

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I—TO BE COMPLETED BY STATE SURVEY AGENCY

<p>1. MEDICARE/MEDICAID PROVIDER NO. <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L1</p> <p>2. STATE VENDOR OR MEDICAID NO. <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L2</p> <p>5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L9 <small>M M D D Y Y</small></p> <p>6. DATE OF SURVEY <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L34 <small>M M D D Y Y</small></p> <p>8. ACCREDITATION STATUS <input type="checkbox"/> 0 UNACCREDITED <input type="checkbox"/> 1 JCAHO <input type="checkbox"/> 2 AOA <input type="checkbox"/> 3 OTHER L10</p> <p>11. LTC PERIOD OF CERTIFICATION (a) From <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> (b) To <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> <small>M M D D Y Y</small></p> <p>12. TOTAL FACILITY BEDS <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L18</p> <p>13. TOTAL CERTIFIED BEDS <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L17</p>	<p>3. NAME AND ADDRESS OF FACILITY <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L3</p> <p style="text-align: right;">STATE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> L5</p> <p>7. PROVIDER/SUPPLIER CATEGORY 01 HOSPITAL 04 SNF 09 ESRD 14 CORF 02 SNF/ICF (DUALLY CERTIFIED) 05 HHA 10 ICF 15 ASC 03 SNF/ICF (DISTINCT PART) 06 LAB 11 IMR 16 HOSPICE 07 X-RAY 12 RHC <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> L7 08 OPT/SF 13 PTIP</p> <p>10. THE FACILITY IS CERTIFIED AS: A. IN COMPLIANCE WITH PROGRAM REQUIREMENTS COMPLIANCE BASED ON: <input type="checkbox"/> 1 - ACCEPTABLE POC B. NOT IN COMPLIANCE WITH PROGRAM REQUIREMENTS AND/OR APPLIED WAIVERS: <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L12 <small>A/B (IF APPLICABLE CODES 1-9)</small></p> <p style="text-align: center;">AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 2 - TECHNICAL PERSONNEL</td> <td><input type="checkbox"/> 6 - SCOPE OF SERVICE LIMITED</td> </tr> <tr> <td><input type="checkbox"/> 3 - 24HR RN</td> <td><input type="checkbox"/> 7 - MEDICAL DIRECTOR</td> </tr> <tr> <td><input type="checkbox"/> 4 - 7-DAY RN (RURAL SNF)</td> <td><input type="checkbox"/> 8 - PATIENT ROOM</td> </tr> <tr> <td><input type="checkbox"/> 5 - LIFE SAFETY CODE</td> <td><input type="checkbox"/> 9 - BEDS PER -ROOM</td> </tr> </table>	<input type="checkbox"/> 2 - TECHNICAL PERSONNEL	<input type="checkbox"/> 6 - SCOPE OF SERVICE LIMITED	<input type="checkbox"/> 3 - 24HR RN	<input type="checkbox"/> 7 - MEDICAL DIRECTOR	<input type="checkbox"/> 4 - 7-DAY RN (RURAL SNF)	<input type="checkbox"/> 8 - PATIENT ROOM	<input type="checkbox"/> 5 - LIFE SAFETY CODE	<input type="checkbox"/> 9 - BEDS PER -ROOM	<p>4. TYPE OF ACTION:</p> <ol style="list-style-type: none"> 1. INITIAL SURVEY 2. RECERTIFICATION 3. TERMINATION 4. CHOW 5. VALIDATION 6. COMPLAINT 7. ON SITE VISIT 8. TERMINATION OF ICF BEDS 9. OTHER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <p>9. FISCAL YEAR ENDING DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L35 <small>M M D D</small></p>				
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<p>14. LTC CERT. BED BREAK DOWN <table style="width:100%; text-align: center;"> <tr> <td style="width:16.6%;">A 18 SNF</td> <td style="width:16.6%;">B. 18/19 SNF</td> <td style="width:16.6%;">C. 19 SNF</td> <td style="width:16.6%;">D. ICF</td> <td style="width:16.6%;">E. IMR</td> <td style="width:16.6%;">F. SNF/ICF DUALLY CERT.</td> </tr> <tr> <td><input style="width:100%; height:20px; border: 1px solid black;" type="text"/></td> </tr> </table> <small>L37 L38 L39 L42 L43 L40</small> </p> <p>15. FACILITY MEETS 1861(e)(1) or 1861(j)(1) <input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO L15</p>			A 18 SNF	B. 18/19 SNF	C. 19 SNF	D. ICF	E. IMR	F. SNF/ICF DUALLY CERT.	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>	<input style="width:100%; height:20px; border: 1px solid black;" type="text"/>
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<p>16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE IN REMARKS) <input style="width:100%; height:20px; border: 1px solid black;" type="text"/></p>														

