
CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 98

Date: December 13, 2013

SUBJECT: State Operations Manual (SOM) Chapter 9, Exhibits, Revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

I. SUMMARY OF CHANGES: The SOM Chapter 9 will be revised to reflect the current ICF/IID nomenclature.

NEW/REVISED MATERIAL - EFFECTIVE DATE: December 13, 2013

IMPLEMENTATION DATE: December 13, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	9/14K/Immediate Care Facility-Individuals with Intellectual Disabilities Survey Report-Crucial Data Extract, CMS 3070B(E)
R	9/80/Immediate Care Facility for Individuals with Intellectual Disabilities Survey Report, Form CMS-3070G
R	9/185/Model Telegram-Notice of Termination to a Medicaid ICF/IID Following “Look Behind” Survey: Immediate and Serious Threat to Patient Health and Safety

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits (Rev. 98, 12-13-13)

Exhibit	Description	Download
14K	Intermediate Care Facility - <i>Individuals with Intellectual Disabilities</i> Survey Report-Crucial Data Extract, CMS-3070B(E)	Located in Aspen
80	Intermediate Care Facility for <i>Individuals with Intellectual Disabilities</i> Survey Report, Form CMS-3070G	http://www.cms.gov/cmsforms/
185	Model Telegram-Notice of Termination to a Medicaid ICF/ <i>IID</i> Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf