

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits *(Rev. 190, 06-14-19)*

Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	http://www.cms.gov/manuals/downloads/som107c09_exhibits.pdf
1B-1	Model Letter Transmitting CLIA Application and CMS- 855 to Laboratories	http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf
1B-2	Model Letter Transmitting CLIA Application and CMS- 1513 to Laboratories	delete
1B-3	Initial Forms Required by Laboratories for CLIA Registration	delete
1C	Model Letter transmitting Forms to Persons Furnishing Portable X- Ray Services	http://www.cms.gov/manuals/downloads/som107_exhibit_001c.pdf
1D	Model Letter Transmitting Materials to Rural Health Clinics	http://www.cms.gov/manuals/downloads/som107_exhibit_001d.pdf
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_001e.pdf
1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice	delete
2	Civil Rights Clearance for Medicare Provider Certification	http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html

3	Expression of Intermediary Preference	delete
4	Health Insurance Benefits Agreement, CMS-1561	http://www.cms.gov/cmsforms/
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561A.pdf
5	Statement of Financial Solvency, CMS-2572	Deleted
6	Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
6	Errata Sheet to Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
7	Statement of Deficiencies and Plan of Correction, CMS-2567	http://www.cms.gov/cmsforms/
7A	Principles of Documentation	http://www.cms.gov/manuals/downloads/som107_exhibit_007a.pdf
8	Post-Certification Revisit Report, CMS-2567B	http://www.cms.gov/cmsforms/
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	http://www.cms.gov/cmsforms/
10	Certification and Transmittal Spell of Illness Supplement, CMS-1539A	delete
12	Survey Report Form (CLIA), CMS-1557	http://www.cms.gov/cmsforms/
14A	Hospital Survey Report - Crucial Data Extract, CMS-1537E	delete
14B	Fire Safety Survey Report - Crucial Data Extract, CMS-2786E	delete
14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data	Located in Aspen

	Extract, CMS-519E	
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E	Located in Aspen
14I	ESRD Facility Survey Report- Crucial Data Extract, Form CMS-3427E (To be used with Part II of Form CMS-3427)	http://www.cms.gov/manuals/downloads/som107_exhibit_014i.pdf
14J	Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E	Located in Aspen
14K	Intermediate Care Facility - Individuals with Intellectual Disabilities Survey Report-Crucial Data Extract, CMS-3070B(E)	Located in Aspen
14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E	Located in Aspen
14M	Therapist in Independent Practice - Crucial Data Extract, CMS-3042E	Located in Aspen
14O	Hospice Survey Report - Crucial Data Extract, CMS-449E	Located in Aspen
15	Regional Office Request for Additional Information, CMS-1666	http://www.cms.gov/cmsforms/
16	An Important Message from Medicare About Your Rights	http://www.cms.hhs.gov/BNI/12 HospitalDischargeAppealNotices.asp
21	Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient	http://www.cms.gov/cmsforms/

Physical Therapy and/or
Speech Pathology
Services, CMS-1856

- 22 Guidance to Distinguish http://www.cms.gov/manuals/downloads/som107_exhibit_022.pdf
Between the Priorities of
Immediate Jeopardy and
Non-Immediate
Jeopardy-High in Nursing
Home Allegations
- 23 ACTS Required Fields http://www.cms.gov/manuals/downloads/som107_exhibit_023.pdf
- 24 Model Letter to Ineligible delete
Physical Therapists
Requesting to Participate
as a Physical Therapist in
Independent Practice
- 25 Model Letter to Rural Deleted
Health Clinic Regarding
Scheduling a Survey
- 26 Model Letter to Rural http://www.cms.gov/manuals/downloads/som107_exhibit_026.pdf
Health Clinic Ineligible to
Participate
- 27 Model Letter to http://www.cms.gov/manuals/downloads/som107_exhibit_027.pdf
Previously Approved
Facility Requesting
Approval to Expand or
Add a New End Stage
Renal Disease (ESRD)
Service
- 30 Model Letter to Facility http://www.cms.gov/manuals/downloads/som107_exhibit_030.pdf
Returning Application not
Accompanied by
Required Certificate of
Need (Where Applicable)
- 31 End Stage Renal Disease <http://www.cms.gov/cmsforms/>
Survey Report and
Deficiencies Report,
CMS-3427
- 32 Model Letter Explaining delete
to Provider That One-
Story Protected Wood
Frame Facility Does Not
Meet Sprinkler
Equivalency Standard

