
CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal 30

Date: December 14, 2007

SUBJECT: Revisions, deletions, and changes to the SOM Exhibits.

I. SUMMARY OF CHANGES: The current exhibits are being deleted or revised with updated information which affects the following providers: Psychiatric Hospitals, Rehabilitation/Outpatient (OT/PT), End Stage Renal Disease (ESRD), Home Health Agencies (HHA), Organ Procurement Organization (OPO), Critical Access Hospital (CAH), Swing-Bed Hospitals, Emergency Medical Treatment and Labor Act (EMTALA), Physical Therapist (PT), Out-Patient Occupational Therapist (OOT), Out-Patient Physical Therapy/Out-Patient Speech Pathology (OPT/OSP), Life Safety Code (LSC), Skilled Nursing Facilities, and Budget.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: December 14, 2007

IMPLEMENTATION DATE: December 14, 2007

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
D	Exhibit 1B-2/ Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories
D	Exhibit 1B-3/ Initial Forms Required by Laboratories for CLIA Registration
D	Exhibit 1F/ Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice
D	Exhibit 3/ Expression of Intermediary Preference
D	Exhibit 10/ Certification and Transmittal Spell of Illness Supplement, CMS-1539A
D	Exhibit 14A/ Hospital Survey Report - Crucial Data Extract, CMS-1537E
D	Exhibit 14B/ Fire Safety Survey Report – Crucial Data Extract, CMS-2786E
R	Exhibit 14C/ Skilled Nursing Facility and Intermediate Care Facility - Crucial Data Extract, CMS-519E
R	Exhibit 14H/ Outpatient Physical Therapy Survey Report – Crucial Data Extract, CMS-1893E

R	Exhibit 14I/ ESRD Facility Survey Report - Crucial Data Extract ,CMS-3427E
R	Exhibit 14J/ Rural Health Clinic Survey Report – Crucial Data Extract, CMS-30E
R	Exhibit 14K/ Intermediate Care Facility – Mentally Retarded Survey Report – Crucial Data Extract, CMS 3070B(E)
R	Exhibit 14L/ Ambulatory Surgical Center Report
R	Exhibit 14M/ Therapist in Independent Practice – Crucial Data Extract, CMS-3042E
R	Exhibit 14O/ Hospice Survey Report – Crucial Data Extract, CMS-449E
N	Exhibit 16/ An Important Message from Medicare About Your Rights
D	Exhibit 24/ Model Letter To Ineligible Physical Therapist Requesting to Participate as a Physical Therapist in Independent Practice
D	Exhibit 32/ Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard
D	Exhibit 36/ Instruction for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)
R	Exhibit 37/ Model Letter Announcing Validation Survey of Accredited Hospital
D	Exhibit 38/ Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply
D	Exhibit 39/ Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply
R	Exhibit 42/ Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor
R	Exhibit 45/ State Agency Budget Expenditure Report, CMS-435
R	Exhibit 47/ State Agency Budget List of Positions, CMS-1465A
R	Exhibit 52/ State Survey Agency Certification Workload Report, CMS-434
R	Exhibit 54/ State Agency Schedule for Equipment Purchases, CMS-1466
R	Exhibit 58/ Example of Regular Disallowance Letter
R	Exhibit 59/ Example of Deferral Letter
R	Exhibit 60/ Example of Disallowance Letter For Amounts Previously Deferred
R	Exhibit 63/ List of Documents in Certification Packets (Initial Certifications Include Initial Denials)
D	Exhibit 69/ Certification Recommendation – CLIA Laboratory, CMS-197
D	Exhibit 71/ Fire Safety Survey Report – Short Form, CMS 2786C
R	Exhibit 74/ Survey Team Composition and Workload Report, CMS-670
D	Exhibit 79/ Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices
R	Exhibit 81/ Model Letter Requirement For Swing-Bed Approval in Hospitals
R	Exhibit 82/ Model Letter Approval Notification for Swing-Beds in a Hospital
R	Exhibit 83/ Model Letter Denial for Swing-Bed Approval in a Hospital
D	Exhibit 83B/ Model Letter – Denial For Swing-Bed Approval in a Hospital
D	Exhibit 84/ESRD Facility Survey Report Form – Addendum CMS-3427A
D	Exhibit 96/ OSCAR Report 3 (History Facility Profile) and OSCAR Report 4

	(Full Facility Profile)
D	Exhibit 105/ State Test Administration Plan
D	Exhibit 107/ Request for Validation Survey of Laboratory, CMS-2802A
D	Exhibit 108/ Laboratory Authorization Form
D	Exhibit 110/ Compliance Warning Letter – Failure to Apply for Certificate
D	Exhibit 111/ Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction
D	Exhibit 112/ Model Letter – CLIA Requirements Not Met – Laboratory Out of Compliance
D	Exhibit 113/ Model Letter – CLIA Requirements Not Met – Immediate Jeopardy
D	Exhibit 114/ Model Letter Warning CLIA Laboratory of Possible Sanction – Failure to Disclose Financial Interest and Ownership Information
D	Exhibit 115/ Model Letter – Change of Ownership – Laboratories
R	Exhibit 116/ Budget Request, Clinical Laboratory Improvement Amendments Program – CMS-102
R	Exhibit 117/ 1465A – State Agency Budget List of Positions for CLIA Program
R	Exhibit 118/ 1466 – CLIA Program State Agency Schedule for Equipment Purchases
R	Exhibit 119/ Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105
D	Exhibit 120/ Standard Form 1199A, Direct Deposit Sign-Up Form
D	Exhibit 121/ Payment Management System, SMARTLINK II, User’s Manual
R	Exhibit 122/ OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments
D	Exhibit 123/ Blood Bank Inspection Checklist and Report, CMS 282 (Form FDA 2609)
D	Exhibit 124/ Laboratory Personnel Report, CMS-114
R	Exhibit 126/ Model Letter Accompanying Self-Attestation Work Sheets
R	Exhibit 134/ Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH)
R	Exhibit 135/ Model Letter Transmitting Swing-Bed Approval Notification in a Critical Access Hospital (CAH)
R	Exhibit 138/ EMTALA Physician Review Worksheet
R	Exhibit 149/ Model Letter Critical Access Hospital (CAH) Denial for Medicare Participation
R	Exhibit 150/ Model Letter Critical Access Hospital (CAH) Approval Notification
R	Exhibit 151/ Model Letter Request for a Plan of Correction Following an Initial Critical Access Hospital (CAH) Survey
R	Exhibit 152/ Model Letter Critical Access Hospital (CAH) Termination Letter
D	Exhibit 159/ List of VA Hospitals having Sharing Arrangements with Participating ESRD Hospitals
R	Exhibit 161/ Notice of Interim Approval of Continuous Ambulatory Peritoneal Dialysis (CAPD) Services

R	Exhibit 162/ Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital
R	Exhibit 163/ Model Letter Termination Letter for Hospital Swing-Bed Services
D	Exhibit 164/ RO Adjudication of Sa Certification Actions
R	Exhibit 167/ CMS-576, 576A Organ Procurement Organization Application and Agreement
R	Exhibit 169/ United Network for Organ Sharing Members
R	Exhibit 172/ Model Letter: Organ Procurement Organization Approval
D	Exhibit 178/ Federally Qualified Health Center Crucial Data Extract
R	Exhibit 180/ Notice to Accredited Psychiatric Hospital of Involuntary Termination
R	Exhibit 181/ Notice to Hospital Provider of Involuntary Termination
R	Exhibit 183/ Model Public Notice of Medicare Termination of Hospital Provider Agreement
D	Exhibit 184/ Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144
D	Exhibit 186/ Sample Memorandum Disallow Claims for Federal Payments (Used In Look-Behind Disapprovals)
D	Exhibit 193/ Model Letter Informing PPS-Excluded Hospital/Units That Re-verification Has Been Approved
R	Exhibit 195/ Model Notice Announcing To An Accredited Hospital That The Hospital Does Not Comply With All The Conditions Of Participation And That There Is Immediate Or Serious Threat To Patient Health And Safety
R	Exhibit 196/ Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That The Hospital Does Not Comply With All Conditions Of Participation
R	Exhibit 199/ Model Letter Announcing To Accredited Hospital After A Substantial Allegation Survey That The Hospital Does Not Comply With All Conditions Of Participation
R	Exhibit 200/ Model Letter Acknowledging Complaint Alleging Noncompliance With 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation Not Warranted
R	Exhibit 201/ Model Letter Acknowledging Complaint Alleging Noncompliance With 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation Warranted
R	Exhibit 202/ Model Letter Requesting QIO Review of a Possible Violation of 42 CFR 489.24
R	Exhibit 203/ Model Letter Following Investigation Into Alleged Violation of 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Facility In Compliance
R	Exhibit 204/ Model Letter for Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat)
R	Exhibit 205/ Model Letter for Violation of 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20; Preliminary Determination Letter (90 Day Termination Track)
R	Exhibit 206/ Model Letter to Complaint Following Investigation of Alleged

	Violation of 42 CFR 489.24 and/or the Related Requirement of 42 CFR 489.20 Complaint Not Substantiated.
R	Exhibit 207/ Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Complaint Substantiated.
R	Exhibit 208/ Model Letter for Referring a Violation of 42 CFR 489.24 to the Office of Inspector General
R	Exhibit 209/ Model Letter for Referring Violation of 42 CFR 489.24 to the Regional Office for Civil Rights
R	Exhibit 210/ Model Letter for Past Violation of 42 CFR 489.24 And/Or the Related Requirements of 42 CFR 489.20: No Termination
R	Exhibit 211/ Model Letter for Violation of 42 CFR 489.24 and/or the Related Provisions of 42 CFR 489.20 Notice of Termination
R	Exhibit 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
D	Exhibit 213/ State Test Administration Plan
D	Exhibit 215/ Notification to Provider/Supplier Warning of Possible Termination – Failure to Disclose Financial Interest and Ownership Information
R	Exhibit 216/ Medicare Survey Certification Program Report on Initial Survey Activity
R	Exhibit 217/ Medicare Survey Certification Program Aging Report on Pending Initial Survey Activity
D	Exhibit 218/ Prerelease Notification Document
R	Exhibit 222/Audit Clearance Document
D	Exhibit 226/ Accredited Laboratory Allegation(s) Report, CMS-2878A
D	Exhibit 233 Fraud and Abuse – Office of Inspector General, Office of Investigations Field Officer
D	Exhibit 234/ CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) – No Immediate Jeopardy
D	Exhibit 235/ Notice of Suspension or Limitation of the CLIA Certification – Immediate Jeopardy
D	Exhibit 236 Notice of Imposition of Sanction(s): Acknowledgement of Information Received
D	Exhibit 239/ Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667
D	Exhibit 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
D	Exhibit 245/ CLIA Adverse Action Extract, CMS-462A/B
D	Exhibit 246/ Model Letter: Regional Office Notifying a State Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction
D	Exhibit 247/ Notice of (Limitation or) Revocation of a Laboratory’s CLIA Certificate – No Immediate Jeopardy
D	Exhibit 248/ Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing – No Immediate Jeopardy

R	Exhibit 249/ Model Application Letter Notifying Transplant Hospital That a Complete Medicare General Enrollment Health Care Form CMS 855-A Needs to be Completed
R	Exhibit 250/ Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care Form CMS-855A
R	Exhibit 251/Model Letter for First Rejection of a Request for Medicare Approval of One or More Organ Transplant Programs
R	Exhibit 252/ Model Reminder Letter For First Rejection of a Request For Medicare Approval of One or More Organ Transplant Programs
N	Exhibit 253/ Organ Transplant Hospital Worksheet
R	Exhibit 286/ Hospital/CAH Medicare Data Base Worksheet
R	Exhibit 287/ Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey
R	Exhibit 289/ Model Reciprocal Agreement Between States for Survey and Certification of Home Health Agency (HHA) and/or Hospice Surveys
N	Exhibit 290/ Model letter to Home Health Agencies (HHAs) Assigning Branch Identification Numbers
N	Exhibit 291/ Model Notice to Hospital/CAH of Collection of Data by the State Agency

III. FUNDING: Medicare contractors shall implement these instruction within their current operating budgets.

IV. ATTACHMENTS:

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

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

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits (Rev. 30, 12-14-07)

Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	 23 KB
1B-1	Model Letter Transmitting CLIA Application and CMS-855 to Laboratories	 23 KB
<i>1B-2</i>	<i>Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories</i>	<i>delete</i>
<i>1B-3</i>	<i>Initial Forms Required by Laboratories for CLIA Registration</i>	<i>delete</i>
1C	Model Letter Transmitting Forms to Persons Furnishing Portable X-Ray Services	 15 KB
1D	Model Letter Transmitting Materials to Rural Health Clinics	 20 KB
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	 23 KB
<i>1F</i>	<i>Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice</i>	<i>delete</i>
2	Assurance of Compliance with the Department of Health and Human Services Regulations Under Title VI of the Civil Rights Act of 1964, HHS-441	 61 KB
<i>3</i>	<i>Expression of Intermediary Preference</i>	<i>delete</i>
4	Health Insurance Benefits Agreement, CMS-1561	 CMS Forms
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	 CMS Forms
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	 CMS Forms
7A	Principles of Documentation	 393 KB
8	Post-Certification Revisit Report, CMS-2567B	 CMS Forms
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	 CMS Forms
10	<i>Certification and Transmittal Spell of Illness Supplement, CMS-1539A</i>	<i>delete</i>
12	Survey Report Form (CLIA), CMS-1557	 CMS Forms
14A	<i>Hospital Survey Report - Crucial Data Extract, CMS-1537E</i>	<i>delete</i>
14B	<i>Fire Safety Survey Report - Crucial Data Extract, CMS-2786E</i>	<i>delete</i>
14C	<i>Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E</i>	<i>Located in Aspen</i>
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	<i>Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E</i>	<i>Located in Aspen</i>
14I	<i>ESRD Facility Survey Report- Crucial Data Extract, CMS-3427E</i>	 42 KB
14J	<i>Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E</i>	<i>Located in Aspen</i>
14K	<i>Intermediate Care Facility - Mentally Retarded Survey Report-Crucial Data Extract, CMS-3070B(E)</i>	<i>Located in Aspen</i>
14L	<i>Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E</i>	<i>Located in Aspen</i>
14M	<i>Therapist in Independent Practice - Crucial Data Extract, CMS-3042E</i>	<i>Located in Aspen</i>
14O	<i>Hospice Survey Report - Crucial Data Extract, CMS-449E</i>	<i>Located in Aspen</i>

15	Regional Office Request for Additional Information, CMS-1666	 CMS Forms
16	<i>An Important Message from Medicare About Your Rights</i>	<i>http://www.cms.hhs.gov/BNI/12HospitalDischargeAppealNotices.asp</i>
21	Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856	 CMS Forms
22	Guidance to Distinguish Between the Priorities of Immediate Jeopardy and Non-Immediate Jeopardy-High in Nursing Home Allegations	 88 KB
23	ACTS Required Fields	 30 KB
24	<i>Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice</i>	<i>delete</i>
25	Model Letter to Rural Health Clinic Regarding Scheduling a Survey	 30 KB
26	Model Letter to Rural Health Clinic Ineligible to Participate	 22 KB
27	Model Letter to Previously Approved Facility Requesting Approval to Expand or Add a New ESRD Service	 23 KB
30	Model Letter to Facility Returning Application not Accompanied by Required Certificate of Need	 21 KB
31	End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427	 CMS Forms
32	<i>Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard</i>	<i>delete</i>
33	Request for Validation of Accreditation Survey, CMS-2802	 CMS Forms
35	Survey Material (Attachment for Model Letters, Exhibits 37, Listing Documents Requested for Validation Surveyor's Inspection)	 32 KB

36	<i>Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)</i>	<i>delete</i>
37	<i>Model Letter Announcing Validation Survey of Accredited Hospital</i>	 <u>21 KB</u>
38	<i>Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply</i>	<i>delete</i>
39	<i>Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply</i>	<i>delete</i>
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	 <u>24 KB</u>
42	<i>Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor</i>	 <u>35 KB</u>
45	<i>State Agency Budget Expenditure Report, CMS-435</i>	<u>http://63.148.94.170/mbescbes/</u>
47	<i>State Agency Budget List of Positions, CMS-1465A</i>	<u>http://63.148.94.170/mbescbes/</u>
52	<i>State Survey Agency Certification Workload Report, CMS-434</i>	<u>http://63.148.94.170/mbescbes/</u>
54	<i>State Agency Schedule for Equipment Purchases, CMS-1466</i>	<u>http://63.148.94.170/mbescbes/</u>
56	Identification of Extension Units of OPT/OSP Providers, CMS-381	 <u>CMS Forms</u>
57	Model Letter Requesting Identification of Extension Units	 <u>17 KB</u>
58	<i>Example of a Regular Disallowance Letter</i>	 <u>25 KB</u>
59	<i>Example of a Deferral Letter</i>	 <u>19 KB</u>
60	<i>Example of a Disallowance Letter for Amounts Previously Deferred</i>	 <u>32 KB</u>
61	Example of an Audit Disallowance Letter	 <u>27 KB</u>

