanation, see **Section 15**.

¹ The CoPs in Subpart B include the following sections: §485.54: Compliance with State and local laws; §485.56: Governing body and administration; §485.58: Comprehensive rehabilitation program; §485.60: Clinical records; §485.62: Physical environment; §485.66: Utilization review plan; §485.68: Emergency preparedness.

² Note the ICs associated with 42 CFR §485.68 - Emergency Preparedness is addressed in a separate PRA package titled, “Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” (OMB No. 0938-1325/CMS-10578).

³ See “Information Collection Review: Comprehensive Outpatient Rehabilitation Facilities (CORFs) Conditions of Participation (CoP),” *U.S. Office of Management and Budget*, https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201911-0938-004, Accessed May 1, 2025.

B. JUSTIFICATION

1. Need and Legal Basis

Under section 1861(cc) of the Social Security Act (the Act), CORFs must comply with the CoPs, specified at 42 CFR 485, Subpart B in order to receive payment under Medicaid and Medicare. These CoPs are designed to protect the health and safety of individuals receiving services from CORFs.⁴

2. Information Users

CMS uses the ICs to ensure CORFs comply with Medicare and Medicaid CoPs in order to protect patient health and safety. The ICs are collected and used by surveyors, employed by state agencies under agreements with CMS, at the time they conduct in-person compliance reviews of CORFs every 5 to 7 years.⁵ Surveyors certify CORFs who meet their certification requirements.

3. Improved Information Technology

CMS does not require the use of any specific technology or format so long as the required ICs are readily available for review by State surveyors at the time of the on-site survey. CORFs may use any available information technology to collect and maintain the required ICs, provided these methods comply with existing confidentiality standards set forth at 42 CFR §485.60 and applicable privacy rules, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The use of electronic or other technological collection techniques is encouraged when such methods would reduce burden and are consistent with CORFs' operations.

4. Duplication of Efforts

There is no duplication of information collection. These information collections (ICs) are designed to be sufficiently general, allowing facilities flexibility in substance and format within their existing recordkeeping practices. If CORFs already maintain records that satisfy the ICRs, regardless of format (electronic or paper), no additional collection is required.

5. Small Business

The ICs do affect small businesses. However, CMS minimizes the impact by allowing small businesses the flexibility to meet the information requirements in ways that are consistent with their existing operations.

⁴ The CORF CoPs were first issued under the final rule, Medicare Program: Comprehensive Outpatient Rehabilitation Facility Services (48 FR 56282) published on December 15, 1982 and redesignated on August 16, 1985 (50 FR 33027). The CORF CoPs were last amended on September 30, 2019 (84 FR 51732, 51752).

⁵ See e.g., State Operations Manual Appendix K - Guidance to Surveyors: Comprehensive Outpatient Rehabilitation Facilities, Revised 2/21/2020, Centers for Medicare and Medicaid Services, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_k_corf.pdf.

6. Less Frequent Collection

Less frequent information collection could limit CMS's ability to ensure compliance with Medicare CoPs, which could potentially compromise patient health and safety as well as reduce the overall quality of healthcare services.

CMS does not collect information directly from CORFs but instead relies on State surveyors to review the ICs during their on-site visits. The results of these on-site surveys help CMS assess whether providers or facilities are complying with the required standards for care and patient outcomes.

Surveys are required before initial Medicare certification, allowing CORFs to receive Medicare or Medicaid payments. To maintain certification, CORFs must complete on-site surveys every 5 to 7 years and in response to complaints.

7. Special Circumstances

There are no special circumstances.

8. Federal Register Notice/Outside Consultation

The 60-day *Federal Register* notice was published on [DATE].

9. Payment/Gift to Respondent

No payments or gifts will be provided to respondents as part of this information collection.

10. Confidentiality

Any information collected will be used only for stated purposes and disclosed only as permitted by law. Protected Health Information ("PHI") will be kept confidential as required by the Privacy Act of 1974 (5 USC § 552a) and HIPAA (45 CFR §§ 160, 164). CORFs must also follow standard medical confidentiality practices, such as protecting clinical records per 42 CFR § 485.60(b).