33	Request for Validation of Accreditation Survey, CMS-2802	http://www.cms.gov/cmsforms/
35	Survey Material	Deleted
36	Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)	delete
37	Model Letter Announcing Validation Survey Of Deemed Status Provider/Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_037.pdf
38	Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply	delete
39	Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply	delete
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_041.pdf
42	Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor	http://www.cms.gov/manuals/downloads/som107_exhibit_042.pdf
45	State Agency Budget Expenditure Report, CMS-435	https://63.148.94.170/MBESCBES/
47	State Agency Budget List of Positions, CMS-1465A	https://63.148.94.170/MBESCBES/
52	State Survey Agency Certification Workload	https://63.148.94.170/MBESCBES/

Report, CMS-434

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| 54 | State Agency Schedule for Equipment Purchases, CMS-1466 | https://63.148.94.170/MBESCBES/ |
| 56 | Identification of Extension Units of OPT/OSP Providers, CMS-381 | http://www.cms.gov/cmsforms/ |
| 57 | Model Letter Requesting Identification of Extension Units | http://www.cms.gov/manuals/downloads/som107_exhibit_057.pdf |
| 58 | Example of a Regular Disallowance Letter | http://www.cms.gov/manuals/downloads/som107_exhibit_058.pdf |
| 59 | Example of a Deferral Letter | http://www.cms.gov/manuals/downloads/som107_exhibit_059.pdf |
| 60 | Example of a Disallowance Letter for Amounts Previously Deferred | http://www.cms.gov/manuals/downloads/som107_exhibit_060.pdf |
| 61 | Example of an Audit Disallowance Letter | http://www.cms.gov/manuals/downloads/som107_exhibit_061.pdf |
| 62 | Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal | Deleted |
| 63 | List of Documents in Certification Packets (Initial Certifications Include Initial Denials) | http://www.cms.gov/manuals/downloads/som107_exhibit_063.pdf |
| 64 | Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377 | http://www.cms.gov/cmsforms/ |
| 65 | Health Insurance Benefits Agreement, CMS-370 | http://www.cms.gov/cmsforms/ |
| 69 | Certification Recommendation - CLIA Laboratory, CMS-197 | delete |
| 71 | Fire Safety Survey Report - Short Form, CMS- | delete |

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- 72 Hospice Request for Certification in the Medicare Program, CMS-417 <http://www.cms.gov/cmsforms/>
- 73 State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437 <http://www.cms.gov/cmsforms/>
- 74 Survey Team Composition and Workload Report, CMS-670 <http://www.cms.gov/cmsforms/>
- 75 Medicare/Medicaid Complaint Form, CMS-562 <http://www.cms.gov/cmsforms/>
- 76 Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services http://www.cms.gov/manuals/downloads/som107_exhibit_076.pdf
- 77 Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services http://www.cms.gov/manuals/downloads/som107_exhibit_077.pdf
- 79 Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices delete
- 80 Intermediate Care Facility for Individuals with Intellectual Disabilities Survey Report, Form CMS-3070G <http://www.cms.gov/cmsforms/>

