

11. Services Provided:

For each type of care services provided, indicate how this service is provided:

- 1 = HHA staff
- 2 = Under Arrangement
- 3 = Combination

Response	Type of Service Provided
	01 – Skilled Nursing
	02 – Physical Therapy
	03 – Occupational Therapy
	04 – Speech Therapy
	05 – Social Worker
	06 – Home Health Aide
	07 – Pharmaceutical Services
	08 – Infusion Services
	09 – Laboratory Services
	10 – Outpatient Therapy Services

12. Staffing - List full-time equivalents (not hours):

Direct Hire Staff	FTE(s)	Staff Under Arrangement	FTE(s)
Registered Nurse		Registered Nurse	
Licensed Practical Nurse		Licensed Practical Nurse	
Physical Therapist		Physical Therapist	
Physical Therapist Assistant		Physical Therapist Assistant	
Occupational Therapist		Occupational Therapist	
Occupational Therapist Assistant		Occupational Therapist Assistant	
Speech-Language Pathologist		Speech-Language Pathologist	
Social Worker		Social Worker	
Social Work Assistant		Social Work Assistant	
Home Health Aide		Home Health Aide	

Printed Name of Person Completing Form:

Title of Person Completing Form:

Signature of Person Completing Form:

Date Form Completed:

PART 2: To Be Completed By The Surveyor

13. Type of Survey:

Initial Survey:

Recertification:

- 1 = Standard
- 2 = Partial Extended
- 3 = Extended
- 4 = 1 and 2
- 5 = 1 and 3
- 6 = 1, 2, and 3

14. Survey Data:

Total Number of Home Visits:

Number of Records Reviewed, No Home Visits:

PRA Disclosure Statement

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. The valid OMB control number for this information collection is 0938-0355. The time required to complete this information collection is estimated to average **30 minutes** per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. 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.

*******CMS Disclaimer*******

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