MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART 1 - TO BE COMPLETED BY STATE SURVEY AGENCY

1. MEDICARE/MEDICAID PROVIDER NO. L1

2. STATE VENDOR OR MEDICAID NO. L2

3. NAME AND ADDRESS OF FACILITY L3 L4 STATE L5 L6

4. TYPE OF ACTION:
1. INITIAL SURVEY
2. RECERTIFICATION
3. TERMINATION
4. CHOW
5. VALIDATION
6. COMPLAINT
7. ON SITE VISIT
8. TERMINATION OF ICF BEDS
9. OTHER
L8

5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (M M D D Y Y) L9

6. DATE OF SURVEY (M M D D Y Y) L34

7. PROVIDER/SUPPLIER CATEGORY L7

01 HOSPITAL	04 SNF	09 ESRD	14 CORF
02 SNF/ICF (DUALLY CERTIFIED)	05 HHA	10 ICF	15 ASC
	06 LAB	11 IMR	16 HOSPICE
03 SNF/ICF (DISTINCT PART)	07 X-RAY	12 RHC	
	08 OPT/SF	13 PTIP	

9. FISCAL YEAR ENDING DATE (M M D D) L35

8. ACCREDITATION STATUS L10
0 UNACCREDITED 1 JCAHO 2 AOA 3 OTHER

10. THE FACILITY IS CERTIFIED AS:

A. IN COMPLIANCE WITH PROGRAM REQUIREMENTS **AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS:**

COMPLIANCE BASED ON:

1 - ACCEPTABLE POC
2 - TECHNICAL PERSONNEL
6 - SCOPE OF SERVICE LIMITED
3 - 24HR RN
7 - MEDICAL DIRECTOR
4 - 7-DAY RN (RURAL SNF)
8 - PATIENT ROOM
5 - LIFE SAFETY CODE
9 - BEDS PER ROOM

B. NOT IN COMPLIANCE WITH PROGRAM REQUIREMENTS AND/OR APPLIED WAIVERS:

A/B *(IF APPLICABLE CODES 1-9)* L12

11. LTC PERIOD OF CERTIFICATION
(a) From
(b) To (M M D D Y Y)

12. TOTAL FACILITY BEDS L18

13. TOTAL CERTIFIED BEDS L17

14. LTC CERT. BED BREAK DOWN

A 18 SNF	B. 18/19 SNF	C. 19 SNF	D. ICF	E. IMR	F. SNF/ICF DUALLY CERT.
L37	L38	L39	L42	L43	L40

15. FACILITY MEETS 1861(e)(1) or 1861(j)(1) L15
1 - YES
2 - NO

16. STATE SURVEY AGENCY REMARKS *(IF APPLICABLE SHOW LTC CANCELLATION DATE IN REMARKS)*

17. SURVEYOR SIGNATURE (M M D D Y Y) L19

18. STATE SURVEY AGENCY APPROVAL (M M D D Y Y) L20

PART II - TO BE COMPLETED BY CMS REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY L21
1 - FACILITY IS ELIGIBLE TO PARTICIPATE
2 - FACILITY IS NOT ELIGIBLE TO PARTICIPATE

20. COMPLIANCE WITH CIVIL RIGHTS ACT

21. 1 - STATEMENT OF FINANCIAL SOLVENCY (CMS-2572)
2 - OWNERSHIP AND CONTROL INTEREST DISCLOSURE STATEMENT (CMS 1513)
3 - BOTH OF THE ABOVE

22. ORIGINAL DATE OF PARTICIPATION (M M D D Y Y) L24

23. LTC AGREEMENT BEGINNING DATE (M M D D Y Y) L41

24. LTC AGREEMENT ENDING DATE (M M D D Y Y) L25

26. TERMINATION ACTION L30

VOLUNTARY	INVOLUNTARY
1 - MERGER, CLOSURE	5 - FAILURE TO MEET HEALTH/SAFETY
2 - DISSATISFACTION WITH REIMBURSEMENT	6 - FAILURE TO MEET AGREEMENT
3 - RISK OF INVOLUNTARY TERMINATION	**OTHER**
4 -OTHER REASON FOR WITHDRAWAL	7 - PROVIDER STATUS CHANGE

25. LTC EXTENSION DATE (M M D D Y Y) L27

27. ALTERNATIVE SANCTIONS
A. SUSPENSION OF ADMISSIONS (M M D D Y Y) L44
B. RESCIND SUSPENSION DATE (M M D D Y Y) L45

28. TERMINATION DATE (M M D D Y Y) L28

29. INTERMEDIARY/CARRIER NO. L31

30. REMARKS

31. RO RECEIPT OF CMS-1539 (M M D D Y Y) L32

32. DETERMINATION APPROVAL DATE (M M D D Y Y) L33

DETERMINATION APPROVAL