

Supporting Statement for Religious Nonmedical Health Care Institutions (RNHCIs) Conditions of Participation (OMB Control No. 0938-1367/CMS-10712)

A. Background

The purpose of this package is to request approval for this existing collection in use without an OMB Control Number for Religious Nonmedical Health Care Institutions (RNHCIs) Conditions of Participation (CoPs).

RNHCIs are facilities that provide non-medical nursing items and services to patients who choose to rely solely upon a religious method of healing and for whom the acceptance of medical health services would be inconsistent with their religious beliefs.¹

The information collections (ICs) for RNHCIs enable CMS to ensure these facilities comply with health and safety requirements under Title 42 Code of Regulations (CFR) Section 403, Subpart G.² The specific ICs associated with burdens are as follows: IC-1: §§403.724(a)(2) & (a)(3) - Sign, Date & Notarize election statement; IC-2: §403.724(a)(4) - Copy & Submit Election Statement to CMS; IC-3: §403.730(a) - Provide Patients Notice of Rights; IC-4: §403.736(a) - Provide Discharge Plan.

The previous iteration of this package included an estimated annual burden of 1,943 hours and an annual cost of \$79,998. For this reinstatement, the total annual hourly burden is revised to **824** hours, with an annual burden cost of **\$38,113**. (see Table 7). The 58% decrease in burden hours is primarily due to an expected reduced facility count, updates to collections that are exempt, and revisions to calculations to align with original estimates. For a detailed explanation, see **Section 15**.

B. Justification

1. Need and Legal Basis

Section 1861(ss)(1) of the Social Security Act (“the Act”) specifies the requirements that a Medicare or Medicaid provider must meet to satisfy the definition of a RNHCI.³ In addition to the CoPs, section 1821(a) of the Act requires that in order for RNHCIs to receive payment under Medicare, individuals receiving services at a RNHCI must: 1) have a health condition

¹ Section 1861(ss)(i) of the Social Security Act (the Act).

² The CoPs in Subpart G include the following: §403.730, Patient rights; §403.732, Quality assessment and performance improvement; §403.734, Food services; §403.736, Discharge planning; §403.738, Administration; §403.740, Staffing; §403.742, Physical environment; §403.744, Life safety from fire; §403.745, Building Safety; §403.746, Utilization review; and § 403.748, Emergency preparedness. The RNHCI CoPs were initially proposed in 1999 (64 FR 67028) (hereinafter “1999 Interim Rule”) and finalized in 2003 (68 FR 66710) (hereinafter “2003 Final Rule”).

³ 42 United States Code (U.S.C.) § 1395x (ss)(1).

that would qualify for inpatient hospital services or extended care services in a non-religious health setting; and 2) have a valid election in effect to receive RNHCI services.⁴

Further, under section 1861(ss)(1)(J) of the Act, RNHCI must comply with the CoPs, specified at 42 CFR §§ 403.730 - 403.748 in order to receive payment under Medicaid and Medicare. Specifically, RNHCI must comply with the following CoPs: §403.730, Patient rights; §403.732, Quality assessment and performance improvement; §403.734, Food services; §403.736, Discharge planning; §403.738, Administration; §403.740, Staffing; §403.742, Physical environment; §403.744, Life safety from fire; §403.745, Building safety; §403.746, Utilization review; and § 403.748, Emergency preparedness. These CoPs are designed to protect the health and safety of individuals receiving services in a religious, nonmedical setting from RNHCI.

2. Information Users

The ICs are used by CMS to ensure RNHCI comply with Medicare and Medicaid CoPs in order to protect patient health and safety. The ICs are collected by surveyors. Surveyors are employed by state agencies under agreement with Medicare. The state surveyors conduct in-person on-site visits and use the ICs to complete the surveys. Surveyors perform surveys at the time of re-certification which are done on a cyclical basis of about five to seven years. Surveyors certify RNHCI who meet their certification requirements.⁵

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. RNHCI may use any available information technology to collect and maintain the required ICs, provided these methods comply with applicable confidentiality standards set forth at 42 CFR §403.730(d) and applicable privacy rules, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The use of technology for information collection and retention is encouraged when such methods would reduce burden and are consistent with RNHCI's operations.

