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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 242

Date: May 29, 2026

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**SUBJECT: Revisions to the State Operations Manual (SOM) Chapter 9 Exhibits.**

**I. SUMMARY OF CHANGES:** CMS is revising Chapter 9 of the SOM to remove many model letters or links to exhibits no longer used for program operation. For Forms used for program operation, the download area provides a link to the CMS forms website in which the public can search for the most recent form. Updating the link is essential to ensure stakeholders can access the most current version of the form (which is more frequently updated than Chapter 9). Finally, CMS is also permanently removing forms or exhibits previously annotated as “deleted” as many of the documents have not been in effect for over a decade. Also, there are no new exhibits added.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: May 29, 2026**

**IMPLEMENTATION DATE: May 29, 2026**

*Or*

**MANUALIZATION/CLARIFICATION – EFFECTIVE/IMPLEMENTATION  
DATES: Not Applicable.**

*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	Exhibit	CHAPTER/SECTION/SUBSECTION/TITLE
D	1B-2	Model Letter Transmitting CLIA Application and CMS- 1513 to Laboratories
D	1B-3	Initial Forms Required by Laboratories for CLIA Registration
D	1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice
D	3	Expression of Intermediary Preference
R	4	Health Insurance Benefits Agreement, CMS-1561

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
R	4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)
D	5	Statement of Financial Solvency, CMS-2572
D	6	Ownership and Control Interest Disclosure Statement, CMS-1513
R	7	Statement of Deficiencies and Plan of Correction, CMS- 2567
R	8	Post-Certification Revisit Report, CMS-2567B
R	9	Medicare/Medicaid Certification and Transmittal, CMS- 1539 and User Guide
D	10	Certification and Transmittal Spell of Illness Supplement, CMS-1539A
D	14A	Hospital Survey Report - Crucial Data Extract, CMS- 1537E
D	14B	Fire Safety Survey Report - Crucial Data Extract, CMS- 2786E
R	14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E
R	14D	Home Health Agency Survey Report, CMS-1572
D	14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E
D	14J	Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E
D	14K	Intermediate Care Facility - Individuals with Intellectual Disabilities Survey Report-Crucial Data Extract, CMS- 3070B(E)
D	14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E
D	14M	Therapist in Independent Practice - Crucial Data Extract, CMS-3042E
D	14O	Hospice Survey Report - Crucial Data Extract, CMS-449E
D	15	Regional Office Request for Additional Information, CMS-1666

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	21	Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856
R	23	ACTS Required Fields
D	24	Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice
D	25	Model Letter to Rural Health Clinic Regarding Scheduling a Survey
R	31	End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427
D	32	Model Letter Explaining to Provider That One- Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard
R	33	Request for Validation of Accreditation Survey, CMS-2802
D	35	Survey Material
D	36	Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)
D	37	Model Letter Announcing Validation Survey Of Deemed Status Provider/Supplier
D	38	Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply
D	39	Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply
R	52	State Survey Agency Certification Workload Report, CMS-434
R	56	Request for Certification to Provide OPT/OSP- Initial and Extension Site Requests CMS-381
D	57	Model Letter Requesting Identification of Extension Units
D	58	Example of a Regular Disallowance Letter

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	59	Example of a Deferral Letter
D	60	Example of a Disallowance Letter for Amounts Previously Deferred
D	61	Example of an Audit Disallowance Letter
D	62	Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal
R	64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377
R	65	Health Insurance Benefits Agreement, CMS-370
D	69	Certification Recommendation - CLIA Laboratory, CMS-197
D	71	Fire Safety Survey Report - Short Form, CMS-2786C
R	72	Hospice Request for Certification in the Medicare Program, CMS-417
R	73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS- 437
D	75	Medicare/Medicaid Complaint Form, CMS- 562
D	76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services
D	77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services
D	79	Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices
R	80	Intermediate Care Facility for Individuals with Intellectual Disabilities Survey Report, Form CMS- 3070G
N	80A	Intermediate Care Facility for Individuals with Intellectual Disabilities Deficiencies Report, Form CMS- 3070H