81	Model Letter Requirements for Swing-Bed Approval in Hospitals	http://www.cms.gov/manuals/downloads/som107_exhibit_081.pdf
82	Model Letter Approval Notification for Swing-Beds in a Hospital	http://www.cms.gov/manuals/downloads/som107_exhibit_082.pdf
83	Model Letter Denial for Swing-Bed Approval In A Hospital	http://www.cms.gov/manuals/downloads/som107_exhibit_083.pdf
83B	Model Letter - Denial For Swing-Bed Approval In A Hospital	delete
84	ESRD Facility Survey Report Form - Addendum, CMS-3427A	delete
85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	http://www.cms.gov/cmsforms/
87	Extended/Partial Extended Survey Worksheet, CMS-673	http://www.cms.gov/cmsforms/
88	Medication Pass Worksheet, CMS-677	http://www.cms.gov/cmsforms/
89	Offsite Survey Preparation Worksheet, CMS-801	http://www.cms.gov/cmsforms/
91	General Observations of the Facility, CMS-803	http://www.cms.gov/cmsforms/
92	Kitchen/Food Service Observation, CMS-804	http://www.cms.gov/cmsforms/
93	Resident Review Worksheet, CMS-805	http://www.cms.gov/cmsforms/
94	Quality of Life Assessment, CMS-806 A, B, and C	http://www.cms.gov/cmsforms/
95	Surveyor Notes Worksheet, CMS-807	http://www.cms.gov/cmsforms/
96	OSCAR Report 3 (History Facility Profile) and OSCAR Report 4	delete

(Full Facility Profile)

103	Instructions for the Home Health Functional Assessment Instrument (FAI)	http://www.cms.gov/manuals/downloads/som107_exhibit_103.pdf
104	Consent For Home Visit, CMS-36	http://www.cms.gov/cmsforms/
105	State Test Administration Plan	delete
106	Laboratory Personnel Report (CLIA), CMS-209	http://www.cms.gov/cmsforms/
107	Request for Validation Survey of Laboratory, CMS-2802A	delete
108	Laboratory Authorization Form	delete
110	Compliance Warning Letter - Failure to Apply for Certificate	delete
111	Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction	delete
112	Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance	delete
113	Model Letter - CLIA Requirements Not Met - Immediate Jeopardy	delete
114	Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information	delete
115	Model Letter - Change of Ownership - Laboratories	delete
116	Budget Requests, Clinical Laboratory Improvement	http://63.148.94.170/mbesches/

	Amendments Program - CMS-102	
117	1465A - State Agency Budget List of Position for CLIA Program	http://63.148.94.170/mbescbes/
118	1466 – CLIA Program State Agency Schedule for Equipment Purchases	http://63.148.94.170/mbescbes/
119	Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105	http://63.148.94.170/mbescbes/
120	Standard Form 1199A, Direct Deposit Sign-Up Form	delete
121	Payment Management System, SMARTLINK II, User's Manual	delete
122	OMB Circular No. A- 102, Subject: Uniform Administrative Requirements for Grant- In-Aid to State and Local Governments	www.whitehouse.gov/omb/circulars
123	Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)	delete
124	Laboratory Personnel Report, CMS-114	delete
125	Clinical Laboratory Application, CMS-116	http://www.cms.gov/cmsforms/
126	Model Letter Accompanying Self- Attestation Worksheets	http://www.cms.gov/manuals/downloads/som107_exhibit_126.pdf
127	Attestation Statement for Exclusion from PPS for Fiscal Year Beginning: (Date)	http://www.cms.gov/manuals/downloads/som107_exhibit_127.pdf
128	Model Consent for Hospice Home Visit	http://www.cms.gov/manuals/downloads/som107_exhibit_128.pdf