4. Duplication of Efforts

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

⁴ 42 U.S.C. § 1395i-5.

⁵ See e.g., State Operations Manual Appendix U - Survey Procedures and Interpretive Guidelines for Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions, Revised 2/21/2020, Centers for Medicare and Medicaid Services, <https://www.cms.gov/files/document/appendix-u-state-operations-manual>

5. Small Businesses

The ICs affect small businesses as RNHCI are required under section 1861(ss)(1)(A) of the Act to operate as non-profit organizations. However, CMS minimizes the impact by allowing small businesses, like RNHCI, flexibility to meet the information requirements in ways that are consistent with their existing operations.

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. CMS does not collect these ICs directly from RNHCI. Instead, surveyors review the ICs during on-site visits to determine if a RNHCI meets the CoPs for Medicare and Medicaid certification. To maintain certification, RNHCI must complete on-site surveys on a cyclical basis of about five to seven years.

7. Special Circumstances

There are no special circumstances.

8. Federal Register Notice/Outside Consultation

The 60-day *Federal Register* notice was published on [DATE] (90 FR XXXXX).

At the time of the last submission of this PRA package, CMS revised one of the RNHCI CoPs at 42 CFR § 403.73 in the proposed rule, *Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction* published on September 20, 2018 (83 FR 47686). As CMS addressed in the final rule (CMS-3346-F) published on September 30, 2019 (84 FR 51732), the comments received supported the proposed revision, which reduced the original burden estimate for IC-4 in this PRA package.⁶ This reinstatement incorporates the policy change made by this rule and updates the associated burden estimate based on the revised assumption.⁷

9. Payments/Gifts to Respondents

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

10. Confidentiality

⁶ 84 FR 51732, 51737 (2019 Final Rule).

⁷ Specifically, CMS revised the CoP at 42 CFR § 403.736 by requiring RNHCI to provide discharge instructions rather than an extensive, medical discharge plan, to the patient or the patient's caregiver at the time of discharge, which reduced the annual burden estimate per RNHCI from 2 to 1 hour. 84 FR 51732, 51760 (2019 Final Rule).

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 the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR §§ 160, 164). RNHCIs must also follow standard medical confidentiality practices including those specified at 42 CFR §403.730(d).

11. Sensitive Questions

There are no questions of a sensitive nature associated with this information collection.

12. Burden Estimates (Hours & Wages)

This section is broken out into the following three parts: Part 12-A, Part 12-B, and Part 12-C. Part 12-A explains the general assumptions used to estimate hourly burden and costs. Part 12-B explains the CoPs in detail and describes the methodology used to estimate the hourly burden and cost. Part 12-C summarizes the information.

Part 12-A: Assumptions

Below are the global assumptions for the estimated number of RNHCI providers that will be impacted by the ICs (see Table 1) and the current hourly wage used to estimate the associated burden costs per IC and for the entire industry (see Table 2).

Number of Respondents (RNHCI providers)

The burden for the ICs described in Part 12-B uses facility data for Religious Nonmedical Health Care Institutions (RNHCIs), as reported by CMS’ Certification and Survey Provider Enhanced Reporting (CASPER) for the past 5 years (Calendar Years (CYs) 2020-2024).

As shown in Table 1 below, CMS assumes there will be fourteen (14) certified RNHCIs per year that will be impacted by the ICs, based on the five-year historical average of certified RNHCIs (for CYs 2020 to 2024). For purposes of estimation, we assume this number will remain the same in the next three (3) year period (CYs 2026, 2027, 2028). Similarly, CMS estimates there will be no newly certified RNHCIs in the next three (3) year period (CYs 2026, 2027, 2028) based on the past five-year average.