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N	80B	Individual Observation Worksheet (Intermediate Care Facility for Individuals with Intellectual Disabilities), Form CMS- 3070I
D	83B	Model Letter - Denial For Swing-Bed Approval In A Hospital
R	85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671
R	87	Extended/Partial Extended Survey Worksheet, CMS-673
R	88	CMS Nursing Home Survey Forms
R	89	Offsite Survey Preparation Worksheet, CMS-801
D	91	General Observations of the Facility, CMS-803
D	92	Kitchen/Food Service Observation, CMS-804
D	95	Surveyor Notes Worksheet, CMS-807
D	96	OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)
D	103	Instructions for the Home Health Functional Assessment Instrument (FAI)
R	104	Consent For Home Visit, CMS-36
D	105	State Test Administration Plan
R	106	Laboratory Personnel Report (CLIA), CMS- 209
D	107	Request for Validation Survey of Laboratory, CMS-2802A
D	108	Laboratory Authorization Form
D	110	Compliance Warning Letter - Failure to Apply for Certificate
D	111	Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction
D	112	Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance
D	113	Model Letter - CLIA Requirements Not Met - Immediate Jeopardy

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	114	Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information
D	115	Model Letter - Change of Ownership - Laboratories
R	117	1465A - State Agency Budget List of Position for CLIA Program
D	120	Standard Form 1199A, Direct Deposit Sign-Up Form
D	123	Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)
D	124	Laboratory Personnel Report, CMS-114
R	129	Hospice Survey and Deficiencies Report, CMS-643
D	130	Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services
D	131	Community Mental Health Center Crucial Data Extract
D	133	Health Insurance Benefit Agreement
R	136	Request for Survey of 42 CFR §489.20 and 42 CFR §489.24, Essentials of Provider Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A
R	137	Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B
	138	EMTALA Physician Review Worksheet
D	153	Notice of Technical Denial - Certificate of Need Denied
R	156	Provider Tie-In Notice, CMS-2007
D	159	List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals
D	161	Notice of Interim Approval of CAPD Services
D	164	RO Adjudication of SA Certification Actions
R	167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement
D	168	Organ Procurement Organization Report Form
R	169	United Network for Organ Sharing Members

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	170	Model Letter: Organ Procurement Organization Denial - Failure to Meet Requirements
D	171	Model Letter: Organ Procurement Organization Denial - Competing Applications
D	172	Model Letter: Organ Procurement Organization Approval
D	173	Model Letter: Organ Procurement Organization Notice of Termination
D	174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies
D	175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs
D	176	Model Letter: Organ Procurement Organization Corrective Action Notice
D	178	Federally Qualified Health Center Crucial Data Extract
D	180	Notice to Accredited Psychiatric Hospital of Involuntary Termination
D	184	Advertising Order, SF- 1143, and Public Voucher for Advertising, SF-1144
D	186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)
D	187	Notification to Previously Approved Supplier of a Pending Termination
D	192	Acknowledgment of Request for Hearing
D	193	Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved
D	213	State Test Administration Plan
D	215	Notification to Provider/Supplier Warning of Possible Termination--Failure to Disclose Financial Interest and Ownership Information
D	218	Prerelease Notification Document
D	219	Model Audit Disallowance Letter - Title XVIII
D	220	Model Audit Disallowance Letter – Title XIX
D	226	Accredited Laboratory Allegation(s) Report, CMS-2878A

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	233	Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer
D	234	CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy
D	235	Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.
D	236	Notice of Imposition of Sanction(s): Acknowledgment of Information Received
D	239	Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667
D	240	Notice of Proposed Limitation of the CLIA Certification and Suspension of Medicare Payments When a Laboratory Has Failed to Participate Successfully in a Proficiency Testing Program
R	242	Request for Validation of Accreditation Survey for Laboratories, CMS- 2802A
D	245	CLIA Adverse Action Extract, CMS-462A/B
D	246	Model Letter: Regional Office Notifying a State- Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction
D	247	Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy
D	248	Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy
D	249	Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed
D	250	Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A
D	251	Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs
D	252	Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	253	Organ Transplant Hospital Worksheet
D	254	Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied
R	256	Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application
R	257	Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application
R	258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application
D	260	MDS Key Field Correction Form
D	262	Overview of MDS Version 2.0 Correction Policy for Locked Records
D	263	Submission Timeframe for MDS Records
D	264	Resident Census and Conditions of Residents - CMS-672
R	265	Roster/Sample Matrix - CMS-802
D	266	Roster/Sample Matrix Provider Instructions (Use with Form CMS- 802) - CMS-802P
D	267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS- 802S
D	268	Facility Characteristics
D	269	Facility Quality Measure/Indicator Report
D	270	Resident Level Quality Measure/Indicator Report: Chronic Care Sample
D	271	QM/QI Reports Technical Specifications: Version 1.0
D	272	Overview of MDS Submission Record
D	273	Correction Policy Summary Matrix
D	274	Definition of Important Dates in the RAI Process
D	275	Attestation Statement for CMHCs
D	276	Health Insurance Benefit Agreement for CMHCs