- 129 Hospice Survey and Deficiencies Report, CMS-643 <http://www.cms.gov/cmsforms/>
- 130 Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services http://www.cms.gov/manuals/downloads/som107_exhibit_130.pdf
- 131 Community Mental Health Center Crucial Data Extract http://www.cms.gov/manuals/downloads/som107_exhibit_131.pdf
- 132 Public Health Service Act-Section 1916(c)(4) http://www.cms.gov/manuals/downloads/som107_exhibit_132.pdf
- 133 Health Insurance Benefit Agreement http://www.cms.gov/manuals/downloads/som107_exhibit_133.pdf
- 134 Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_134.pdf
- 135 Model Letter Transmitting Swing-Bed Approval Notification in a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_135.pdf
- 136 Request for Survey of 42 CFR §489.20 and 42 CFR §489.24, Essentials of Provider Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A <http://www.cms.gov/cmsforms/>
- 137 Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B <http://www.cms.gov/cmsforms/>
- 138 EMTALA Physician Review Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_138.pdf

139	Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit)	http://www.cms.gov/manuals/downloads/som107_exhibit_139.pdf
140	Model Letter Notifying Provider of Acceptance of Allegation of Compliance	http://www.cms.gov/manuals/downloads/som107_exhibit_140.pdf
141	Model Letter Notifying Provider of Results of Revisit	http://www.cms.gov/manuals/downloads/som107_exhibit_141.pdf
142	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist)	http://www.cms.gov/manuals/downloads/som107_exhibit_142.pdf
143	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Exists)	http://www.cms.gov/manuals/downloads/som107_exhibit_143.pdf
144	Notice of Imposition of a Civil Money Penalty (Insert to formal notice)	http://www.cms.gov/manuals/downloads/som107_exhibit_144.pdf
145	Notification of Change in the Amount of the Civil Money Penalty	http://www.cms.gov/manuals/downloads/som107_exhibit_145.pdf
146	Notice of Receipt of the Written Request of Waiver of Right to a Hearing	http://www.cms.gov/manuals/downloads/som107_exhibit_146.pdf
147	Notice of Payment Amount Due and Payable	http://www.cms.gov/manuals/downloads/som107_exhibit_147.pdf
147A	Notice Of Payment Amount Due For Placement In Escrow (Iidr Complete Or Not Timely Requested- Facility Is Filing Formal Appeal)	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_147A.pdf
148	Notification of Deduction of Civil Money Penalty from Money Owing to the Provider	http://www.cms.gov/manuals/downloads/som107_exhibit_148.pdf
149	Model Letter Critical	http://www.cms.gov/manuals/downloads/som107_exhibit_149.pdf

	Access Hospital (CAH) Denial for Medicare Participation	
150	Model Letter Critical Access Hospital (CAH) Approval Notification	http://www.cms.gov/manuals/downloads/som107_exhibit_150.pdf
151	Model Letter Request For A Plan of Correction Following an Initial Critical Access Hospital (CAH) Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_151.pdf
152	Model Letter Critical Access Hospital (CAH) Termination Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_152.pdf
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_154.pdf
155	End-Stage Renal Disease (ESRD) Denial Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_155.pdf
156	Provider Tie-In Notice, CMS-2007	http://www.cms.gov/cmsforms/
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_157.pdf
158	Notice - Recertification of ESRD Facility (Not Used for Special Purpose Renal Dialysis Facilities)	http://www.cms.gov/manuals/downloads/som107_exhibit_158.pdf
159	List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals	Delete
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	http://www.cms.gov/manuals/downloads/som107_exhibit_160.pdf

161	Notice of Interim Approval of CAPD Services	http://www.cms.gov/manuals/downloads/som107_exhibit_161.pdf
162	Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_162.pdf
163	Model Letter Termination Letter for Hospital Swing-Bed Services	http://www.cms.gov/manuals/downloads/som107_exhibit_163.pdf
164	RO Adjudication of SA Certification Actions	Delete
165	Notice to a Provider that Agreement Was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165.pdf
165a	Notice to a Deemed Provider/ Supplier that Agreement was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165a.pdf
166	Notice of Approval of Supplier of Services	http://www.cms.gov/manuals/downloads/som107_exhibit_166.pdf
167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	www.cms.hhs.gov/cmsforms/
168	Organ Procurement Organization Report Form	http://www.cms.gov/manuals/downloads/som107_exhibit_168.pdf
169	United Network for Organ Sharing Members	http://optn.org/members/
170	Model Letter: Organ Procurement Organization Denial - Failure to Meet Requirements	http://www.cms.gov/manuals/downloads/som107_exhibit_170.pdf
171	Model Letter: Organ Procurement Organization Denial - Competing Applications	http://www.cms.gov/manuals/downloads/som107_exhibit_171.pdf
172	Model Letter: Organ Procurement Organization Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_172.pdf