Table 1. Number of RNHCIs Impacted⁸

⁸ Certification and the Survey Provider Enhanced Reporting (CASPER), Last Date Modified: June 22, 2025, <https://qcor.cms.gov>. Accessed July 1, 2025.

# of RNHCIs	2020	2021	2022	2023	2024	5-yr. average	2026- 2028
Current Active RNHCIs	15	15	14	13	13	14	14
Newly Certified RNHCIs	0	0	0	0	0	0	0
RNHCIs w/certification terminated	0	1	1	0	1	1	0

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).⁹

To develop the estimates, CMS first identified typical positions employed within RNHCIs and then matched those positions with their equivalent labor titles as listed in the OEWS. For example, we continue to assume a “RNHCI Support Staff” is responsible for handling administrative, non-medical tasks which best corresponds to the BLS Labor Title of “General Office Clerks” (BLS Occupation Code 43-9061). 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 Data¹⁰

RNHCI Personnel	BLS Labor Title	BLS Labor Code	May 2024 Hourly Mean Wage Cost (a)	Wages w/Benefits (b = a x 2)
RNHCI Healthcare Support Worker	Healthcare Support Worker, All Other	31-9099	\$23.44	\$47
RNHCI Support Staff	Office Clerks, General	43-9061	\$21.86	\$44

Part 12-B: Burden Estimates

This section discusses the burden estimates for the ICs embedded into the CoPs for RNHCIs as codified in Title 42 CFR §§ 403.700 – 403.770. The CoPs with ICs that are not otherwise exempt from the PRA for this reinstatement include: IC-1: §§403.724(a)(2) & (a)(3) - Sign,

⁹ U.S. Bureau of Labor Statistics. May 2024 Cross-Industry Occupational Employment and Wage Statistics. *U.S. Department of Labor*. Last Modified Date: July 29, 2025. <https://data.bls.gov/oes/#/industry/000000>. Accessed July 29, 2025.

¹⁰ Id.

Date & Notarize election statement; IC-2: §403.724(a)(4) - Copy & Submit Election Statement to CMS; IC-3: §403.730(a)(1) - Provide Patients Notice of Rights; and IC-4: §403.736(a) - Provide Discharge Plan. See Part 12-C and Table 7 for a summary of all ICs and the total estimated burden and costs to the industry.

§403.724(a)(1) – One-time development of election statement

Section 403.724(a)(1) requires RNHCIs to have beneficiaries (or their legal representative) complete and sign a written election statement. The one-time burden associated with this requirement is the time needed to develop the required election statement. We continue to estimate each newly certified RNCHI would take 2 hours per year to develop the election statement.¹¹

As this burden has already been incurred by the 14 currently certified RNHCIs, this IC would only apply to newly certified RNHCIs. There have been no new applications since the first providers transitioned into the RNHCI program and CMS continues to estimate there will be no newly certified RNHCIs over the next three (3) year period (2026, 2027, and 2028) per Table 1. As a result, the burden is zero.

IC-1: §§403.724(a)(2) and (a)(3) – Sign, Date and Notarize election statement

Section 403.724(a)(2) requires RNHCIs to obtain the beneficiary or legal representative signature on the written election statement and Section 403.724(a)(3) requires the statement be notarized. The burden associated with this requirement is the time required for the beneficiary (or legal representative) to review, sign, and date the election statement and for the RNHCI to have it notarized. As shown in Table 4, we continue to estimate that it would take 0.167 hours (10 minutes) per election statement to have each beneficiary sign, and date the election statement and for a notary to witness and notarize the election statement.¹²

For purposes of estimation, we assume based on historical claims data, the number of beneficiaries across all certified RNHCIs who will need to have their election statements signed, dated and notarized will continue to be 619 per year, and that number will remain the same over the next three (3) year period (2026, 2027, and 2028).

