
CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal 58

Date: April 9, 2010

SUBJECT: Revision of Exhibit 63, “List of Documents in Certification Packet (Initial Certifications Include Initial Denials)”

I. SUMMARY OF CHANGES: Exhibit 63 has been updated and reformatted. The regulation language is unchanged.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 9, 2010

IMPLEMENTATION DATE: April 9, 2010

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	Exhibit 63/List of Documents in Certification Packet (Initial Certifications Include Initial Denials)

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
	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.

EXHIBIT 63

(Rev. 58, 04-09-10)

**LIST OF DOCUMENTS IN CERTIFICATION PACKET
(INITIAL CERTIFICATIONS INCLUDE
INITIAL DENIALS)**

EXHIBIT 63

(Rev. 58, 04-09-10)

- I. Hospital – Short-Term Acute**
- II. *Transplant Hospital Programs***
- III. *Psychiatric Hospital***
- IV. **Rehabilitation Hospital****
- V. Critical Access Hospital**
- VI. Religious Nonmedical Health Care Institution**
- VII. CLIA Laboratory**
- VIII. End-Stage Renal Disease Facility**
- IX. Home Health Agency**
- X. Community Mental Health *Center***
- XI. Psychiatric Residential *Treatment Facility***
- XII. Outpatient Physical Therapy**
- XIII. Portable X-Ray**
- XIV. Rural Health Clinic**
- XV. *Federally Qualified Health Centers***
- XVI. Comprehensive Outpatient Rehabilitation Facility**
- XVII. Ambulatory Surgical Center**
- XVIII. Hospice**
- XIX. Skilled Nursing Facility and Nursing Facility**
- XX. Intermediate Care Facility for the Mentally Retarded**
- XXI. 1861(j)(1) Certifications**
- XXII. Addition and/or Deletion of Services, Address and/or Name Change, Change of Ownership and General Complaint**

I. Hospital – Short-Term Acute

Initial Certification – Accredited (Deemed^A)^B Hospital – Short-Term Acute

Title	Form Number
Medicare General Enrollment Healthcare Provider Application	CMS-855A
<i>MAC</i> /legacy FI Letter Recommending Enrollment or Denial	Letter
Health Insurance Benefit Agreement (two signed originals)	CMS-1561
AO Decision Letter <i>Recommending Deemed Status</i>	Letter
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html or evidence of Civil rights Corporate Agreement</i>
<i>Survey Report Form (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-1557</i>
<i>Laboratory Personnel Report (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-209</i>
<i>Hospital/CAH Data Base Worksheet</i>	<i>Exhibit 286 (electronically in ASPEN)</i>

^A Some accreditation organizations (AOs) recognized by CMS offer several levels of accreditation to health care facilities. For CMS survey and certification purposes, the only relevant accreditation is one where the AO with a CMS-recognized deemed accreditation program has found the facility to be in substantial compliance with Medicare health and safety requirements found in the Conditions of Participation/Conditions for Coverage.

Recertification – Accredited (Deemed) Hospital - Short-Term Acute

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
AO Decision Letter <i>with New Expiration Date for Deemed Accreditation</i>	Letter
<i>Hospital/CAH Data Base Worksheet</i>	<i>Exhibit 286 (electronically in ASPEN)</i>

Initial Certification – Non-accredited (Non-deemed) Hospital – Short-Term Acute Care Hospital, with or without Excluded Rehab or Psych Unit(s), or Rehabilitation Hospital

Title	Form Number
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>MAC/legacy</i> FI Letter Recommending Enrollment or Denial	Letter
Health Insurance Benefit Agreement (two signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance <ul style="list-style-type: none"> Assurance of Compliance Form Medicare Certification Civil Rights Information Request form (and applicable attachments) 	HHS-690 and HHS-441 <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Crucial Data Extract - Health	CMS-1537A (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction – Life Safety Code	CMS-2567

Title	Form Number
Crucial Data Extract – Life Safety Code	CMS-2786(E) (electronically in ASPEN)
^{1/2} Fire Safety Survey Report (if waiver recommended)	CMS-2786R
<i>Survey Report Form (CLIA)</i>	<i>CMS-1557</i>
<i>Laboratory Personnel Report (CLIA)</i>	<i>CMS-209</i>
Hospital/CAH Data Base Worksheet	Exhibit 286 (<i>electronically in ASPEN</i>)
<p>²As applicable for Rehab Hospitals, <i>Excluded Rehab Units, or Excluded Psychiatric units & Provider Attestation of Compliance with all Criteria</i></p> <p><i>(completed by Provider)</i></p>	<p>CMS-437 (<i>excluded psychiatric unit</i>) CMS-437A (<i>excluded rehabilitation unit</i>) CMS-437B (<i>rehabilitation hospital</i>) <i>Also for rehabilitation hospitals/units: certification letter that the inpatient population the hospital expects to serve meets the requirements of 42 CFR 412.23(b)(2)</i></p>
<p><i>As applicable for Rehab Hospitals, Excluded Rehab Units, or Excluded Psychiatric units, provider-supplied information:</i></p>	<p><i>For Excluded Psych Units:</i></p> <ul style="list-style-type: none"> • <i>Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i> • <i>A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients’ active treatment plans.</i> <p><i>For Excluded Rehab Hospitals or Units: Documentation, such as payroll records, duty rosters, records of appointments,</i></p>

Title	Form Number
	<i>etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i>
Survey Team Composition and Workload	CMS-670

Recertification – Non-accredited (Non-deemed) Hospital - Short-Term Acute *Care Hospital, with or without Excluded Rehab or Psych Unit(s), or Rehabilitation Hospital*