<b>R/N/D</b>	<b>Exhibit</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
D	277	Fiscal Intermediary (FI) Medicare Provider Billing Number Deactivation Letter Used by FI
D	278	Model Denial Letter for CMHC Applicants- State Restrictions on Screening
D	279	Model Letter - Notice of Findings for Noncompliance for CMHCs
D	280	Model Letter - Notice of Termination of Provider Agreement for CMHCs
D	281	Model Letter - CMHC That Has Ceased Operation
D	282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)
D	283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs
D	284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office
D	285	Worksheet for OBQM & OBQI Reports – Pre- Survey Process and Sample Selection
D	290	Model letter to HHAs Assigning Branch Identification Numbers
R	358	Sample Form for Facility Reported Incidents
R	359	Follow-up Investigation Report

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.**

*Or*

**Funding for implementation activities will be provided to contractors through the regular budget process.**

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>One-Time Notification -Confidential</b>
	<b>Recurring Update Notification</b>

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

# Medicare State Operations Manual

## Chapter 9 - Exhibits

### Exhibits

*(Rev. 242; Issued: 05-29-26)*

Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	<a href="http://www.cms.gov/manuals/downloads/som107c09_exhibits.pdf">http://www.cms.gov/manuals/downloads/som107c09_exhibits.pdf</a>
1B-1	Model Letter Transmitting CLIA Application and CMS-855 to Laboratories	<a href="http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf">http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf</a>
1C	Model Letter transmitting Forms to Persons Furnishing Portable X-Ray Services	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_001c.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_001c.pdf</a>
1D	Model Letter Transmitting Materials to Rural Health Clinics	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_001d.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_001d.pdf</a>
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_001e.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_001e.pdf</a>
2	Civil Rights Clearance for Medicare Provider Certification	<a href="http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html">http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html</a>
4	Health Insurance Benefits Agreement, CMS-1561	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
7	Statement of Deficiencies and Plan of Correction, CMS-2567	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
7A	Principles of Documentation	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_007a.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_007a.pdf</a>

8	Post-Certification Revisit Report, CMS-2567B	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
9	Medicare/Medicaid Certification and Transmittal, CMS-1539 <i>and User Guide</i>	<i>Located in National Database and Electronic Form is available at:</i> <a href="https://www.cms.gov/medicare/health-safety-standards/certification-compliance">https://www.cms.gov/medicare/health-safety-standards/certification-compliance</a>
12	Survey Report Form (CLIA), CMS-1557	<a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1557.pdf">https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1557.pdf</a>
14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E	Located in <i>the National Surveyor Database</i>
14D	Home Health Agency Survey Report, CMS-1572	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E	<i>Delete</i>
14I	ESRD Facility Survey Report- Crucial Data Extract, Form CMS-3427E (To be used with Part II of Form CMS-3427)	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_014i.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_014i.pdf</a>
14J	Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E	<i>Delete</i>
14K	Intermediate Care Facility - Individuals with Intellectual Disabilities Survey Report-Crucial Data Extract, CMS-3070B(E)	<i>Delete</i>
14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E	<i>Delete</i>
14M	Therapist in Independent Practice - Crucial Data Extract, CMS-3042E	<i>Delete</i>
14O	Hospice Survey Report - Crucial Data Extract, CMS-449E	<i>Delete</i>