As shown in Table 3 below, for all certified RNHCIs, the total estimated annual burden to sign, date and notarize all election statements is 103 hours (0.167 hours x 619 election statements) at a total cost of \$4,532 (\$44 loaded hourly cost for a RNHCI support staff x 103 hours). We estimate the same hourly burden and cost for year 1 (2026), year 2 (2027), and year 3 (2028).

Table 3. IC-1: §§403.724(a)(2) and (a)(3) - Sign, Date and Notarize election statement

Burden Assumptions

¹¹ 68 FR 66710, 66717 (2003 Final Rule). The burden associated with signing, filing, and submitting the election statement is described in §§ 403.724(a)(2) and (3) and 403.724(a)(4).

¹² We continue to assume each RNHCI will have a notary present to witness and notarize the election statement. See 68 FR 66710, 66717 (2003 Final Rule).

(a) Burden Hours/Election Statement (10 min)	0.167 hrs.		
(b) # of Election Statements for all RNHCIs	619		
Burden to Sign, Date & Notarize Election Statement	Loaded Hourly Mean Wage (c)	Burden Hours/ All RNHCIs (d = a x b)	Burden Cost/ All RNHCIs (e = c x d)
RNHCI Support Staff (BLS Occ. Code: 43-9061)	\$44		
Total Annual Burden for all RNHCIs		103	\$4,532

IC-2: §403.724(a)(4) – Copy & submit election statement to CMS

Section 403.724(a)(4) requires RNHCIs to keep a copy of the election statement on file and submit the original to CMS with any information obtained regarding prior elections or revocations. The burden associated with this requirement is the time required for each RNHCI to copy, retain, and submit the original election statement to CMS. Based on our experience with RNHCI providers and other Medicare and Medicaid providers, we continue to estimate that performing such tasks would take 0.083 hours (5 minutes) per election statement to comply.¹³

As stated above, we continue to assume there will be 619 election statements per year to be copied and sent to CMS and that this annual number will remain the same over the next three (3) year period. As shown in Table 4 below, for all certified RNHCI, the total estimated annual burden to copy and submit the original election statements to CMS is 51 hours (0.083 hours x 619 election statements) at a total cost of \$2,244 (\$44 loaded hourly cost for a RNHCI support staff x 51 hours). We estimate the same hourly burden and cost for year 1 (2026), year 2 (2027), and year 3 (2028).

Table 4. IC-2: §403.724(a)(4) - Copy & submit election statement to CMS

Burden Assumptions			
(a) Burden Hours/Election Statement (5 min)	0.083 hrs.		
(b) # of Election Statements for all RNHCIs	619		
Burden to Copy & Submit Election Statements to CMS			

¹³ 68 FR 66710, 66717 (2003 Final Rule)

	Loaded Hourly Mean Wage	Burden Hours/ All RNHCIs	Burden Cost/ All RNHCIs
	<i>(c)</i>	<i>(d = a x b)</i>	<i>(e = c x d)</i>
RNHCI Support Staff (BLS Occ. Code: 43-9061)	\$44		
Total Annual Burden for all RNHCIs		51	\$2,244

§403.724(b)(1)(ii) – Notify CMS of voluntary revocation

Section 403.724(b)(1) states that a beneficiary’s election can be revoked if he or she receives “nonexcepted medical treatment” or if the beneficiary voluntarily revokes the election and notifies CMS in writing. The burden associated with this requirement is for each RNHCI to track the number of election statements that have been revoked per (b)(1) and to notify CMS of voluntary revocations per (b)(1)(ii). Based on the number of revocations previously received by CMS, we continue to assume that there would be fewer than 10 revocations per year.¹⁴ As we expect ten (10) or less revocations of election statements across all RNHCIs in the next three (3) year period (2026, 2027, and 2028), this IC is exempt from the PRA under 5 CFR §1320.3(c)(4).