Title	Form Number
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Crucial Data Extract - Health	CMS-1537A (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction – <i>Life Safety Code</i>	CMS-2567
Crucial Data Extract – <i>Life Safety Code</i>	CMS-2786(E) (electronically in ASPEN)
^{1/2} Fire Safety Survey Report (if waiver recommended)	CMS-2786R
² As applicable for Rehab Hospitals, <i>Excluded Rehab Units, or Excluded Psychiatric units & Provider Attestation of Compliance with all Criteria</i> <i>(Completed by Provider)</i>	CMS-437 (<i>excluded psychiatric unit</i>) CMS-437A (<i>excluded rehabilitation unit</i>) CMS-437B (<i>rehabilitation hospital</i>) <i>Also for rehabilitation units/hospitals: certification letter that the inpatient population the hospital intends to serve meets the requirements of expects to serve meets the requirements of 42 CFR 412.23(b)(2)</i>
<i>As applicable for Rehab Hospitals, Excluded Rehab Units, or Excluded Psychiatric units, provider-supplied information:</i>	<i>For Excluded Psych Units:</i> <ul style="list-style-type: none"> • <i>Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient</i>

	<p><i>has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i></p> <ul style="list-style-type: none"> <i>• A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients' active treatment plans.</i> <p><i>For Excluded Rehab Hospitals or Units: Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i></p>
Survey Team Composition and Workload	CMS-670

Accredited (Deemed) Hospital Validation Survey – Complaint or Representative Sample Standard Survey

Title	Form Number
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>
Medicare/Medicaid/CLIA Complaint Form	CMS-562
Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey	Exhibit 287
Statement of Deficiencies and Plan of Correction - Health (if applicable)	CMS-2567
Crucial Data Extract - Health (if applicable)	CMS-1537E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction - LSC (if applicable)	CMS-2567
<i>Crucial Data Extract – LSC (if applicable)</i>	<i>CMS-2786E (electronically in ASPEN)</i>
Narrative Report (Complaints)	<i>Electronically in ACTS</i>
^{1/2} Fire Safety Survey Report (if applicable)	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Follow-up full and revisit survey reports on hospitals under SA monitoring should contain the following:	
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>
Post-Certification Revisit Report	CMS-2567B
Hospital/CAH Medicare Database Worksheet	Exhibit 286

II. Transplant Hospital Programs

Initial Certification – Transplant Hospital Programs

Title	Form Number
<i>Certification and Transmittal</i>	<i>CMS-1539(electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction – Health</i>	<i>CMS-2567(electronically in ASPEN)</i>
<i>Survey Team Composition and Workload</i>	<i>CMS-670</i>
<i>Organ Transplant Hospital Worksheet</i>	

Recertification – Transplant Hospital Programs

Title	Form Number
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Database Worksheet</i>	<i>Exhibit 286 (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567 (electronically in ASPEN)</i>
<i>Survey Team Composition and Workload</i>	<i>CMS-670</i>
<i>Organ Transplant Hospital Worksheet</i>	

III. Psychiatric Hospital

Initial Certification – Psychiatric Hospital Accredited/Deemed for Basic CoPs or Psychiatric Unit within an Accredited/Deemed Hospital

Title	Form Number
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>MAC/legacy</i> FI Letter Recommending Enrollment or Denial	Letter
<i>For Psychiatric Hospital</i> - Health Insurance Benefit Agreement (two signed originals)	CMS-1561
<i>For Psychiatric Hospital</i> - Office of Civil Rights (OCR) Clearance <ul style="list-style-type: none"> • Assurance of Compliance Form • Medicare Certification Civil Rights Information Request Form (and applicable attachments) 	<u>HHS-690</u> and <u>HHS-441</u> http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html or evidence of Civil rights Corporate Agreement
<i>For Psychiatric Hospital accredited for basic hospital CoPs – AO Decision Letter Recommending Deeming</i>	<i>Letter</i>
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>For Psychiatric Hospital</i> - Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)	CMS-2567
<i>For Psychiatric Hospital - Survey Report Form (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-1557</i>
<i>For Psychiatric Hospital - Laboratory Personnel Report (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-209</i>
² Psychiatric Unit Criteria Worksheet Report (<i>completed by Provider</i>) & <i>Provider Attestation of Compliance with all Criteria</i>	CMS-437

<p><i>Provider-supplied information</i></p>	<ul style="list-style-type: none"> • <i>Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i> • <i>A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients' active treatment plans.</i>
<p><i>For Psychiatric Hospital - Hospital/CAH Data Base Worksheet</i></p>	<p>Exhibit 286 <i>(electronically in ASPEN)</i></p>

Recertification – *Psychiatric Hospital Accredited/Deemed for Basic CoPs or Psychiatric Unit within an Accredited/Deemed Hospital*

<p>Title</p>	<p>Form Number</p>
<p>Certification and Transmittal</p>	<p>CMS-1539 <i>(electronically in ASPEN)</i></p>
<p><i>For Psychiatric Hospital - Psychiatric Hospital Survey Report (for the psychiatric special conditions)</i></p>	<p><i>CMS-724</i></p>
<p><i>For Accredited/Deemed Psychiatric Hospital-AO Decision Letter with New Expiration Date for Deemed Accreditation of Basic CoPs</i></p>	<p><i>Letter</i></p>
<p>² <i>Psychiatric Unit Criteria Worksheet Report & Provider Attestation of Compliance with all Criteria (completed by Provider)</i></p>	<p>CMS-437</p>
<p><i>Provider-supplied information:</i></p>	<ul style="list-style-type: none"> • <i>Medical record protocols to permit verification that each patient</i>

	<p><i>receives a psychiatric evaluation within 60 hours of admission; that each patient has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i></p> <ul style="list-style-type: none"> • <i>A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients' active treatment plans.</i>
<i>For Psychiatric Hospital</i> - Hospital/CAH Data Base Worksheet	Exhibit 286