62	Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal	Deleted
63	<i>List of Documents in Certification Packets (Initial Certifications Include Initial Denials)</i>	 <u>694 KB</u>
64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377	 <u>CMS Forms</u>
65	Health Insurance Benefits Agreement, CMS-370	 <u>CMS Forms</u>
69	<i>Certification Recommendation - CLIA Laboratory, CMS-197</i>	<i>delete</i>
71	<i>Fire Safety Survey Report - Short Form, CMS-2786C</i>	<i>delete</i>
72	Hospice Request for Certification in the Medicare Program, CMS-417	 <u>CMS Forms</u>
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	 <u>CMS Forms</u>
74	<i>Survey Team Composition and Workload Report, CMS-670</i>	
75	Medicare/Medicaid Complaint Form, CMS-562	 <u>CMS Forms</u>
76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services	 <u>21 KB</u>
77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services	 <u>18 KB</u>
79	<i>Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices</i>	<i>delete</i>
80	Intermediate Care Facility for the Mentally Retarded Survey Report, Form CMS-3070G	 <u>CMS Forms</u>
81	<i>Model Letter Transmitting Requirements to a Hospital Requesting Swing-Bed Approval</i>	 <u>28 KB</u>

82	<i>Model Letter Approval Notification for Swing-Beds in a Hospital</i>	 29 KB
83	<i>Model Letter Denial for Swing-Bed Approval In A Hospital</i>	 17 KB
83B	<i>Model Letter - Denial For Swing-Bed Approval In A Hospital</i>	<i>delete</i>
84	<i>ESRD Facility Survey Report Form - Addendum, CMS-3427A</i>	<i>delete</i>
85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	 CMS Forms
87	Extended/Partial Extended Survey Worksheet, CMS-673	 CMS Forms
88	Medication Pass Worksheet, CMS-677	 CMS Forms
89	Offsite Survey Preparation Worksheet, CMS-801	 CMS Forms
91	General Observations of the Facility, CMS-803	 CMS Forms
92	Kitchen/Food Service Observation, CMS-804	 CMS Forms
93	Resident Review Worksheet, CMS-805	 CMS Forms
94	Quality of Life Assessment, CMS-806 A, B, and C	 CMS Forms
95	Surveyor Notes Worksheet, CMS-807	 CMS Forms
96	<i>OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)</i>	<i>delete</i>
103	Instructions for the Home Health Functional Assessment Instrument	 242 KB
104	Consent For Home Visit, CMS-36	 CMS Forms
105	<i>State Test Administration Plan</i>	<i>delete</i>
106	Laboratory Personnel Report (CLIA), CMS-209	 CMS Forms
107	<i>Request for Validation Survey of Laboratory, CMS-2802A</i>	<i>delete</i>
108	<i>Laboratory Authorization Form</i>	<i>delete</i>
110	<i>Compliance Warning Letter - Failure</i>	<i>delete</i>

to Apply for Certificate

111	<i>Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction</i>	<i>delete</i>
112	<i>Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance</i>	<i>delete</i>
113	<i>Model Letter - CLIA Requirements Not Met - Immediate Jeopardy</i>	<i>delete</i>
114	<i>Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information</i>	<i>delete</i>
115	<i>Model Letter - Change of Ownership - Laboratories</i>	<i>delete</i>
116	Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102	http://63.148.94.170/mbescbes/
117	<i>1465A - State Agency Budget List of Position for CLIA Program</i>	http://63.148.94.170/mbescbes/
118	<i>1466 – CLIA Program State Agency Schedule for Equipment Purchases</i>	http://63.148.94.170/mbescbes/
119	<i>Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105</i>	http://63.148.94.170/mbescbes/
120	<i>Standard Form 1199A, Direct Deposit Sign-Up Form</i>	<i>delete</i>
121	<i>Payment Management System, SMARTLINK II, User's Manual</i>	<i>delete</i>
122	<i>OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments</i>	www.whitehouse.gov/omb/
123	<i>Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)</i>	<i>delete</i>
124	<i>Laboratory Personnel Report, CMS-114</i>	<i>delete</i>
125	Clinical Laboratory Application, CMS-116	 CMS Forms
126	<i>Model Letter Accompanying Self-Attestation Worksheets</i>	 87 KB