173	Model Letter: Organ Procurement Organization Notice of Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_173.pdf
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	http://www.cms.gov/manuals/downloads/som107_exhibit_174.pdf
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	http://www.cms.gov/manuals/downloads/som107_exhibit_175.pdf
176	Model Letter: Organ Procurement Organization Corrective Action Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_176.pdf
177	Attestation Statement for Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf
178	Federally Qualified Health Center Crucial Data Extract	delete
179	Information on Medicare Participation/Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_179.pdf
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_180.pdf
181	Notice to Hospital Provider of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_181.pdf
182	Notice of Termination to Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_182.pdf
183	Model Public Notice of Medicare Termination of Hospital Provider Agreement	http://www.cms.gov/manuals/downloads/som107_exhibit_183.pdf
184	Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144	delete

185	Model Telegram-Notice of Termination to a Medicaid ICF/IID Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf
186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)	delete
187	Notification to Previously Approved Supplier of a Pending Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_187.pdf
188	Notification: Voluntary Termination of Provider Agreement Approved	http://www.cms.gov/manuals/downloads/som107_exhibit_188.pdf
189	Notification: Approval of Voluntary Termination of a Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_189.pdf
190	Notification to Provider That Has Ceased or Is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf
191	Notification to Supplier That Has Ceased or is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_191.pdf
192	Acknowledgment of Request for Hearing	http://www.cms.gov/manuals/downloads/som107_exhibit_192.pdf
193	Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved	Deleted
194	Model Letter Announcing to Deemed, Accredited Provider/Supplier Compliance with all Surveyed Medicare Conditions of Participation, Coverage or Certification after a Sample Validation or Substantial Allegation	http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf

Survey

- 195 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf
to Deemed, Accredited
Provider/Supplier that the
Facility Does Not
Comply with all the
Conditions of
Participation, Coverage
or Certification and That
There is Immediate and
Serious Threat to Patient
Health and Safety
- 196 Model Letter Announcing http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_196.pdf
to Deemed Status
Provider/Supplier after a
Validation Survey that it
does not Comply with all
Medicare Conditions
- 197 Notice to Accredited http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf
Hospital Announcing
Approval of Plan of
Correction and
Completion Schedule
- 198 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf
Compliance with all
Conditions of
Participation after the
Effectuation of an
Acceptable Plan of
Correction
- 199 Model Letter Announcing http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_199.pdf
to Deemed Status
Provider/Supplier after a
Substantial Allegation
Survey that it will
Undergo a Full Survey
- 200 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_200.pdf
Acknowledging
Complaint Alleging
Noncompliance with 42
CFR 489.24 and/or the
Related Requirements of
42 CFR 489.20
Investigation not
warranted

- 201 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_201.pdf
Acknowledging
Complaint Alleging
Noncompliance with 42
CFR 489.24 and/or the
Related Requirements of
42 CFR 489.20
Investigation warranted
- 202 Model Letter Requesting http://www.cms.gov/manuals/downloads/som107_exhibit_202.pdf
QIO Review of a Possible
Violation of 42 CFR
489.24
- 203 Model Letter Following http://www.cms.gov/manuals/downloads/som107_exhibit_203.pdf
Investigation Into Alleged
Violation of 42 CFR
489.24 And/Or The
Related Requirements of
42 CFR 489.20 Facility
In Compliance
- 204 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_204.pdf
Violation of 42 CFR
489.24: Preliminary
Determination Letter
(Immediate and Serious
Threat)
- 205 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf
Violation of 42 CFR
489.24 And/Or The
Related Requirements of
42 CFR 489.20:
Preliminary
Determination Letter (90
Day Termination Track)
- 206 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR
489.24 And/Or The
Related Requirement of
42 CFR 489.20
Complaint Not
Substantiated
- 207 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR

489.24 And/Or The
Related Requirements of
42 CFR 489.20
Complaint Substantiated

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|-----|---|---|
| 208 | Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General | http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf |
| 209 | Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights | http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf |
| 210 | Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination | http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf |
| 211 | Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination | http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf |
| 212 | Model Letter Requesting QIO Review of A Confirmed Violation of 42 CFR 489.24 For Purpose of Assessing Civil Monetary Penalties (CMPs) Or Excluding Physicians | http://www.cms.gov/manuals/downloads/som107_exhibit_212.pdf |
| 213 | State Test Administration Plan | delete |
| 214 | Model Letter Announcing to State Survey Agency the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT) | http://www.cms.gov/manuals/downloads/som107_exhibit_214.pdf |
| 215 | Notification to Provider/Supplier | delete |

Warning of Possible
Termination--Failure to
Disclose Financial
Interest and Ownership
Information

- | | | |
|-----|---|---|
| 216 | Report on Initial Survey Activity | http://www.cms.gov/manuals/downloads/som107_exhibit_216.pdf |
| 217 | Aging Report on Pending Initial Survey Activity | http://www.cms.gov/manuals/downloads/som107_exhibit_217.pdf |
| 218 | Prerelease Notification Document | delete |
| 219 | Model Audit Disallowance Letter - Title XVIII | http://www.cms.gov/manuals/downloads/som107_exhibit_219.pdf |
| 220 | Model Audit Disallowance Letter - Title XIX | http://www.cms.gov/manuals/downloads/som107_exhibit_220.pdf |
| 221 | Example of Regular Disallowance Letter | http://www.cms.gov/manuals/downloads/som107_exhibit_221.pdf |
| 222 | Audit Clearance Document | http://www.cms.gov/manuals/downloads/som107_exhibit_222.pdf |
| 223 | Model Letter Announcing to Deemed, Accredited Provider/Supplier After a Sample Validation Survey That It Does Not Comply with all Conditions of Participation/Conditions for Coverage | http://www.cms.gov/manuals/downloads/som107_exhibit_223.pdf |
| 224 | Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies | http://www.cms.gov/manuals/downloads/som107_exhibit_224.pdf |
| 225 | Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey | http://www.cms.gov/manuals/downloads/som107_exhibit_225.pdf |

- 226 Accredited Laboratory Allegation(s) Report, CMS-2878A delete
- 227 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_227.pdf
Announcing to the CLIA-Exempt Laboratory After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Application Program Requirements
- 228 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_228.pdf
Announcing to the State Laboratory Program, After A Sample Validation or Substantial Allegation of Noncompliance Survey That a CLIA-Exempt Laboratory Does Not Comply With Applicable Program Requirements
- 229 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_229.pdf
Announcing to the CLIA-Exempt Laboratory, That CMS Will Seek a Temporary Injunction or Restraining Order
- 230 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_230.pdf
Announcing to the State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or Restraining Order to Enjoin Continued Operation
- 231 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_231.pdf
Announcing to the CLIA-Exempt Laboratory, After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Applicable Program Requirements (No

Immediate Jeopardy)