Initial Certification – Non-accredited (Non-deemed) Psychiatric Hospital *or* Psychiatric Distinct Part Hospital

Title	Form Number
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>MAC/legacy FI Letter Recommending Enrollment or Denial</i>	<i>Letter</i>
Health Insurance Benefit Agreement (two signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance <ul style="list-style-type: none"> • Assurance of Compliance Form • Medicare Certification Civil Rights Information Request Form (and applicable attachments) 	HHS-690 and HHS 441 <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html or evidence of Civil rights Corporate Agreement</i>
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>
Statement of Deficiencies and Plan of Correction - Health	CMS-2567

Crucial Data Extract-Health	CMS 1537E (electronically in ASPEN)
² Psychiatric Hospital Survey Report	CMS-724
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Crucial Data Extract –Life Safety Code	CMS-2786E (electronically in ASPEN)
^{1/2} Fire Safety Survey Report (if waiver recommended)	CMS-2786R
² Survey Report Form (CLIA)	CMS-1557
Laboratory Personnel Report (CLIA)	CMS-209
Hospital/CAH Medicare Database Worksheet	Exhibit 286
Survey Team Composition and Workload Reports (use one CMS-670 for each that applies) <ul style="list-style-type: none"> • LSC • Health • If appropriate-Special Conditions for psychiatric hospitals 	CMS-670 (electronically in ASPEN)

Recertification – Non-accredited (Non-deemed) Psychiatric Hospital *or* Psychiatric Distinct Part Hospital²

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction – Health	CMS-2567
Crucial Data Extract-Health	CMS-1537E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Crucial Data Extract -LSC	CMS-2786E (electronically in ASPEN)
^{1/2} Fire Safety Survey Report (if waiver	CMS-2786R

recommended)	
Hospital/CAH Medicare Database Worksheet	Exhibit 286
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

IV. Rehabilitation Hospital

Initial Certification of a Rehabilitation Hospital Deemed for Basic CoPs or Rehabilitation Unit in an Accredited/Deemed Hospital

Title	Form Number
Medicare General Enrollment Health Care <i>Provider</i> Application	CMS-855A
<i>MAC/Legacy</i> FI Letter Recommending <i>Enrollment or Denial</i>	Letter
For Rehabilitation Hospitals - Health Insurance Benefit Agreement (two signed originals)	CMS-1561
<i>For Rehabilitation Hospitals</i> - Office of Civil Rights (OCR) Clearance <ul style="list-style-type: none"> • Assurance of Compliance Form • Medicare Certification Civil Rights Information Request Form (and applicable attachments) 	HHS-690 and HHS 441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>
<i>For Accredited/Deemed Rehabilitation Hospitals</i> - AO Decision Letter <i>Recommending Deeming</i>	Letter
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>For Rehabilitation Hospital - Survey Report Form (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-1557</i>
<i>For Rehabilitation Hospital - Laboratory Personnel Report (CLIA) (if the hospital lab is not accredited/deemed)</i>	<i>CMS-209</i>
² Rehabilitation Criteria for Rehabilitation Hospital or Unit Criteria Worksheet Report & <i>Provider Attestation of Compliance with all Criteria (completed by Provider)</i>	Applicable CMS-437A (unit criteria) or CMS-437-B(hospital criteria) (<i>including certification letter that the inpatient population the hospital expects to serve meets the requirements of 42 CFR 412.23(b)(2)</i>)
<i>Provider-supplied information</i>	<i>Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director</i>

	<i>who meets the regulatory standards at 42 CFR 412.29(f).</i>
For Rehabilitation Hospital - Hospital/CAH Data Base Worksheet	Exhibit 286 (<i>electronically in ASPEN</i>)

Recertification - Rehabilitation Hospital Accredited/Deemed for Basic CoPs or Rehabilitation Unit within an Accredited/ Deemed Hospital

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>For Deemed/Accredited Rehabilitation Hospital - AO Decision Letter with New Expiration Date for Deemed Accreditation of Basic CoPs</i>	<i>Letter</i>
² Rehabilitation Hospital or Rehabilitation Unit Criteria Worksheet Report (<i>completed by Provider</i>) & <i>Provider Attestation of Compliance with all Criteria</i>	CMS-437B (hospital criteria) or CMS-437A (unit criteria)
<i>Provider-supplied information</i>	<i>Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i>
<i>For Rehabilitation Hospital</i> - Hospital/CAH Medicare Database Worksheet	Exhibit 286

V. *Critical Access Hospital*

Initial Certification –Non-accredited (Non-deemed) Critical Access Hospital

Title	Form Number
Medicare General Enrollment Healthcare Provider Application	CMS-855A
<i>MAC/legacy FI's letter recommending enrollment change or denial</i>	<i>Letter</i>
<i>Provider-supplied documentation that hospital meets CAH eligibility criteria (requires RO review & approval)</i>	
Certification and Transmittal	CMS-1539
<i>Statement of Deficiencies – Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies - LSC</i>	<i>CMS-2567</i>
Crucial Data Extract – LSC	CMS-2786E (electronically in ASPEN)
^{1/2} Fire Safety Report (if waiver recommended)	CMS-2786R
² <i>As applicable, for Distinct Part Units of CAHs (NOTE: a separate hospital survey kit with all applicable forms must be created whenever a CAH DPU is surveyed by a SA.)</i>	<i>CMS-437-psychiatric CMS-437A-rehabilitation (including certification letter that the inpatient population the hospital intends to serve meets the requirements of expects to serve meets the requirements of 42 CFR 412.23(b)(2))</i>
² <i>As applicable for DPU Rehab or Psychiatric Units, provider-supplied information:</i>	<i>For Psych DPUs:</i> <ul style="list-style-type: none"> • <i>Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i> • <i>A description of the type and number</i>