§403.730(a) – One-time development of Notice of rights

Section 403.730(a) requires every RNHCI to provide a written notice to inform each patient of his or her rights before providing services. The one-time burden associated with this requirement is the time for newly certified RNHCIs to develop the required notice, which we continue to estimate would take eight (8) hours.¹⁵ As CMS estimates there will be no newly certified RNHCIs over the next three (3) year period, the burden is zero.

IC-3: §403.730(a)(1) – Provide Patients Notice of rights

Section §403.730(a)(1) requires RNHCIs to provide a written notice to inform each patient of his or her rights, which are outlined in §§403.730(b) – (d).

The burden associated with this requirement is the time needed for all RNHCIs to provide the required Notice of Rights to every patient before he or she receives services. Based on our experience with RNHCIs and other providers with similar requirements, we continue to estimate that it would take 0.083 hours (5 minutes) to provide this notice to each patient.¹⁶ As stated above, we continue to estimate based on claims data, the number of notices that will need to be provided will be 619 per year and that number will remain the same over the next three (3) year period.

¹⁴ 68 FR 66710, 66717 (2003 Final Rule)

¹⁵ 64 FR 67028, 67041 (1999 Interim Final Rule)

¹⁶ 64 FR 67028, 67041 (1999 Interim Final Rule)

As shown in Table 5 below, for all certified RNHCIs, the total estimated annual burden to provide 619 notices is 51 hours (0.083 hours x 619 beneficiaries) at a total cost of \$2,244 (\$44/loaded hourly wage for RNHCI support staff x 51 hours). We estimate the same hourly burden and cost for year 1 (2026), year 2 (2027), and year 3 (2028).

Table 5. IC-3: §403.730(a)(1) - Provide Patients Notice of Rights

Burden Assumptions			
(a) Burden Hours/Notice (5 min)	0.083 hrs.		
(b) # of Notices for new RNHCI patients	619		
Burden to Provide Patients Notice of Rights	Loaded Hourly Mean Wage (c)	Burden Hours/ All RNHCIs (d = a x b)	Burden Cost/ All RNHCIs (e = c x d)
RNHCI Support Staff (BLS Occ. Code: 43-9061)	\$44		
Total Annual Burden for all RNHCIs		51	\$2,244

§403.730(a)(2) – One-time development of Grievance Notice

Section 403.730(a)(2) requires RNHCIs to have a grievance process (including who to contact to file a grievance) and provide notice of grievance process and appropriate State and Federal resources. The one-time burden associated with this requirement is the time for newly certified RNHCIs to develop the grievance notice, which we continue to estimate would take five (5) hours. As CMS estimates there will be no newly certified RNHCIs over the next three (3) year period, the burden is zero.

§403.730(d) - Confidentiality of patient records

Section 403.730(d) requires RNHCIs to establish procedures to safeguard the privacy of patient records, maintain records in timely and accurate manner, and abide by all federal and state laws regarding patient confidentiality and disclosure of medical records. This IC is exempt from the PRA per 5 CFR §§1320.3(b)(2) and (b)(3) because protecting patient privacy are usual and customary business practices and are also required under other state and local laws.¹⁷

§403.732 - Quality assessment and performance improvement (QAPI)

Section 403.732 requires RNHCIs to develop, implement, and maintain a quality assessment and performance improvement program (QAPI). This requirement is exempt from the PRA per 5 CFR §1320.3(b)(2) because “the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities.”¹⁸

¹⁷ 68 FR 66710, 66717 (2003 Final Rule)

¹⁸ 68 FR 66710, 66717 (2003 Final Rule)

§403.736(a) – One-Time Development of Discharge Planning Process

Section 403.736(a) requires RNHCIs to have a discharge planning process. The burden associated with this requirement is the one-time burden for newly certified RNHCIs to develop a discharge planning process. As we estimate there will be no newly certified RNHCIs over the next three (3) year period, the burden is zero.