127	Attestation Statement for Exclusion from PPS	 78 KB
128	Model Consent for Hospice Home Visit	 75 KB
129	Hospice Survey and Deficiencies Report, CMS-643	 CMS Forms
130	Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services	 18 KB
131	Community Mental Health Center Crucial Data Extract	 110 KB
132	Public Health Service Act-Section 1916(c)(4)	 82 KB
133	Health Insurance Benefit Agreement	 80 KB
134	<i>Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH)</i>	 89 KB
135	<i>Model Letter Critical Access Hospital Swing-Bed Approval Notification</i>	 93 KB
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	 CMS Forms
137	Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B	 CMS Forms
138	<i>EMTALA Physician Review Worksheet</i>	 150 KB
139	Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit)	 46 KB
140	Model Letter Notifying Provider of Acceptance of Allegation of Compliance	 16 KB
141	Model Letter Notifying Provider of Results of Revisit	 20 KB
142	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist)	 28 KB

143	Model Letter to Provider (Imposition of Remedies)	 51 KB
144	Notice of Imposition of a Civil Money Penalty (Insert to formal notice)	 13 KB
145	Notification of Change in the Amount of the Civil Money Penalty	 26 KB
146	Notice of Receipt of the Written Request of Waiver of Right to a Hearing	 14 KB
147	Notice of Payment Amount Due and Payable	 15 KB
148	Notification of Deduction of Civil Money Penalty from Money Owing to the Provider	 14 KB
149	<i>Critical Access Hospital (CAH) Denial for Medicare Participation</i>	 16 KB
150	<i>Critical Access Hospital (CAH) Approval Notification</i>	 22 KB
151	<i>Request For A Plan of Correction Following an Initial Critical Access Hospital (CAH) Survey</i>	 19 KB
152	<i>Critical Access Hospital (CAH) Termination Letter</i>	 23 KB
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	 32 KB
155	End-Stage Renal Disease (ESRD) Denial Notice	 23 KB
156	Provider Tie-In Notice, CMS-2007	 CMS Forms
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	 27 KB
158	Notice - Recertification of ESRD Facility	 25 KB
159	<i>List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals</i>	Delete
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	 19 KB

161	<i>Notice of Interim Approval of CAPD Services</i>	 <u>77 KB</u>
162	<i>Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital</i>	 <u>25 KB</u>
163	<i>Model Letter Termination Letter for Hospital Swing-Bed Services</i>	 <u>23 KB</u>
164	<i>RO Adjudication of SA Certification Actions</i>	Delete
165	Notice to a Provider that Agreement Was Accepted	 <u>75 KB</u>
166	Notice of Approval of Supplier of Services	 <u>75 KB</u>
167	<i>CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement</i>	www.cms.hhs.gov/cmsforms/
168	Organ Procurement Organization Report Form	 <u>97 KB</u>
169	<i>United Network for Organ Sharing Members</i>	http://optn.org/members/
170	Model Letter A: Organ Procurement Organization Denial - Failure to Meet Requirements	 <u>76 KB</u>
171	Model Letter B: Organ Procurement Organization Denial - Competing Applications	 <u>28 KB</u>
172	<i>Model Letter: Organ Procurement Organization Approval</i>	 <u>15 KB</u>
173	Model Letter: Organ Procurement Organization Notice of Termination	 <u>17 KB</u>
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	 <u>14 KB</u>
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	 <u>15 KB</u>
176	Model Letter: Organ Procurement Organization Corrective Action Notice	 <u>15 KB</u>