	<p><i>of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients' active treatment plans.</i></p> <p><i>For Rehab DPUs: Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i></p>
Hospital/CAH Database Worksheet	Exhibit 286
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification –Non-accredited (Non-deemed) Critical Access Hospital

Title	Form Number
Certification and Transmittal	CMS-1539
<i>Statement of Deficiencies and Plan of Correction – Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies – LSC</i>	<i>CMS-2567</i>
Crucial Data Extract – LSC	CMS-2786E (electronically in ASPEN)
Fire Safety Report (if waiver recommended)	CMS-2786R
² As applicable, for Distinct Part Units of CAHs <i>(NOTE: a separate hospital survey kit with all applicable forms must be created whenever a CAH DPU is surveyed by a SA.)</i>	CMS-437-psychiatric CMS-437A-rehabilitation
² As applicable for DPU Rehab or Psychiatric Units, provider-supplied information:	<p><i>For Psych DPUs:</i></p> <ul style="list-style-type: none"> <i>• Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient</i>

	<p><i>has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i></p> <ul style="list-style-type: none"> <i>• A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients' active treatment plans.</i> <p><i>For Rehab DPUs: Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i></p>
Hospital/CAH Database Worksheet	Exhibit 286
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Initial Certification – Accredited (Deemed) Critical Access Hospital

Title	Form Number
Medicare General Enrollment Healthcare Provider Application	CMS- 855A
<i>MAC/legacy</i> FI letter recommending <i>enrollment change or denial</i>	Letter
AO Decision Letter <i>Recommending Deemed Status</i>	Letter
<i>Provider-supplied documentation that hospital meets CAH eligibility criteria (for RO review and approval)</i>	
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>

² <i>As applicable, for Distinct Part Units of CAHs</i>	<i>CMS-437-psychiatric CMS-437A-rehabilitation (including certification letter that the inpatient population the hospital intends to serve meets the requirements of expects to serve meets the requirements of 42 CFR 412.23(b)(2))</i>
<i>Hospital/CAH data base worksheet</i>	<i>Exhibit 286</i>

Recertification – Accredited (Deemed) Critical Access Hospital

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>AO Decision Letter with new expiration date for accredited/deemed status</i>	<i>Letter</i>
² <i>As applicable, for Distinct Part Units of CAHs & Provider Attestation of Compliance</i>	<i>CMS-437-psychiatric CMS-437A-rehabilitation</i>
Hospital/CAH Medicare Database Worksheet	Exhibit 286

Initial Certification Distinct Part Unit in Existing *Certified Accredited/Deemed or Non-accredited* CAH

Title	Form Number
<i>Medicare General Enrollment Healthcare Provider Application</i>	<i>CMS-855A</i>
<i>MAC/legacy FI letter recommending enrollment or denial</i>	<i>Letter</i>
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>For provider-based DPUs off the main campus, documentation that the DPU's location meets the CAH location requirements (for RO review and approval)</i>	
<i>For accredited/deemed CAH – AO decision letter recommending deemed status for the DPU</i>	<i>Letter</i>

<p><i>For non-accredited CAH - Statement of Deficiencies and Plan of Correction – Health (using Hospital survey kit)</i></p>	<p><i>CMS-2567</i></p>
<p><i>For non-accredited CAH – Statement of Deficiencies – LSC</i></p>	<p><i>CMS-2567</i></p>
<p><i>For non-accredited CAH - Crucial Data Extract – LSC</i></p>	<p><i>CMS-2786E (electronically in ASPEN)</i></p>
<p>²As applicable, for psychiatric and/ or rehabilitation <i>Distinct Part Units of CAHs</i></p>	<p><i>CMS-437-psychiatric</i> <i>CMS-437A-rehabilitation (including certification letter that the inpatient population the hospital intends to serve meets the requirements of expects to serve meets the requirements of 42 CFR 412.23(b)(2))</i></p>
<p>²<i>For non-accredited CAH as applicable for DPU Rehab and/ or Psychiatric Units, provider-supplied information:</i></p>	<p><i>For Psych DPUs:</i></p> <ul style="list-style-type: none"> <i>• Medical record protocols to permit verification that each patient receives a psychiatric evaluation within 60 hours of admission; that each patient has a comprehensive treatment plan; that progress notes are routinely recorded; and that each patient has discharge planning and a discharge summary.</i> <i>• A description of the type and number of clinical staff, including a qualified medical director of inpatient psychiatric services and a qualified director of psychiatric nursing services, registered nurses, licensed practical nurses, and mental health workers to provide care necessary under their patients’ active treatment plans.</i> <p><i>For Rehab DPUs: Documentation, such as payroll records, duty rosters, records of appointments, etc., that permits verification that the provider has a qualified medical director who meets the regulatory standards at 42 CFR 412.29(f).</i></p>

<i>For non-accredited CAH - Survey Team Composition and Workload Report</i>	CMS 670 (electronically in ASPEN)
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Initial Certification – Hospital/CAH Swing Beds

Title	Form Number
<i>Medicare General Enrollment Healthcare Provider Application</i>	<i>CMS-855A</i>
<i>MAC/legacy</i> FI letter recommending approval or denial	Letter
<i>For Hospitals - Provider-supplied evidence that the Hospital satisfies the rural location criteria</i>	<i>Obtained from www.census.gov</i>
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Swing Bed Survey Report	CMS-1537C
<i>Statement of Deficiencies and Plan of Correction – Health</i>	<i>CMS-2567</i>
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification of *Hospital/CAH* Swing Beds

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Swing Bed Survey Report	CMS-1537C (<i>electronically in ASPEN</i>)
<i>Statement of Deficiencies – Health</i>	<i>CMS-2567</i>
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