- 15 Regional Office Request *Delete*  
for Additional  
Information, CMS-1666
- 16 Budget Request, Clinical <https://scclia.cms.gov/SCCLIA/Default.aspx>  
Laboratory Improvement  
Amendments Program,  
Form CMS-102
- 21 Request For *Delete (replaced with CMS-381 Form)*  
Certification in the  
Medicare and/or  
Medicaid Program to  
Provide Outpatient  
Physical Therapy and/or  
Speech Pathology  
Services, CMS-1856
- 22 Guidance to [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_022.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_022.pdf)  
Distinguish Between  
the Priorities of  
Immediate Jeopardy  
and Non-Immediate  
Jeopardy-High in  
Nursing Home  
Allegations
- 23 ACTS Required Fields [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_023.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_023.pdf)
- 26 Model Letter to Rural [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_026.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_026.pdf)  
Health Clinic Ineligible  
to Participate
- 27 Model Letter to [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_027.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_027.pdf)  
Previously Approved  
Facility Requesting  
Approval to Expand or  
Add a New End Stage  
Renal Disease (ESRD)  
Service
- 30 Model Letter to Facility [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_030.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_030.pdf)  
Returning Application  
not Accompanied by  
Required Certificate of  
Need (Where  
Applicable)
- 31 End Stage Renal <https://www.cms.gov/medicare/forms-notice/cms-forms-list>  
Disease Survey Report  
and Deficiencies  
Report, CMS-3427

33	Request for Validation of Accreditation Survey, CMS-2802	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
37	Model Letter Announcing Validation Survey Of Deemed Status Provider/Supplier	<i>Delete</i>
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_041.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_041.pdf</a>
42	Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_042.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_042.pdf</a>
45	State Agency Budget Expenditure Report, CMS-435	<a href="https://scclia.cms.gov/SCCLIA/Default.aspx">https://scclia.cms.gov/SCCLIA/Default.aspx</a>
47	State Agency Budget List of Positions, CMS-1465A of Positions, CMS-1465A	<a href="https://scclia.cms.gov/SCCLIA/Default.aspx">https://scclia.cms.gov/SCCLIA/Default.aspx</a>
52	State Survey Agency Certification Workload Report, CMS-434	<a href="https://scclia.cms.gov/SCCLIA/default.aspx">https://scclia.cms.gov/SCCLIA/default.aspx</a>
54	State Agency Schedule for Equipment Purchases, CMS-1466	<a href="https://scclia.cms.gov/SCCLIA/Default.aspx">https://scclia.cms.gov/SCCLIA/Default.aspx</a>
56	<i>Request for Certification to Provide OPT/OSP- Initial and Extension Site Requests</i> CMS-381	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
57	Model Letter Requesting Identification of Extension Units	<i>Delete</i>
58	Example of a Regular Disallowance Letter	<i>Delete</i>

59	Example of a Deferral Letter	<i>Delete</i>
60	Example of a Disallowance Letter for Amounts Previously Deferred	<i>Delete</i>
61	Example of an Audit Disallowance Letter	<i>Delete</i>
63	List of Documents in Certification Packets (Initial Certifications Include Initial Denials)	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_063.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_063.pdf</a>
64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
65	Health Insurance Benefits Agreement, CMS-370	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
72	Hospice Request for Certification in the Medicare Program, CMS-417	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
74	Survey Team Composition and Workload Report, CMS- 670	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107_exhibit_074.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107_exhibit_074.pdf</a>
75	Medicare/Medicaid Complaint Form, CMS-562	<i>Delete</i>

76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services	<i>Delete</i>
77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services	<i>Delete</i>
80	Intermediate Care Facility for Individuals with Intellectual Disabilities Survey Report, Form CMS-3070G	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
<i>80A</i>	<i>Intermediate Care Facility for Individuals with Intellectual Disabilities Deficiencies Report, Form CMS-3070H</i>	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
<i>80B</i>	<i>Individual Observation Worksheet (Intermediate Care Facility for Individuals with Intellectual Disabilities), Form CMS- 3070I</i>	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
81	Model Letter Requirements for Swing- Bed Approval in Hospitals	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_081.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_081.pdf</a>
82	Model Letter Approval Notification for Swing-Beds in a Hospital	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_082.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_082.pdf</a>
83	Model Letter Denial for Swing-Bed Approval In A Hospital	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_083.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_083.pdf</a>