11. Sensitive Questions

There are no sensitive questions associated with this information collection. Surveyors may ask sensitive questions during on-site visits to CORFs when they review patient and facility records and interview staff and patients. However, surveyors strive to conduct interviews privately to protect patient privacy and must follow a structured protocol with clear guidelines about information handling during their on-site visit.

Surveyors must also follow all confidentiality rules described in Section 10 and must display their identification badges during on-site surveys, ensuring accountability in the handling of sensitive information.

12. Burden Estimates (Hours & Wages)

This section consists of the following three parts: Part 12-A, Part 12-B, and Part 12-C. Part 12-A explains the general assumptions used to estimate annual burden hours and burden costs. Part 12-B explains the CoPs in detail and describes the methodology used to estimate the annual burden hours and cost. Part 12-C summarizes the information.

Part 12-A: Assumptions

Below are the global assumptions for the number of new and currently certified CORFs (see Table 1) as well as current hourly wages used to estimate the associated burden hours and costs per IC and for the entire industry (see Table 2).

Number of Respondents (CORFs)

The burden for the ICs described in Part 12-B is based on facility data for Comprehensive Outpatient Rehabilitation Facilities (CORFs), as reported by CMS’ Certification and Survey Provider Enhanced Reporting (CASPER) for the past 5 years (2020-2024).

As shown in Table 1 below, to estimate the number of CORFs impacted by the ICs, CMS assumes there will be 155 currently certified CORFs per year during the next three-year period (2025, 2026, 2027). This estimate is based on the average number of active CORFs between Calendar Year (CY) 2020 to 2024. CMS estimates there will be three (3) newly certified CORFs per year during 2025-2027 based on the average number of newly certified CORFs between CY 2020 to CY 2024. As a result, any IC related to “initial development” of a requirement would apply to three (3) facilities.

Table 1. Number of CORFs Impacted⁶

# of CORFs	2020	2021	2022	2023	2024	5-yr. average
Current Active CORFs	163	159	158	149	145	155
Newly Certified CORFs	1	3	2	3	4	3
CORFs w/certification terminated	7	3	12	8	5	7

Labor Wages

The burden cost for the ICs described in Part 12-B is based on hourly wage costs presented in Table 2 below. This salary data is derived from the U.S. Department of Labor, Bureau of Labor Statistics (BLS), Cross-Industry Occupational Employment and Wage Estimates (OEWS).⁷

⁶ Certification and the Survey Provider Enhanced Reporting (CASPER), Last Date Modified: March 16, 2025, <https://qcor.cms.gov>. Accessed March 25, 2025.

⁷ U.S. Bureau of Labor Statistics. May 2024 Cross-Industry Occupational Employment and Wage Statistics. U.S.

To develop the estimates, CMS first identified typical positions employed within CORFs and then matched those positions with their equivalent labor titles as listed in the OEWS. For example, the “CORF Administrator” is responsible for the overall management of the facility and personnel and implements policies and procedures.

CMS then identified the hourly mean salary wage for each applicable labor category and applied a 100 percent markup to account for fringe and overhead costs. The resulting wage rates were rounded up to the nearest whole dollar.

Table 2. Hourly Labor Wage Data⁸

CORF Personnel	BLS Labor Title	BLS Labor Code	May 2024 Hourly Mean Wage Cost (a)	Wages w/Benefits (b = a x 2)
CORF Administrator	Medical and Health Services Manager	11-9111	\$66.22	\$132
Physical Therapist	Physical Therapist	29-1123	\$49.23	\$98
CORF Social Worker	Health Care Social Worker	21-1022	\$34.63	\$69
Administrative Assistant	Medical Secretaries and Administrative Assistants	43-6013	\$21.91	\$44

Part 12-B: Burden Estimates

This section discusses the burden estimates for the ICs embedded into the CoPs for CORFs as codified in Title 42 CFR Section 485, Subpart B. Per below, the requirement at 42 CFR §485.66 is the only provision associated with burden estimates and is designated as: IC-1a: §485.66(a) - for Newly Certified CORFs to Develop Utilization Review Plan and IC-1b: §485.66 - for Currently Certified CORFs to Conduct Annual Utilization Reviews.