VI. Religious Nonmedical Health Care Institution

Initial Certification – Religious Nonmedical Health Care Institution

Title	Form Number
Medicare Enrollment Health Care Provider Agreement	CMS-855A
MAC/legacy FI's letter recommending approval	Letter
Health Insurance Benefit Agreement (two signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance <ul style="list-style-type: none"> • Assurance of Compliance Form • Data Request Checklist - Civil Rights Information Request For Medicare Certification Form (and applicable attachments) 	HHS-690 <i>and HHS-441</i> http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>
Certification and Transmittal	CMS-1539 (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction–Health	CMS-2567
Statement of Deficiencies and Plan of Correction–LSC	CMS-2567
^{1/2} Fire Safety Survey Report Form (if waivers are requested)	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification – Religious Nonmedical Health Care Institution

Title	Form Number
Certification and Transmittal	CMS-1539 (electronically in ASPEN)
Statement of Deficiencies and Plan of	CMS-2567

Correction–Health	
Statement of Deficiencies and Plan of Correction–LSC	CMS-2567
^{1/2} Fire Safety Survey Report Form (if waivers are requested)	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

VII. CLIA Laboratory

Initial Certification - CLIA Laboratory

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Clinical Laboratory Application	CMS-116
² Survey Report Form (CLIA)	CMS-1557 (<i>electronically in ASPEN</i>)
Laboratory Personnel Report (CLIA)	CMS-209
Statement of Deficiencies and Plan of Correction	CMS-2567
Post Certification Revisit Report	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification - CLIA Laboratory

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
⁴ Survey Report Form (CLIA) (cover page)	CMS-1557 (<i>electronically in ASPEN</i>)
Laboratory Personnel Report (CLIA)	CMS-209
Statement of Deficiencies and Plan of Correction	CMS-2567
Post Certification Revisit Report	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Other Certifications – CLIA Laboratory

Title	Form Number
Request for Complaint Investigation or Validation Survey of Accredited Laboratory`	CMS-2802A (<i>electronically in ASPEN</i>)
Medicare/Medicaid/CLIA Complaint form	CMS-562 (<i>electronically in ASPEN</i>)
CLIA Adverse Action Extract	CMS-462A/B

VIII. End-Stage Renal Disease Facility

Advance Approval/Expansion - End-Stage Renal Disease Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
ESRD Facility Survey Report	CMS-3427
Narrative Report Describing Services to be Provided	--
Certificate of Need in the States Where it is Required	--
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Initial Certification - End-Stage Renal Disease Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Medicare General Enrollment Health Care Provider Application	CMS-855A
Statement of Deficiencies and Plan of Correction	CMS-2567
² ESRD Facility Survey Report	CMS-3427
⁶ Narrative Report Describing Services to be Provided	--
⁶ Certificate of Need in the States Where it is Required	--
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Expansion With No Survey - End-Stage Renal Disease Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Narrative Report Describing Services to be Provided	---
Certificate of Need in the States Where it is Required	---
<i>ESRD Facility Survey Report</i>	<i>CMS-3427</i>

Recertification - End-Stage Renal Disease Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction	CMS-2567
⁶ ESRD Facility Survey Report (page 2)	CMS-3427
Survey Team Composition and Workload Report	CMS-670(electronically in ASPEN)

IX. Home Health Agency

Initial Certification – Non-accredited (Non-deemed) Home Health Agency

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Request to Establish Eligibility	CMS-1515 a.b.c.d.e.f
Medicare General Enrollment Health Care Provider Application	CMS-855A
Crucial Data Extract - HHA	CMS-1572E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction	CMS-2567
⁶ Home Health Agency Survey and Deficiencies Report	CMS-1572a
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html or evidence of Civil rights Corporate Agreement</i>

Recertification – Non-accredited (Non-deemed) Home Health Agency

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility (By Surveyor)	CMS-1515 a,b,c,d,e,,f
⁶ Home Health Agency Survey and Deficiencies Report	CMS-1572a

Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Initial Certification Accredited (Deemed) Home Health Agency

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility	CMS-1515 a.b.c.d.e.f
<i>AO Approval Letter</i>	<i>Letter</i>
Medicare General Enrollment Health Care Provider Application	CMS-855A
⁶ Home Health Agency Survey and Deficiencies Report	CMS-1572a
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	HHS-690 <i>and HHS-441</i> <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>
Health Insurance Benefit Agreement (signed originals)	<i>CMS-1561</i>

Recertification Accredited (Deemed) Home Health Agency

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility (By Surveyor)	CMS-1515 a,b,c,d,e,f
⁶ Home Health Agency Survey and Deficiencies Report	CMS-1572a
<i>AO Approval Letter</i>	<i>Letter</i>

X. Community Mental Health Center

Community Mental Health *Center*

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Medicare General Enrollment Health Care Providers/Supplier Application	CMS-855A
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services	Exhibit 130
CMHC Crucial Data Extract (CDE)	Exhibit 131
CMHC Attestation Statement	Exhibit 275
Health Benefits Agreement for CMHCs	CMS-1561
Model Letter explaining participation in Medicare as a CMHC	Exhibit 282
<i>Model Denial Letter</i>	<i>Exhibit 278</i>
<i>CMHC Site Visit Request Form</i>	<i>Program Memorandum Intermediaries A-02-002 Attachment B</i> http://www.cms.hhs.gov/transmittals/downloads/A02002.pdf
<i>Office of Civil Rights (OCR) Clearance</i> <i>•Assurance of Compliance Form</i> <i>•Medicare Certification Civil Rights Information Request form (and applicable attachments)</i>	<i>HHS-690 and HHS-441</i> http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XI. Psychiatric Residential Treatment Facility

