

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 01/11/2024

Department of Health and Human Services
Centers for Medicare & Medicaid Services

FOR CERTIFYING OFFICIAL: Jennifer Wendel
FOR CLEARANCE OFFICER: Sherrette Funn

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received
08/29/2023

ACTION REQUESTED: Revision of a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202308-0938-017

AGENCY ICR TRACKING NUMBER: CCSQ

TITLE: Inpatient Rehabilitation Assessment Instrument and Data Set for PPS for Inpatient Rehabilitation
Facilities (CMS-10036)

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0938-0842

The agency is required to display the OMB Control Number and inform respondents of its legal significance in
accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 01/31/2026

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	672,345	1,187,475	0
New	799,448	1,188,810	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	127,103	1,335	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Dominic J. Mancini
Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Inpatient Rehabilitation Facility - Patient Assessment Instrument	CMS-10036	IRF- PAI version 4.2	