IC-1a & IC-1b: § 485.66 – Develop & Conduct Utilization Reviews

Section 485.66(a) requires CORFs to develop a written utilization review plan and to conduct utilization reviews annually.⁹ The utilization review plan must contain written procedures for evaluating:

- Admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies;
- The applicability of the treatment plan to established goals; and
- The adequacy of clinical records.

Department of Labor. Last Modified Date: May 28, 2025. <https://data.bls.gov/oes/#/industry/000000>. Accessed May 28, 2025.

⁸ Id.

⁹ The ongoing utilization review requirement was changed from quarterly to annually in 2019. See “[Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital \(CAH\) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care](#),” 84 FR 51732, 51764 (September 30, 2019).

The burden associated with this requirement includes: 1) IC-1a: the time required for newly certified CORFS to develop a utilization review plan and procedures; and 2) IC-1b: the time for currently certified CORFs to conduct annual utilization reviews.

The one-time burden for IC-1a consists of the time to develop an initial utilization review plan. As shown in Table 3 below, the estimated staff and time needed for each newly certified CORF would be:

- two (2) hours each for a CORF Administrator, a Physical Therapist and a CORF Social Worker and;
- 0.5 hours (30 minutes) for an Administrative Assistant.

This results in a total of 6.5 hours per newly certified CORF, at a weighted average loaded hourly cost of \$620. Assuming 3 CORFs are newly certified each year per Table 1, the total estimated annual burden is 20 hours (6.5 hours x 3 CORFs) at a total cost of \$1,860 (\$620 x 3 CORFs).

Table 3. IC-1a, §485.66(a) – Initial development of Utilization Review Plan

Burden per Newly Certified CORF to Develop Utilization Review Plan	Loaded Hourly Mean Wage (a)	Burden Hours/ CORF (b)	Burden Cost/ CORF (c = a x b)
CORF Administrator (BLS Occ. Code 11-9111)	\$132	2	\$264
Physical Therapist (BLS Occ. Code 29-1123)	\$98	2	\$196
CORF Social Worker (BLS Occ. Cod 21-1022)	\$69	2	\$138
Administrative Assistant (BLS Occ. Code 43-6013)	\$44	0.5	\$22
Burden Hours and Cost per CORF		6.5	\$620

The burden for IC-1b consists of the time to conduct annual utilization reviews and document any changes. As shown in Table 4 below, we continue to estimate the staff and time needed to conduct annual utilization reviews is a total of 8 hours per CORF, at a weighted average loaded hourly cost of \$686. This consists of the following staff and time:

- two (2) hours each for a CORF Administrator, a Physical Therapist, and a CORF Social Worker to review, revise, and implement the utilization review plan annually;
- two (2) hours for an Administrative Assistant to put the developed documents in final typed format.¹⁰

¹⁰ See 84 FR 51732, 51764-65.

Table 4. IC-1b, §485.66 – Conduct Annual Utilization Reviews

Burden per Currently Certified CORFs to Conduct Annual Utilization Reviews	Loaded Hourly Mean Wage <i>(a)</i>	Burden Hours/ CORF <i>(b)</i>	Burden Cost/ CORF <i>(c = a x b)</i>
CORF Administrator (BLS Occ. Code 11-9111)	\$132	2	\$264
Physical Therapist (BLS Occ. Code 29-1123)	\$98	2	\$196
CORF Social Worker (BLS Occ. Cod 21-1022)	\$69	2	\$138
Administrative Assistant (BLS Occ. Code 43-6013)	\$44	2	\$88
Burden Hours and Cost per CORF		8	\$686

Assuming there are 155 active CORFs per year for 2025-2027 per Table 1, the total estimated annual burden is 1,240 hours (8 hours x 155 CORFs), with a total cost of \$106,330 (\$686 x 155 CORFs).

