

**Track Changes
from Appendix H v1.18.11
to Appendix H v1.19.1**

Chapter	Section	Page(s) in version 1.19.1	Change
App. H	—	H-1	<p style="text-align: center;"><u>PRA Disclosure Statement</u></p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. (Note: The RAI mandated by OBRA is exempt from this requirement.) The valid OMB control number for this information collection is 0938-1140 (Expires 11/30/2024). The time required to complete this information collection is estimated to be 51 minutes (for the Nursing Home Prospective Payment System (NP) item set), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. This estimate does not include time for training. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p> <p>****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Heidi Magladry at Heidi.magladry@cms.hhs.gov.</p> <p>The MDS 3.0 Forms are located in the “Downloads” section on CMS’s MDS 3.0 RAI Manual Web page: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html</p>