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# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

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

Transmittal 43

Date: May 1, 2009

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**SUBJECT:** Revised Chapter 2, “The Certification Process,” Section 2008A.

**I. SUMMARY OF CHANGES:** We have clarified language in this section from “if possible” to read “consistent with CMS policy regarding budget and workload priorities.”

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*:** May 1, 2009

**IMPLEMENTATION DATE:** May 1, 2009

*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	2/2008A/Early Surveys of New Providers and Suppliers

**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.

## 2008A - Early Surveys of New Providers and Suppliers

*(Rev.43, Issued 05-01-09, Effective: 05-01-09, Implementation: 05-01-09)*

New providers/suppliers must be in operation and providing services to patients when surveyed. This means that at the time of survey, the institution must have opened its doors to admissions, be furnishing all services necessary to meet the applicable provider or supplier definition, and demonstrate the operational capability of all facets of its operations. To be considered “fully operational,” initial applicants must be serving a sufficient number of patients so that compliance with all requirements can be determined.

A survey evaluates the manner and degree to which the provider or supplier satisfies the various requirements or standards within each condition. Surveyors will directly observe the provision of care and services to patients, and the effects of that care, to assess whether the care provided meets the needs of individual patients and is in compliance with all the requirements.

When the provider/supplier notifies the SA of full operation, it documents the file with the date of notification. The SA conducts the survey within 90 calendar days of the date of notification of full operation, *consistent with CMS policy regarding budget and workload priorities*. (See [§2700](#).)