§ 485.68 - Emergency Preparedness

Section 485.68 requires CORFs to develop and maintain an emergency preparedness plan. The burden associated with this requirement is the time needed to develop an emergency plan, policies and procedures, and a communication plan and to conduct regular testing and training. The burden for CORFs related to emergency preparedness planning is addressed within the PRA package titled, “Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers” (OMB No. 0938-1325).

Part 12-C: Burden Summary

As shown in Table 5, we estimate that the total annual burden hours to industry for all ICs is **1,260** hours at an annual cost of **\$108,190**.

Table 5. Total Annual Burden Hours and Costs for all CORFs

Information Collection No.	CFR Section	Respondents	Responses	Annual Burden Hours	Annual Burden Cost
IC-1a: Develop Utilization Review Plans for Newly Certified	§485.66(a)	3	3	20	\$1,860
IC-1b: Conduct Annual Utilization Review for Existing Facilities	§485.66	155	155	1,240	\$106,330
Burden Hours and Costs for all Impacted CORFs	-	158	158	1,260	\$108,190

13. Capital Costs

There are no capital costs associated with this information collection.

14. Cost to Federal Government

The estimated burden and costs to the federal government for this IC include the time spent by surveyors, employed by State Survey Agencies under contract with CMS, to complete in-person compliance evaluations. As discussed in Section 6 above, CORFs undergo compliance reviews at the time of initial application for Medicare approval and are surveyed every 5 to 7 years to assess ongoing compliance.

The burden for these activities was calculated using a loaded hourly wage of \$71 per hour for a surveyor (BLS, Occupation Title: “Survey Researcher,” BLS Occupation Code: 19-3022).¹¹ For the initial compliance review, CMS estimates that it takes 4 hours, resulting in a cost of \$284 per facility (4 hours x \$71). For ongoing compliance reviews, CMS estimates that it takes 1 hour, resulting in a cost of \$71 per facility (1 hour x \$71).

As shown in Table 6, the burden to the federal government for each applicable IC is calculated based on the number of facilities impacted by that IC. The total annual burden for the federal government to conduct the required compliance reviews for IC-1a and IC-1b is 167 hours, at a cost of \$11,857.

Table 6. Total Burden and Cost Estimates for Federal Government

Information Collection No.	CFR Section	# of Facilities	Loaded Hourly Mean Wage ¹²	Burden Hrs./ Facility	Total Burden Hrs.	Total Burden Costs
		(a)	(b)	(c)	(d = a x c)	(e = b x d)
IC-1a: Develop Utilization Review Plan for Newly Certified	§485.66(a)	3	\$71	4	12	\$852
IC-1b: Conduct Annual Utilization Review for Existing Facilities	§485.66	155	\$71	1	155	\$11,005
Burden Hours and Costs for Federal Government		158	n/a	5	167	\$11,857

15. Changes to Burden

As shown in Table 5 above, the estimated annual burden hours to the industry decreased from 1,504 to 1,260 hours, a 16% decrease. The annual cost increased from \$103,776 to \$108,190, a 4% increase. The 16% decrease in burden hours is primarily due to the decrease in currently certified CORFs from 188 to 155 and the addition of IC-1a for newly

¹¹ U.S. Bureau of Labor Statistics. May 2024 Cross-Industry Occupational Employment and Wage Statistics. *U.S. Department of Labor*. Last Modified Date: May 28, 2025. <https://data.bls.gov/oes/#/industry/000000>. Accessed May 28, 2025.

¹² *Id.*

certified CORFs to develop a utilization review plan, which was not a new requirement but the burden estimate was inadvertently missing from the last PRA submission.

The increase in annual costs is due to the addition of IC-1a and updated hourly wage estimates based on the most recent BLS data.

16. Publication/Tabulation Dates

There are no plans to publish the information collected.

17. Expiration Date

CMS will publish a notice in the *Federal Register* to inform the public of both the OMB approval and the expiration date of this information collection request. The public may also view the expiration date by searching for the OMB control number on OMB's website.

18. Certification Statement

There are no exceptions to the certification statement requirements.