85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
87	Extended/Partial Extended Survey Worksheet, CMS-673	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
88	<i>CMS Nursing Home Survey Forms</i>	<i>Delete, Nursing Home Survey forms are found at <a href="https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes">https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes</a>.</i>
89	Offsite Survey Preparation Worksheet, CMS-801	<i>Delete, Nursing Home Survey forms are found at <a href="https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes">https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes</a>.</i>
91	General Observations of the Facility, CMS-803	<i>Delete, refer to above main link.</i>
92	Kitchen/Food Service Observation, CMS-804	<i>Delete, refer to above main link.</i>
93	Resident Review Worksheet, CMS-805	<a href="http://www.cms.gov/cmsforms/">http://www.cms.gov/cmsforms/</a>
94	Quality of Life Assessment, CMS-806 A, B, and C	<a href="http://www.cms.gov/cmsforms/">http://www.cms.gov/cmsforms/</a>
95	Surveyor Notes Worksheet, CMS-807	<i>Delete, Nursing Home Survey forms are found at <a href="https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes">https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes</a>.</i>
103	Instructions for the Home Health Functional Assessment Instrument (FAI)	<i>Delete</i>
104	Consent For Home Visit, CMS-36	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
106	Laboratory Personnel Report (CLIA), CMS- 209	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
116	Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102	<a href="https://scclia.cms.gov/SCCLIA/Default.aspx">https://scclia.cms.gov/SCCLIA/Default.aspx</a>

- 117 1465A - State Agency Budget List of Position for CLIA Program <https://scclia.cms.gov/SCCLIA/default.aspx>
- 118 1466 – CLIA Program State Agency Schedule for Equipment Purchases <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 119 Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105 <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 122 OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)
- 127 Attestation Statement for Exclusion from PPS for Fiscal Year Beginning: (Date) [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_127.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_127.pdf)
- 128 Model Consent for Hospice Home Visit [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_128.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_128.pdf)
- 129 Hospice Survey and Deficiencies Report, CMS-643 <https://www.cms.gov/medicare/forms-notice/cms-forms-list>
- 130 Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services *Delete*
- 131 Community Mental Health Center Crucial Data Extract *Delete*
- 132 Public Health Service Act-Section 1916(c)(4) [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_132.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_132.pdf)

- 133 Health Insurance Benefit *Delete (duplicative of above)*  
Agreement
- 134 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_134.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_134.pdf)  
Transmitting  
Requirements to a  
Hospital Requesting a  
Change in Status to a  
Critical Access Hospital  
(CAH)
- 135 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_135.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_135.pdf)  
Transmitting Swing-  
Bed Approval  
Notification in a  
Critical Access  
Hospital (CAH)
- 136 Request for Survey of 42 <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1541a.pdf>  
CFR §489.20 and 42  
CFR §489.24, Essentials  
of Provider Agreements:  
Responsibilities of  
Medicare Participating  
Hospitals in Emergency  
Cases, CMS-1541A
- 137 Responsibilities of <https://www.cms.gov/medicare/forms-notice/cms-forms-list>  
Medicare Participating  
Hospitals in Emergency  
Cases Investigation  
Report, CMS-1541B
- 138 EMTALA [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_138.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_138.pdf)  
Physician Review  
Worksheet
- 139 Model Letter to Provider [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_139.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_139.pdf)  
(Send with Form CMS-  
2567)(Immediate  
Jeopardy Does Not Exit)
- 140 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_140.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_140.pdf)  
Notifying Provider of  
Acceptance of  
Allegation of  
Compliance
- 141 Model Letter Notifying [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_141.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_141.pdf)  
Provider of Results of  
Revisit

- 142 Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist) [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_142.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_142.pdf)
- 143 Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Exists) [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_143.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_143.pdf)
- 144 Notice of Imposition of a Civil Money Penalty (Insert to formal notice) [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_144.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_144.pdf)
- 145 Notification of Change in the Amount of the Civil Money Penalty [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_145.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_145.pdf)
- 146 Notice of Receipt of the Written Request of Waiver of Right to a Hearing [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_146.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_146.pdf)
- 147 Notice of Payment Amount Due and Payable [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_147.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_147.pdf)
- 147A Notice Of Payment Amount Due For Placement In Escrow (Iidr Complete Or Not Timely Requested- Facility Is Filing Formal Appeal) [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_147A.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_147A.pdf)
- 148 Notification of Deduction of Civil Money Penalty from Money Owing to the Provider [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_148.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_148.pdf)
- 149 Model Letter Critical Access Hospital (CAH) Denial for Medicare Participation [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_149.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_149.pdf)
- 150 Model Letter Critical Access Hospital (CAH) Approval Notification [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_150.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_150.pdf)
- 151 Model Letter Request For A Plan of Correction Following an Initial Critical Access Hospital (CAH) Survey [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_151.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_151.pdf)