177	Attestation Statement for Federally Qualified Health Centers	 16 KB
178	<i>Federally Qualified Health Center Crucial Data Extract</i>	<i>delete</i>
179	Model Letter to Applicants for Participation in Medicare as a Federally Qualified Health Center	Deleted
180	<i>Notice to Accredited Psychiatric Hospital of Involuntary Termination</i>	 80 KB
181	<i>Notice to Hospital Provider of Involuntary Termination</i>	 19 KB
182	Notice of Termination to Supplier	 16 KB
183	<i>Model Public Notice of Medicare Termination of Hospital Provider Agreement</i>	 4 KB
184	<i>Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144</i>	<i>delete</i>
185	Model Telegram-Notice of Termination to a Medicaid ICF/MR Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	 18 KB
186	<i>Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)</i>	<i>delete</i>
187	Notification to Previously Approved Supplier of a Pending Termination	 15 KB
188	Notification: Voluntary Termination of Provider Agreement Approved	 18 KB
189	Notification: Approval of Voluntary Termination of a Supplier	 14 KB
190	Notification to Provider That Has Ceased or Is Ceasing Operations	 79 KB
191	Notification to Supplier That Has Ceased or is Ceasing Operations	 15 KB
192	Acknowledgment of Request for Hearing	 14 KB
193	<i>Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved</i>	<i>Deleted</i>
194	Model Letter Announcing Compliance with all Surveyed	 18 KB

Medicare Conditions of Participation
After a Sample Validation or
Substantial Allegation Survey

- 195 *Model Notice Announcing to an Accredited Hospital That the Hospital Does Not Comply with all the Conditions of Participation and That There is Immediate or Serious Threat to Patient Health and Safety*  [80 KB](#)
- 196 *Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That the Hospital Does Not Comply with all Conditions of Participation*  [27 KB](#)
- 197 Notice to Accredited Hospital Announcing Approval of Plan of Correction and Completion Schedule  [76 KB](#)
- 198 Model Letter Announcing Compliance with all Conditions of Participation after the Effectuation of an Acceptable Plan of Correction  [76 KB](#)
- 199 *Model Letter Announcing to Accredited Hospital after a Substantial Allegation Survey that the Hospital does not Comply with all Conditions of Participation*  [83 KB](#)
- 200 *Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation not warranted*  [15 KB](#)
- 201 *Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation warranted*  [14 KB](#)
- 202 *Model Letter Requesting QIO Review of a Possible Violation of 42 CFR 489.24*  [26 KB](#)
- 203 *Model Letter Following Investigation Into Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Facility In Compliance*  [15 KB](#)
- 204 *Model Letter For Violation of 42 CFR 489.24: Preliminary Determination*  [21 KB](#)

Letter (Immediate and Serious Threat)

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| 205 | <i>Model Letter For Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20: Preliminary Determination Letter (90 Day Termination Track)</i> |  29 KB |
| 206 | <i>Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirement of 42 CFR 489.20 Complaint Not Substantiated</i> |  14 KB |
| 207 | <i>Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated</i> |  15 KB |
| 208 | <i>Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General</i> |  25 KB |
| 209 | <i>Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights</i> |  16 KB |
| 210 | <i>Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination</i> |  18 KB |
| 211 | <i>Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination</i> |  34 KB |
| 212 | <i>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</i> |  26 KB |
| 213 | <i>State Test Administration Plan</i> | <i>delete</i> |
| 214 | Model Letter Announcing to State Survey Agency the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT) |  23 KB |
| 215 | <i>Notification to Provider/Supplier Warning of Possible Termination--</i> | <i>delete</i> |

*Failure to Disclose Financial Interest
and Ownership Information*

<i>216</i>	<i>Report on Initial Survey Activity</i>	
<i>217</i>	<i>Aging Report on Pending Initial Survey Activity</i>	
<i>218</i>	<i>Prerelease Notification Document</i>	<i>delete</i>
219	Model Audit Disallowance Letter - Title XVIII	 <u>24 KB</u>
220	Model Audit Disallowance Letter - Title XIX	 <u>25 KB</u>
221	Example of Regular Disallowance Letter	 <u>26 KB</u>
<i>222</i>	<i>Audit Clearance Document</i>	
223	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies	 <u>15 KB</u>
224	Model Letter: Announcing to Accredited Laboratory That It Is In Compliance With All Conditions After The Correction of Deficiencies	 <u>15 KB</u>
225	Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey	 <u>17 KB</u>
<i>226</i>	<i>Accredited Laboratory Allegation(s) Report, CMS-2878A</i>	<i>delete</i>
227	Model Letter: 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	 <u>19 KB</u>
228	Model Letter: 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	 <u>18 KB</u>
229	Model Letter: Announcing to the CLIA-Exempt Laboratory, That CMS	 <u>18 KB</u>