IC-4: §403.736(a) – Provide Discharge Plan

Section 403.736(a) requires RNHCIs to assess the need for a discharge plan and provide discharge instructions to the patient or the patient's caregiver at the time of discharge. Per section 403.736(a)(2), if the patient assessment indicates a need for a discharge plan, the discharge plan must include instructions on post-RNHCI care to be used by the patient or the caregiver. In addition, in cases where the patient assessment does not indicate a need for a discharge plan, RNHCIs may still need to develop a discharge plan if a beneficiary or his or her legal representative requests one, per section 403.736(a)(3).

The burden associated with this requirement would be the time necessary for all currently certified RNHCIs to provide discharge instructions to patients at time of discharge. For purposes of burden analysis, we continue to estimate the number of patients who will be discharged per year across all RNHCIs will be 619 and that number will remain the same over the next three (3) year period (2026, 2027, and 2028). We also continue to estimate that it would take (1) hour per RNHCI beneficiary discharged.¹⁹ As shown in Table 6 below, for all certified RNHCIs, the total estimated annual burden to provide discharge instructions to all patients discharged is 619 hours (1 hour x 619 RNHCI beneficiaries discharged per year) at a total cost of \$29,093 (\$47/hourly cost for a RNHCI healthcare support worker x 619 hours). We estimate the same hourly burden and cost for year 1 (2026), year 2 (2027), and year 3 (2028).

Table 6. IC-4: §403.736(a) - Provide Discharge Plan

Burden Assumptions	
<i>(a)</i> Burden Hours/RNHCI Beneficiary	1 hr.
<i>(b)</i> # of RNHCI patients discharged/year	619

¹⁹ 84 FR 51732, 51760 (2019 Final Rule). CMS revised this CoP in 2019 to provide RNHCIs a more condensed and flexible process for discharge planning and instructions and remove the burden to develop a discharge plan that includes medical care once a patient leaves the RNHCI because medical post-institution services are not utilized by RNHCI patients in keeping with the their religious tenets. Specifically, prior requirements at § 403.736(a) and (b) were replaced with the current requirement for RNHCIs to develop discharge instructions and discuss them with the patient or the patient's caregiver when the patient is discharged home. The burden estimate was revised from 2 hours to 1 hour per beneficiary.

Burden to Provide Discharge Plan	Loaded Hourly Mean Wage (c)	Burden Hours/ All RNHCIs (d = a x b)	Burden Cost/ All RNHCIs (e = c x d)
RNHCI Health Care Support Worker (BLS Occ. Code: 31-9099)	\$47		
Total Annual Burden for all RNHCIs		619	\$29,093

§403.736(c) - Reassess Discharge Planning Process

Section 403.736(c) requires RNHCIs to reassess its discharge planning process on an ongoing basis to ensure the discharge plans are responsive to discharge needs. This requirement is exempt from the PRA per 5 CFR §1320.3(b)(2) because the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities.²⁰

§403.738 - Administration

Under section 403.738(a), newly certified RNHCIs must develop written policies regarding its organization, services, and administration. In addition, section 403.738(c)(3) requires currently certified RNHCIs to provide CMS written notice of any changes with the following: persons with an ownership or control interest; officers, directors, agents, or managing employees; the religious entity, corporation, association, or other company responsible for the management of the RNHCI; or the RNHCI's administrator or director of nonmedical nursing services. As we continue to assume ten (10) or less RNHCIs will be impacted by both requirements in the next three (3) year period, these ICs are exempt from the PRA under 5 CFR §1320.3(c)(4).²¹

§403.742(b)(3) - Physical environment

Section 403.742(a) requires RNHCIs to have: (a) procedures for the proper storage and disposal of trash; (b) proper ventilation and temperature control and appropriate lighting levels to ensure a safe and secure environment; (c) an effective pest control program; (d) a preventive maintenance program in order to ensure essential mechanical, electrical, and fire protection equipment is working safely and efficiently; and (e) a working call system for patients to summon aid or assistance. RNHCIs must also ensure that patient rooms are designed and equipped for adequate care, comfort, and privacy of the patient per §403.742(b).