<p>17. SURVEYOR SIGNATURE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L19 <small>M M D D Y Y</small></p>	<p>18. STATE SURVEY AGENCY APPROVAL <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L20 <small>M M D D Y Y</small></p>
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PART II—TO BE COMPLETED BY CMS REGIONAL OFFICE OR SINGLE STATE AGENCY

<p>19. DETERMINATION OF ELIGIBILITY 1 - FACILITY IS ELIGIBLE TO PARTICIPATE 2 - FACILITY IS NOT ELIGIBLE TO PARTICIPATE <input type="checkbox"/> L21</p>	<p>20. COMPLIANCE WITH CIVIL RIGHTS ACT <input type="checkbox"/></p>	<p>21. 1 - STATEMENT OF FINANCIAL SOLVENCY (CMS-2572) 2 - OWNERSHIP AND CONTROL INTEREST DISCLOSURE STATEMENT (CMS 1513) 3 - BOTH OF THE ABOVE <input type="checkbox"/></p>			
<p>22. ORIGINAL DATE OF PARTICIPATION <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L24 <small>M M D D Y Y</small></p>	<p>23. LTC AGREEMENT BEGINNING DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L41 <small>M M D D Y Y</small></p>	<p>24. LTC AGREEMENT ENDING DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L25 <small>M M D D Y Y</small></p>	<p>26. TERMINATION ACTION</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>VOLUNTARY</p> <ol style="list-style-type: none"> 1 - MERGER, CLOSURE 2 - DISSATISFACTION WITH REIMBURSEMENT 3 - RISK OF INVOLUNTARY TERMINATION 4 - OTHER REASON FOR WITHDRAWAL </td> <td style="width:50%; vertical-align: top;"> <p>INVOLUNTARY</p> <ol style="list-style-type: none"> 5 - FAILURE TO MEET HEALTH/SAFETY 6 - FAILURE TO MEET AGREEMENT OTHER 7 - PROVIDER STATUS CHANGE <input type="checkbox"/> L30 </td> </tr> </table>	<p>VOLUNTARY</p> <ol style="list-style-type: none"> 1 - MERGER, CLOSURE 2 - DISSATISFACTION WITH REIMBURSEMENT 3 - RISK OF INVOLUNTARY TERMINATION 4 - OTHER REASON FOR WITHDRAWAL 	<p>INVOLUNTARY</p> <ol style="list-style-type: none"> 5 - FAILURE TO MEET HEALTH/SAFETY 6 - FAILURE TO MEET AGREEMENT OTHER 7 - PROVIDER STATUS CHANGE <input type="checkbox"/> L30
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<p>25. LTC EXTENSION DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L27 <small>M M D D Y Y</small></p>	<p>27. ALTERNATIVE SANCTIONS</p> <p>A. SUSPENSION OF ADMISSIONS <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L44 <small>M M D D Y Y</small></p> <p>B. RESCIND SUSPENSION DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L45 <small>M M D D Y Y</small></p>				
<p>28. TERMINATION DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L28 <small>M M D D Y Y</small></p>	<p>29. INTERMEDIARY/CARRIER NO. <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L31</p>	<p>30. REMARKS <input style="width:100%; height:20px; border: 1px solid black;" type="text"/></p>			
<p>31. RO RECEIPT OF CMS-1539 <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L32 <small>M M D D Y Y</small></p>	<p>32. DETERMINATION APPROVAL DATE <input style="width:100%; height:20px; border: 1px solid black;" type="text"/> L33 <small>M M D D Y Y</small></p>	<p>DETERMINATION APPROVAL</p>			

CMS REGIONAL OFFICE

SINGLE STATE AGENCY

STATE SURVEY AGENCY

STATE SURVEY AGENCY

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