
CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal 237

Date: February 27, 2026

SUBJECT: Revisions to State Operations Manual (SOM), Appendix R

I. SUMMARY OF CHANGES: Deletion of Appendix R

NEW/REVISED MATERIAL - EFFECTIVE DATE: February 27, 2026

IMPLEMENTATION DATE: February 27, 2026

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	SOM TOC
D	Appendix R (entire document)

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
	Recurring Update Notification

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

Medicare State Operations Manual

Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. **Click on the corresponding letter in the “Appendix Letter” column to see any available file in PDF.**
- To return to this page after opening a PDF file on your desktop. Use the browser "back" button. This is because closing the file usually will also close most browsers

Appendix Letter	Description
<u>A</u>	Hospitals
<u>AA</u>	Psychiatric Hospitals- Deleted (See Appendix A)
<u>B</u>	Home Health Agencies
<u>C</u>	Laboratories and Laboratory Services
<u>D</u>	Portable X-Ray Service
<u>E</u>	Outpatient Physical Therapy or Speech Pathology Services-Interpretive Guidelines
<u>F</u>	Community Mental Health Center (CMHC)
<u>G</u>	Rural Health Clinics (RHCs)
<u>H</u>	End-Stage Renal Disease Facilities
<u>I</u>	Life Safety Code
<u>J</u>	Intermediate Care Facilities for Individuals with Intellectual Disabilities
<u>K</u>	Comprehensive Outpatient Rehabilitation Facilities
<u>L</u>	Ambulatory Surgical Services Interpretive Guidelines and Survey Procedures
<u>M</u>	Hospice
<u>N</u>	Psychiatric Residential Treatment Facilities (PRTF) Interpretive Guidance
<u>P</u>	Survey Protocol for Long-Term Care Facilities
<u>PP</u>	Interpretive Guidelines for Long-Term Care Facilities
<u>Q</u>	Determining Immediate Jeopardy

Appendix Letter	Description
<i>R</i>	Resident Assessment Instrument for Long-Term Care Facilities – <i>Deleted (see Appendix PP and The Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual)</i>
S	Mammography Suppliers - Deleted
T	Swing-Beds – Deleted (See Appendix A and Appendix W)
<u>U</u>	Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions
<u>V</u>	Responsibilities of Medicare Participating Hospitals In Emergency Cases
<u>W</u>	Critical Access Hospitals (CAHs)
<u>X</u>	Survey Protocol and Interpretive Guidelines for Organ Transplant Programs
<u>Y</u>	Organ Procurement Organization (OPO)
<u>Z</u>	Emergency Preparedness for All Provider and Certified Supplier Types