	Will Seek a Temporary Injunction or Restraining Order	
230	Model Letter: Announcing to the State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or Restraining Order to Enjoin Continued Operation	 18 KB
231	Model Letter: 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)	 19 KB
232	Model Letter: 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)	 18 KB
233	<i>Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer</i>	<i>delete</i>
234	<i>CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy</i>	<i>delete</i>
235	<i>Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.</i>	<i>delete</i>
236	<i>Notice of Imposition of Sanction(s): Acknowledgment of Information Received</i>	<i>delete</i>
237	Model Letter: 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	 96 KB
238	Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey That the Laboratory Does Not Comply With All the CLIA Conditions- No Immediate Jeopardy	 38 KB

239	<i>Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667</i>	<i>delete</i>
240	<i>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</i>	<i>delete</i>
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)	 38 KB
242	Request for Validation of Accreditation Survey for Laboratories, CMS-2802A	 CMS Forms
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	 17 KB
244	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	 15 KB
245	<i>CLIA Adverse Action Extract, CMS-462A/B</i>	<i>delete</i>
246	<i>Model Letter: Regional Office Notifying a State-Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction</i>	<i>delete</i>
247	<i>Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy</i>	<i>delete</i>
248	<i>Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy</i>	<i>delete</i>
249	<i>Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health</i>	 16 KB

Care CMS-855A need to be completed

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| 250 | <i>Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A</i> |  <u>16 KB</u> |
| 251 | <i>Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs</i> |  <u>17 KB</u> |
| 252 | <i>Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs</i> |  <u>17 KB</u> |
| 253 | <i>Organ Transplant Hospital Worksheet</i> | NEW |
| 254 | Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied |  <u>28 KB</u> |
| 255A | Model Letter: Notification of Pending Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application |  <u>30 KB</u> |
| 255B | Model Letter: Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application |  <u>34 KB</u> |
| 256 | Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application |  <u>Provider Enrollment Forms</u> |
| 257 | Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application |  <u>Provider Enrollment Forms</u> |
| 258 | Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application |  <u>Provider Enrollment Forms</u> |

259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	 16 KB
260	MDS Key Field Correction Form	 43 KB
261	Privacy Act Statement - Health Care Records	 22 KB
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	 29 KB
263	Maximum Time Frames for MDS Completion, Data Entry, Editing, Locking and Transmission	 50 KB
264	Resident Census and Conditions of Residents - CMS-672	 CMS Forms
265	Roster/Sample Matrix - CMS-802	 CMS Forms
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	 80 KB
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	 67 KB
268	Facility Characteristics	 28 KB
269	Facility Quality Indicator Profile	 44 KB
270	Resident Level Summary	 39 KB
271	Quality Indicator Matrix	 233 KB
272	Overview of MDS Submission Record	 25 KB
273	Correction Policy Summary Matrix	 69 KB
274	Definition of Selected Dates in the RAI Process	 24 KB
275	Attestation Statement for CMHCs	 15 KB
276	Health Insurance Benefit Agreement for CMHCs	Deleted
277	Fiscal Intermediary (FI) Provider Billing Number Deactivation Letter Used by FI	 17 KB
278	Model Denial Letter for CMHC Applicants - State Restrictions on	 17 KB

Screening

279	Model Letter - Notice of Findings for Noncompliance for CMHCs	 22 KB
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	 27 KB
281	Model Letter - CMHC That Has Ceased Operation	 17 KB
282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	 48 KB
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	 35 KB
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	 28 KB
285	Worksheet for OBQM & OBQI Reports	 164 KB
<i>286</i>	<i>Hospital/CAH Medicare Database Worksheet</i>	 176 KB
<i>287</i>	<i>Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey</i>	 26 KB
288	Surveyor Worksheet For Swing-Beds	 351 KB
<i>289</i>	<i>Model Reciprocal Agreement Survey and Certification of Home Health Agencies and/or Hospices</i>	 25 KB
<i>290</i>	<i>Model letter to HHAs Assigning Branch Identification Numbers</i>	NEW
<i>291</i>	<i>Model Notice to Hospital/CAH of Collection of Data by the State Agency</i>	NEW