Under section 403.742(b)(3), RNHCIs may ask CMS in writing for a variance from the patient room requirements as long as they can show the variance meets the special needs of the patient(s) and it will not adversely affect patients' health and safety. As we continue to assume ten (10) or less RNHCIs may request a variance in next three (3) year period, this IC is exempt from the PRA under 5 CFR §1320.3(c)(4).²²

²⁰ 68 FR 66710, 66717 (2003 Final Rule)

²¹ 68 FR 66710, 66718 (2003 Final Rule)

²² 68 FR 66710, 66718 (2003 Final Rule)

§403.744 - Life safety from fire

Section 403.744 requires RNHCIs to have written fire control plans and to document regular inspections and approvals by State or local fire control agencies. These requirements are exempt from the PRA per 5 CFR §1320.3(b)(2) because having safety plans and documenting maintenance and testing are usual and customary business practices.²³ In addition, because RNHCIs must also comply with fire safety requirements under state and local laws, these ICs are also exempt from the PRA per 5 CFR §1320.3(b)(3).

§403.746 – One-time burden to Develop Utilization Review Plan

Section 403.746 requires RNHCIs to develop a written utilization review plan and to have a utilization review committee which monitors admissions, duration of care, continuing care, and services provided. We continue to estimate that there would be one-time burden for each newly certified RNHCIs to draft a utilization review plan which would take three (3) hours per year.²⁴ As CMS estimates there will be no newly certified RNHCIs over the next three (3) year period, this IC is exempt from the PRA under 5 CFR §1320.3(c)(4).

§403.748 - Emergency preparedness

Per section 403.748, RNHCIs providers must comply with all applicable Federal, State, and local emergency preparedness requirements and must establish and maintain an emergency preparedness program that includes developing: a) an emergency plan; b) policies and procedures; c) a communication plan; and d) a testing and training program.

The associated ICs and burden estimates for this CoP for RNHCIs are included in a separate PRA submission under OMB Control No 0938-1325, along with other Medicare certified facilities as an "omnibus" package. For details, see the Supporting Statement titled *"Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers."*

Part 12-C: Burden Summary

As shown in Table 7, we estimate that the total annual burden hours to industry for IC-1 to IC-4 is **824** hours at an annual cost of **\$38,113**.

Table 7. Total Annual Burden Hours and Costs for all RNHCIs

Information Collection No.	42 CFR Section(s)	Respondents	Responses	Annual Burden Hours	Annual Burden Costs (\$)
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²³ 81 FR 26872, 26890 (May 4, 2016).

²⁴ 64 FR 67028, 67042 (1999 Interim Final Rule)

IC-1: Sign, Date & Notarize election statement	§403.724(a)(2) & (a)(3)	14	619	1,103	\$4,532
IC-2: Copy & Submit Election Statement to CMS	§403.724(a)(4)	14	619	51	\$2,244
IC-3: Provide Patients Notice of Rights	§403.730(a)(1)	14	619	51	\$2,244
IC-4: Provide Discharge Plan	§403.736(a)(b)	14	619	619	\$29,093
Burden Hours and Costs for all Impacted RNHCIs		56	2,476	824	\$38,113

CoPs Exempt from the PRA

The ICs associated with the following CoPs are not included in the burden estimates because they are exempt from the PRA for the reasons stated below:

- 1) Exempt from the PRA as usual and customary business practices per 5 CFR §1320.3(b)(2): 42 CFR §§ 403.730(d), 403.732, 403.736(c), 403.744
- 2) Exempt from the PRA as required under other state or local laws per 5 CFR §1320.3(b)(3): 42 CFR §§ 403.730(d), 403.744
- 3) Exempt from the PRA due to less than ten (10) individuals or entities being impacted per 5 CFR §1320.3(c)(4): 42 CFR §§ 403.724(b)(1)(ii), 403.738, 403.742(b)(3), 403.746

ICs Exempt from the PRA		
5 CFR § 1320.3(b)(2)	5 CFR § 1320.3(b)(3)	5 CFR § 1320.3(c)(4)
<i>Usual & Customary Business Practices</i>	<i>Other federal, state, local requirement</i>	<i>Less than ten (10) RNHCIs impacted</i>
§403.730(d)	§403.730(d)	§403.724(b)(1)(ii)
§403.732	§403.744	§403.738
§403.736(c)		§403.742(b)(3)
§403.744		§403.746

Note there are no ICs associated with the following CoPs: 42 CFR §§ 403.730(c), 403.734, 403.740, and 403.745.

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 these ICs 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, RNHCIs undergo compliance reviews at the time of initial application for Medicare approval and are surveyed

on a cyclical basis of about five to seven years to assess ongoing compliance.

The burden for completing these activities was calculated using a loaded hourly mean wage of \$71 per hour for a surveyor (BLS, Occupation Title: “Survey Researcher,” BLS Occupation Code: 19-3022).²⁵ 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 8 below, 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-1 to IC-4 is 56 hours, at a cost of \$3,976.

Table 8. Total Burden and Cost Estimates for Federal Government

Information Collection No.	CFR Section	# of Responses <i>(a)</i>	Loaded Hourly Mean Wage²⁶ <i>(b)</i>	Burden Hrs./ Facility <i>(c)</i>	Total Burden Hrs. <i>(d = a x c)</i>	Total Burden Costs <i>(e = b x d)</i>
IC-1: Sign, Date & Notarize election statement	§§403.724(a)(2) & (a)(3)	14	\$71	1	14	\$994
IC-2: Copy & Submit Election Statement to CMS	§403.724(a)(4)	14	\$71	1	14	\$994
IC-3: Provide Patients Notice of Rights	§403.730(a)(1)	14	\$71	1	14	\$994
IC-4: Provide Discharge Plan	§403.736(a)	14	\$71	1	14	\$994
Burden Hours and Costs for Federal Government	n/a	56	n/a	n/a	56	\$3,976

15. Changes to Burden

As shown in Table 7 above, the estimated annual burden hours to the industry decreased from 1,943 to 824 hours, a 58% decrease. The annual cost decreased from \$79,998 to \$38,113, a 52% decrease.

The 58% decrease in burden hours is due to the following:

- The current number of 14 RNCHIs for the next three (3) year period vs. the previous estimate of 16.
- Revising two (2) ICs with prior burden estimates to align with burden calculation estimated in the 2003 Final Rule (See §403.732 – QAPI and §403.736(c) – Reassessing

²⁵ U.S. Bureau of Labor Statistics. May 2024 Cross-Industry Occupational Employment and Wage Statistics. *U.S. Department of Labor*. Last Modified Date: July 29, 2025. <https://data.bls.gov/oes/#/industry/000000>. Accessed July 29, 2025.

²⁶ *Id.*

- discharge planning process).²⁷
- Revising the burden estimates per task for IC-3 from 20 minutes to 5 minutes to align with burden calculation estimated in the 2003 Final Rule.²⁸
 - Revising the burden estimates per task for IC-4 from 2 hours to 1 hour to align with burden calculation estimated in the 2019 Final Rule.²⁹

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 approval and the expiration date of this information collection. 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.

²⁷ 68 FR 66710, 66717 (November 28, 2003)

²⁸ 64 FR 67028, 67041 (1999 Interim Final Rule)

²⁹ 84 FR 51732, 51760 (2019 Final Rule). CMS revised the CoP at 42 CFR § 403.736 by requiring RNHCIs to provide discharge instructions rather than an extensive, medical discharge plan, to the patient or the patient's caregiver at the time of discharge, which reduced the annual burden estimate per RNHCI from 2 to 1 hour. This change was originally proposed in 2018 (83 FR 47686) and finalized in 2019 with support for the proposed change.