Psychiatric Residential Treatment Facility

Title	Form Number
Medicare/Medicaid Certification and Transmittal	CMS-1539
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Offsite Survey Preparation Worksheet	CMS-801
Surveyor Notes Worksheet	CMS-807
Individual Observation Worksheet	CMS-3070I
Death Record Review Data Sheet	CMS-726
Statement of Deficiencies and Plan of Correction	CMS-2567
Post Certification Revisit Report	CMS-2567B

XII. Outpatient Physical Therapy

Initial Certification - Outpatient Physical Therapy - Speech Pathology

Title	Form Number
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	HHS-690 <i>and</i> HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility	CMS-1856
Medicare General Enrollment Health Care Provider Application	CMS-855A
Statement of Deficiencies and Plan of Correction	CMS-2567
² OPT-SP Survey Report	CMS-1893
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification - Outpatient Physical Therapy - Speech Pathology

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility	CMS-1856
Crucial Data Extract - OPT-SP Survey Report	CMS-1893E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XIII. Portable X-Ray

Initial Certification - Portable X-Ray

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Request to Establish Eligibility	CMS-1880
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855B
Statement of Deficiencies and Plan of Correction	CMS-2567
² Portable X-Ray Survey Report	CMS-1882
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification - Portable X-Ray

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility (By Surveyor)	CMS-1880
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XIV. Rural Health Clinic

Initial Certification – Rural Health Clinic

Title	Form Number
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>MAC/legacy Carrier letter recommending enrollment or denial</i>	<i>Letter</i>
Health Insurance Benefit Agreement (<i>two signed originals</i>)	CMS-1561a
<i>To be completed by Provider-Based RHCs only:</i> <i>Office of Civil Rights (OCR) Clearance</i> • <i>Assurance of Compliance Form</i> • <i>Data Request Checklist - Civil Rights Information Request For Medicare Certification Form (and applicable attachments)</i>	<i>HHS-690 and HHS-441</i> <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>
Request to Establish Eligibility	CMS-29
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Crucial Data Extract - RHC	CMS-30E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670

Recertification - Rural Health Clinic

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility (<i>Completed</i> by Surveyor)	CMS-29
Crucial Data Extract - RHC	CMS-30E(electronically in ASPEN)

Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670(electronically in ASPEN)

XV. Federally Qualified Health Centers

Initial Enrollment – Federally Qualified Health Centers

Title	Form Number
<i>Medicare General Enrollment Healthcare Provider Application</i>	<i>CMS-855A</i>
<i>MAC/legacy Carrier letter recommending enrollment or denial</i>	<i>Letter</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>Attestation Statement for Federally Qualified Health Centers (two signed originals)</i>	<i>CMS Exhibit 177</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> • <i>Assurance of Compliance Form</i> • <i>Data Request Checklist - Civil Rights Information Request For Medicare Certification Form (and applicable attachments)</i> 	<i>HHS-690 and HHS-441</i> http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/formstobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>

Federally Qualified Health Center Complaint Investigation

Title	Form Number
Certification and Transmittal	CMS-1539
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XVI. Comprehensive Outpatient Rehabilitation Facility

Initial Certification - Comprehensive Outpatient Rehabilitation Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility	CMS-359
Medicare General Enrollment Health Care Provider Application	CMS-855A
Statement of Deficiencies and Plan of Correction	CMS-2567 (<i>electronically in APSEN</i>)
² CORF Survey Report	CMS-360
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Send the following the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
<i>Office of Civil Rights (OCR) Clearance</i> <i>•Assurance of Compliance Form</i> <i>•Medicare Certification Civil Rights Information Request form (and applicable attachments)</i>	<i>HHS-690 and HHS-441</i> http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html <i>or evidence of Civil rights Corporate Agreement</i>

Recertification - Comprehensive Outpatient Rehabilitation Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Request to Establish Eligibility (By Surveyor)	CMS-359
Statement of Deficiencies and Plan of Correction	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XVII. Ambulatory Surgical Center

Initial Certification – Non-accredited (Non-deemed) Ambulatory Surgical Center

Title	Form Number
Medicare Enrollment Application Clinics/Group Practices and Certain Other Suppliers	CMS-855B
<i>MAC/legacy Carrier recommendation for enrollment or denial</i>	<i>Letter</i>
<i>Health Insurance Benefits Agreement (two signed copies)</i>	<i>CMS-370</i>
Request to Establish Eligibility	CMS-377
<i>Certification and Transmittal</i>	<i>CMS-1539 (electronically in ASPEN)</i>
Statement of Deficiencies and Plan of Correction –Health	CMS-2567
Statement of Deficiencies and Plan of Correction –LSC	CMS-2567
Crucial Data Extract - ASC	CMS-378E (electronically in ASPEN)
^{1/2} Fire Safety Survey Report	CMS-2786U
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification – Non-accredited (Non-deemed) Ambulatory Surgical Center

Title	Form Number
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>
Request to Establish Eligibility (<i>Completed</i> by Surveyor)	CMS-377
Crucial Data Extract - ASC	CMS-378E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567

Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
^{1/2} Fire Safety Survey Report	CMS-2786U
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Initial Certification Accredited (Deemed) Ambulatory Surgical Centers

Title	Form Number
Medicare Enrollment Application Clinics/Group Practices and Certain Other Suppliers	CMS-855B
<i>MAC/legacy</i> FI Letter Recommending Enrollment	Letter
Health Insurance Benefits Agreement (two signed copies)	<i>CMS-370</i>
AO Decision Letter Recommending Deemed Status	Letter
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html or evidence of Civil rights Corporate Agreement</i>
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)

Recertification Accredited (Deemed) Ambulatory Surgical Centers

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>AO Decision Letter with new expiration date for accreditation</i>	<i>Letter</i>

XVIII. Hospice

Initial Certification – Non-accredited (Non-deemed) Hospice

Title	Form Number
Hospice Request for Certification in the Medicare Program	CMS-417
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
<i>Hospice Survey and Deficiencies Report</i>	<i>CMS-643</i>
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html or evidence of Civil rights Corporate Agreement</i>

Freestanding Hospice- in addition to the forms noted above, freestanding hospices require:

Title	Form Number
² Freestanding Hospice Survey Report	
^{1/2} Fire Safety Survey Report	CMS-2786R
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567

Recertification – Non-accredited (Non-deemed) Hospice

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Hospice Request for Certification (By Surveyor)	CMS-417
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
<i>Hospice Survey and Deficiency Report</i>	<i>CMS-643</i>

Freestanding Hospice - in addition to the forms noted above, freestanding hospices with inpatient units require:

Title	Form Number
^{1/2} Fire Safety Survey Report	CMS-2786R
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567

Initial Certification Accredited (Deemed) Hospice

Title	Form Number
Hospice Request for Certification in the Medicare Program	CMS-417
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
<i>MAC/legacy FI Letter Recommending Enrollment</i>	<i>Letter</i>
Medicare General Enrollment Health Care Provider Application	CMS-855A
<i>Hospice Survey and Deficiencies Report</i>	<i>CMS-643</i>

<i>AO Decision Letter</i>	<i>Letter</i>
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441</i> <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>

Recertification Accredited (Deemed) Hospice

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Hospice Request for Certification in the Medicare Program	CMS-417
<i>Hospice Survey and Deficiencies Report</i>	<i>CMS-643</i>
<i>AO Decision Letter</i>	<i>Letter</i>
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441</i> <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>

XIX. Skilled Nursing Facility and Nursing Facility

Initial Certification - Title XVIII Skilled Nursing Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Medicare General Enrollment Health Care Provider Application	CMS-855A
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B

Skilled Nursing Facility and Nursing Facility

Title	Form Number
Long-Term Care Facility Application for Medicare and Medicaid	CMS-671
Resident Census and Conditions of Residents	CMS-672
Extended/Partial Extended Survey Worksheet	CMS-673
<i>Quality of Life Assessment – Resident Interview</i>	<i>CMS-806A</i>
<i>Quality of Life Assessment – Group Interview</i>	<i>CMS-806B</i>
<i>Quality of Life Assessment – Family Interview</i>	<i>CMS-806C</i>
<i>Resident Review Worksheet</i>	<i>CMS - 805</i>
Medication Pass Worksheet	CMS-677
<i>General Observations of the Facility</i>	<i>CMS-803</i>

<i>Kitchen/Food Service Observation</i>	<i>CMS-804</i>
Closed Records Discharge Review Worksheet	CMS-680
Surveyor Notes Worksheet	<i>CMS-807</i>
<i>Roster/Sample Matrix</i>	<i>CMS-802</i>
^{1/2} Fire Safety Survey Report	CMS-2786R
Waiver (if applicable)	--
Utilization Review Plan	
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
Send the following to the RO as soon as received and prior to the survey:	
Health Insurance Benefit Agreement (signed originals)	CMS-1561
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request form (and applicable attachments)	<i>HHS-690 and HHS-441 http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecpleted.html or evidence of Civil rights Corporate Agreement</i>

Recertification - Title XVIII Skilled Nursing Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B

^{1/2} Fire Safety Survey Report	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Initial Certification - Title XIX Nursing Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
Skilled Nursing Facility and Nursing Facility Long-Term Care Facility Application for Medicare and Medicaid	CMS-671
Resident Census and Conditions of Residents	CMS-672
Extended/Partial Extended Survey Worksheet	CMS-673
<i>Quality of Life Assessment –Resident Interview</i>	<i>CMS-806A</i>
<i>Quality of Life Assessment –Group Interview</i>	<i>CMS-806B</i>
<i>Quality of Life Assessment –Family Interview</i>	<i>CMS-806C</i>
<i>Resident Review Worksheet</i>	<i>CMS-805</i>
Medication Pass Worksheet	CMS-677
<i>General Observations of the Facility</i>	<i>CMS-803</i>
<i>Kitchen/Food Service Observation</i>	<i>CMS-804</i>
Closed Records Discharge Review Worksheet	CMS-680
<i>Surveyor Notes Worksheet</i>	<i>CMS-807</i>

<i>Roster/Sample Matrix</i>	<i>CMS-802</i>
^{1/2} Fire Safety Survey Report	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
SNF XIX-only: If waivers are requested (Health or LSC), forward two copies of the waiver recommendation and the applicable survey report prior to sending the survey packet.	

Recertification - Title XIX Nursing Facility

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Post Certification Revisit Report - Health (if applicable)	CMS-2567B
Post Certification Revisit Report - LSC (if applicable)	CMS-2567B
The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report	
^{1/2} Fire Safety Survey Report	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
SNF XIX-only: Waiver requests (Health or LSC) must come in prior to the survey packet.	

Recertification - Medicare Skilled Nursing Facility While Subject to Denial of Payments for New Admissions

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567

NOTE: Plan of correction may or may not be submitted by the provider.	
Statement of Deficiencies and Plan of Correction - Life Safety Code	CMS-2567
¹ Fire Safety Survey Report	CMS-2786R
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Revisit After Credible Allegation - Medicare Skilled Nursing Facility While Subject to Denial of Payments for New Admissions

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)	CMS-2567
Post-Certification Revisit Report (for deficiencies found to have been corrected)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification - Medicaid-Only Nursing Facility While Subject to Denial of Payments for New Admissions

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
NOTE: Plan of Correction may or may not be submitted by the provider.	
Statement of Deficiencies and Plan of Correction - Life Safety Code	CMS-2567
¹ Fire Safety Survey Report	CMS-2786R
(The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report)	
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Revisit After Credible Allegation - Medicaid-Only Nursing Facility While Subject to Denial of Payments for New Admissions

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)	CMS-2567
Post-Certification Revisit Report (for deficiencies found to have been corrected)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XX. Intermediate Care Facility for the Mentally Retarded

Initial Certification - Intermediate Care Facility for the Mentally Retarded

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Crucial Data Extract - Health	CMS-3070BE (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
² Institutions of Mentally Retarded or Persons with Retarded Conditions Survey Report	CMS-3070 G,H, I
^{1/2} Fire Safety Survey Report for each building involved, or for each construction type for any building having more than one construction type	CMS-2786 V,M,Y
⁹ Life Safety Code Waivers	--
Listing of QMRPs with Qualifications	--
Direct Care Staffing Information - Individual Units	--
Description of Living Units	--
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Recertification - Intermediate Care Facility for the Mentally Retarded⁹

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Crucial Data Extract - Health	CMS-3070E (electronically in ASPEN)
Statement of Deficiencies and Plan of Correction - Health	CMS-2567

Statement of Deficiencies and Plan of Correction - LSC	CMS-2567
Listing of QMRPs with Qualifications	--
Direct Care Staffing Information - Individual Units	--
Description of Living Units	--
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XXI. 1861(j)(l) Certifications

1861(j)(l) Certifications

Title	Form Number
Certification and Transmittal - Spell of Illness, 1861(j)(1) Supplement	CMS-1539A
1861(j)(1) Determinations - Computation of Nurse to Resident Ratio Form	--
² Intermediate Care Facility Survey Report (page 24)	CMS-3070
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Post-Certification Revisit Report - All Facilities Except Long-Term Care

Title	Form Number
Post-Certification Revisit Report - Health (if applicable)	CMS-2567B
Post-Certification Revisit Report - LSC (if applicable)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Post Certification Revisit Report with Amended CMS-1539

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Post-Certification Revisit Report - Health (if applicable)	CMS-2567B
Post-Certification Revisit Report - LSC (if applicable)	CMS-2567B
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

XXII. Addition and/or Deletion of Services, Address and/or Name Change, Change of Ownership and General Complaint

Addition and/or Deletion of Services

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
MAC/legacy FI or Carrier recommendation for approval	Letter
Appropriate Request to Establish Eligibility (By Surveyor)	--
Statement of Deficiencies and Plan of Correction (if applicable);	CMS-2567
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Address and/or Name Change

Title	Form Number
Medicare Change of Information Health Care	CMS-855
MAC/legacy FI or Carrier recommendation for approval	Letter
<i>Statement of Deficiencies (if applicable)</i>	<i>CMS-2567</i>
Provider/Supplier Application Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)

Change of Ownership - Title XVIII or XVIII-XIX Providers

Title	Form Number
Medicare General Enrollment Healthcare Provider Application	CMS-855A

<i>MAC/legacy FI Letter Recommending Enrollment or Denial</i>	<i>Letter</i>
¹⁰ Health Insurance Benefit Agreement (<i>two</i> signed originals)	CMS-1561
<i>Office of Civil Rights (OCR) Clearance</i> • <i>Assurance of Compliance Form</i> • <i>Medicare Certification Civil Rights Information Request form (and applicable attachments)</i>	<i>HHS-690 and HHS-441</i> <i>http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/form_stobecompleted.html</i> <i>or evidence of Civil rights Corporate Agreement</i>
Certification and Transmittal	CMS-1539
Request to Establish Eligibility (for applicable provider)	
Statement of Deficiencies and Plan of Correction (<i>if applicable</i>);	CMS-2567
¹¹ Long Term Care Facility Application for Medicare and Medicaid (<i>if applicable</i>)	CMS-671

Change of Ownership - Providers - Title XIX Nursing Facilities

Title	Form Number
Certification and Transmittal	CMS-1539 (<i>electronically in ASPEN</i>)
Long Term Care Facility Application for Medicare and Medicaid	CMS-671
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Change of Ownership - Suppliers

Title	Form Number
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855
<i>MAC/legacy Carrier recommendation for approval</i>	<i>Letter</i>

<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-370</i>
Certification and Transmittal	CMS-1539 <i>(electronically in ASPEN)</i>
Request to Establish Eligibility (for applicable supplier)	--
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
Survey Team Composition and Workload Report	CMS-670

General Complaint

Title	Form Number
Medicare/Medicaid/CLIA Complaint Form	CMS-562
Narrative Report	
Statement of Deficiencies and Plan of Correction (if applicable)	CMS-2567
Portions of: Health or Fire Safety Code Survey Report (as applicable)	CMS-2786
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)

Notes

¹ If FSES is applied, the following are needed: Form CMS-2786T for all zones, table 8 for entire facility. Do not send LSC survey report to RO if it is a Form CMS-2786R, and no use of FSES or waivers.

² As required by §2720 of the “State Operations Manual,” *as modified by S&C-08-3*

³ Hospitals not in compliance, RN waiver requests, and hospitals no longer accredited-- Send complete survey reports.

⁴ If there is a change in name, address, ownership, or services at the time of recertification, send in the same information as for an initial certification.

⁵ The Form CMS-855 is for participation in Medicare

⁶ Only if these documents have not been sent in with the request for advance approval.

⁷ Needed only if expansion of services or stations done at time of recertification.

⁸ If a waiver of a LSC item is requested, send Form CMS-2786Y and all necessary documentation.

⁹ When a waiver is granted for the first time, send in the complete Fire Safety Report. Subsequent requests for approval of the same waiver require submittal of only page 1 of Fire Safety Report.

¹⁰ Send in as soon as available.

¹¹ Required for skilled nursing facilities and nursing facilities only.