- 232 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_232.pdf
Announcing to the State
Laboratory Program,
After a Sample
Validation or Substantial
Allegation of
Noncompliance Survey,
That a CLIA-Exempt
Laboratory Does Not
Comply With Applicable
Program Requirements
(No Immediate Jeopardy)
- 233 Fraud and Abuse - Office delete
of Inspector General,
Office of Investigations
Field Officer
- 234 CLIA Notice of delete
Noncompliance and
Proposed Alternative
Sanction(s) - No
Immediate Jeopardy
- 235 Notice of Suspension or delete
Limitation of the CLIA
Certification - Immediate
Jeopardy.
- 236 Notice of Imposition of delete
Sanction(s):
Acknowledgment of
Information Received
- 237 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_237.pdf
Announcing to an
Accredited Laboratory
After a Sample
Validation Survey or a
Substantial Allegation of
Noncompliance Survey
That It Does Not Comply
with all CLIA Conditions
and That There Exists,
Immediate Jeopardy to
the Health and Safety of
Individuals or That of the
General Public
- 238 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_238.pdf

Announcing to an Accredited Laboratory After a Sample Validation Survey That the Laboratory Does Not Comply With All the CLIA Conditions- No Immediate Jeopardy

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|-----|---|---|
| 239 | Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667 | delete |
| 240 | Notice of Proposed Limitation of the CLIA Certification and Suspension of Medicare Payments When a Laboratory Has Failed to Participate Successfully in a Proficiency Testing Program | delete |
| 241 | Model Letter: Announcing to Accredited Laboratory After a Substantial Allegation of Noncompliance Survey That the Laboratory Does Not Comply With All CLIA Conditions (Complaint) | http://www.cms.gov/manuals/downloads/som107_exhibit_241.pdf |
| 242 | Request for Validation of Accreditation Survey for Laboratories, CMS-2802A | http://www.cms.gov/cmsforms/ |
| 243 | Model Letter: Announcing to a CLIA Exempt Laboratory That It Is In Compliance With the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey | http://www.cms.gov/manuals/downloads/som107_exhibit_243.pdf |

244	<p>Model Letter: Announcing to the State Laboratory Program, That A CLIA-Exempt Laboratory is in Compliance with the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey</p>	<p>http://www.cms.gov/manuals/downloads/som107_exhibit_244.pdf</p>
245	<p>CLIA Adverse Action Extract, CMS-462A/B</p>	delete
246	<p>Model Letter: Regional Office Notifying a State- Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction</p>	delete
247	<p>Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy</p>	delete
248	<p>Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy</p>	delete
249	<p>Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed</p>	<p>http://www.cms.gov/manuals/downloads/som107_exhibit_249.pdf</p>
250	<p>Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A</p>	<p>http://www.cms.gov/manuals/downloads/som107_exhibit_250.pdf</p>
251	<p>Model Letter for First Rejection of a Request for Medicare approval of one</p>	<p>http://www.cms.gov/manuals/downloads/som107_exhibit_251.pdf</p>

or more Organ Transplant
Programs

- 252 Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs http://www.cms.gov/manuals/downloads/som107_exhibit_252.pdf
- 253 Organ Transplant Hospital Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_253.pdf
- 254 Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied http://www.cms.gov/manuals/downloads/som107_exhibit_254.pdf
- 255A Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies http://www.cms.gov/manuals/downloads/som107_exhibit_255A.pdf
- 256 Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>
- 257 Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>
- 258 Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>

259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	http://www.cms.gov/manuals/downloads/som107_exhibit_259.pdf
260	MDS Key Field Correction Form	http://www.cms.gov/manuals/downloads/som107_exhibit_260.pdf
261	Privacy Act Statement - Health Care Records	http://www.cms.gov/manuals/downloads/som107_exhibit_261.pdf
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	http://www.cms.gov/manuals/downloads/som107_exhibit_262.pdf
263	Submission Timeframe for MDS Records	http://www.cms.gov/manuals/downloads/som107_exhibit_263.pdf
264	Resident Census and Conditions of Residents - CMS-672	http://www.cms.gov/cmsforms/
265	Roster/Sample Matrix - CMS-802	http://www.cms.gov/cmsforms/
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS- 802) - CMS-802P	http://www.cms.gov/manuals/downloads/som107_exhibit_266.pdf
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS- 802) - CMS-802S	http://www.cms.gov/manuals/downloads/som107_exhibit_267.pdf
268	Facility Characteristics	http://www.cms.gov/manuals/downloads/som107_exhibit_268.pdf
269	Facility Quality Measure/Indicator Report	http://www.cms.gov/manuals/downloads/som107_exhibit_269.pdf
270	Resident Level Quality Measure/Indicator Report: Chronic Care Sample	http://www.cms.gov/manuals/downloads/som107_exhibit_270.pdf
271	QM/QI Reports Technical Specifications: Version 1.0	http://www.cms.gov/manuals/downloads/som107_exhibit_271.pdf
272	Overview of MDS Submission Record	http://www.cms.gov/manuals/downloads/som107_exhibit_272.pdf
273	Correction Policy	http://www.cms.gov/manuals/downloads/som107_exhibit_273.pdf

Summary Matrix

274	Definition of Important Dates in the RAI Process	http://www.cms.gov/manuals/downloads/som107_exhibit_274.pdf
275	Attestation Statement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_275.pdf
276	Health Insurance Benefit Agreement for CMHCs	Deleted
277	Fiscal Intermediary (FI) Medicare Provider Billing Number Deactivation Letter Used by FI	http://www.cms.gov/manuals/downloads/som107_exhibit_277.pdf
278	Model Denial Letter for CMHC Applicants - State Restrictions on Screening	http://www.cms.gov/manuals/downloads/som107_exhibit_278.pdf
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_279.pdf
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_280.pdf
281	Model Letter - CMHC That Has Ceased Operation	http://www.cms.gov/manuals/downloads/som107_exhibit_281.pdf
282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	http://www.cms.gov/manuals/downloads/som107_exhibit_282.pdf
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_283.pdf
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	http://www.cms.gov/manuals/downloads/som107_exhibit_284.pdf
285	Worksheet for OBQM & OBQI Reports – Pre-Survey Process and	http://www.cms.gov/manuals/downloads/som107_exhibit_285.pdf

Sample Selection

- 286 Hospital/CAH Medicare Database Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf
- 287 Authorization by Deemed Provider/Supplier Selected for Validation Survey http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_287.pdf
- 288 Surveyor Worksheet For Swing-Beds http://www.cms.gov/manuals/downloads/som107_exhibit_288.pdf
- 289 Model Reciprocal Agreement Between States for Survey and Certification of Home Health Agencies and/or Hospices http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf
- 290 Model letter to HHAs Assigning Branch Identification Numbers http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf
- 291 Model Notice to Hospital/CAH of Collection of Data by the State Agency http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf
- 292 INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235 http://www.cms.gov/manuals/downloads/som107_exhibit_292.pdf
- 293 CMS DUA: ACTS SOR Attachment - P&A http://www.cms.gov/manuals/downloads/som107_exhibit_293.pdf
- 294 DUA Multi-Signature Addendum http://www.cms.gov/manuals/downloads/som107_exhibit_294.pdf
- 351 Ambulatory Surgical Center Infection Control Surveyor Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf
- 352 Notice to a Provider/supplier that Agreement was not Accepted http://www.cms.gov/manuals/downloads/som107_exhibit_352.pdf
- 353 Report of a Hospital Death Associated with Restraint or Seclusion (Form CMS-10455) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_353.pdf

- 354 Model Letter To Involved Resident, Resident Representative And/Or State Ombudsman – Opportunity To Provide Written Comment (Independent Informal Dispute Resolution (Idr) Has Been Requested) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_354.pdf
- 355 Probes and Procedures for Appendix J, Part II- Interpretive Guidelines- Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_355.pdf
- 356 Critical Access Hospital (CAH) Recertification Checklist: Rural and Distance or Necessary Provider Verification http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_356.pdf
- 357 *Options Letter for Transplant Program Inactive at 12 Months.*