152	Model Letter Critical Access Hospital (CAH) Termination Letter	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_152.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_152.pdf</a>
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_154.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_154.pdf</a>
155	End-Stage Renal Disease (ESRD) Denial Notice	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_155.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_155.pdf</a>
156	Provider Tie-In Notice, CMS-2007	<a href="https://www.cms.gov/medicare/forms-notices/cms-forms-list">https://www.cms.gov/medicare/forms-notices/cms-forms-list</a>
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_157.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_157.pdf</a>
158	Notice - Recertification of ESRD Facility (Not Used for Special Purpose Renal Dialysis Facilities)	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_158.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_158.pdf</a>
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_160.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_160.pdf</a>
161	Notice of Interim Approval of CAPD Services	<i>Delete</i>
162	Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_162.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_162.pdf</a>
163	Model Letter Termination Letter for Hospital Swing-Bed Services	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_163.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_163.pdf</a>
165	Notice to a Provider that Agreement Was Accepted	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_165.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_165.pdf</a>
165a	Notice to a Deemed Provider/ Supplier that Agreement was Accepted	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_165a.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_165a.pdf</a>

166	Notice of Approval of Supplier of Services	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_166.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_166.pdf</a>
167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
168	Organ Procurement Organization Report Form	<i>Delete</i>
169	United Network for Organ Sharing Members	<a href="https://optn.transplant.hrsa.gov/about/search-membership/">https://optn.transplant.hrsa.gov/about/search-membership/</a>
170	Model Letter: Organ Procurement Organization Denial - Failure to Meet Requirements	<i>Delete</i>
171	Model Letter: Organ Procurement Organization Denial - Competing Applications	<i>Delete</i>
172	Model Letter: Organ Procurement Organization Approval	<i>Delete</i>
173	Model Letter: Organ Procurement Organization Notice of Termination	<i>Delete</i>
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	<i>Delete</i>
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	<i>Delete</i>
176	Model Letter: Organ Procurement Organization Corrective Action Notice	<i>Delete</i>

177	Attestation Statement for Federally Qualified Health Centers	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf</a>
179	Information on Medicare Participation/Federally Qualified Health Centers	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_179.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_179.pdf</a>
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	<i>Delete</i>
181	Notice to Hospital Provider of Involuntary Termination	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_181.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_181.pdf</a>
182	Notice of Termination to Supplier	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_182.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_182.pdf</a>
183	Model Public Notice of Medicare Termination of Hospital Provider Agreement	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_183.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_183.pdf</a>
185	Model Telegram-Notice of Termination to a Medicaid ICF/IID Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf</a>
187	Notification to Previously Approved Supplier of a Pending Termination	<i>Delete</i>
188	Notification: Voluntary Termination of Provider Agreement Approved	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_188.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_188.pdf</a>
189	Notification: Approval of Voluntary Termination of a Supplier	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_189.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_189.pdf</a>
190	Notification to Provider That Has Ceased or Is Ceasing Operations	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf</a>

191	Notification to Supplier That Has Ceased or is Ceasing Operations	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_191.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_191.pdf</a>
192	Acknowledgment of Request for Hearing	<i>Delete</i>
194	Model Letter Announcing to Deemed, Accredited Provider/Supplier Compliance with all Surveyed Medicare Conditions of Participation, Coverage or Certification after a Sample Validation or Substantial Allegation Survey	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf</a>
195	Model Letter Announcing to Deemed, Accredited Provider/Supplier that the Facility Does Not Comply with all the Conditions of Participation, Coverage or Certification and That There is Immediate and Serious Threat to Patient Health and Safety	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf</a>
196	Model Letter Announcing to Deemed Status Provider/Supplier after a Validation Survey that it does not Comply with all Medicare Conditions	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_196.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_196.pdf</a>
197	Notice to Accredited Hospital Announcing Approval of Plan of Correction and Completion Schedule	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf</a>
198	Model Letter Announcing Compliance with all Conditions of Participation after the Effectuation of an Acceptable Plan of	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf</a>

Correction

- 199 Model Letter [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_199.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_199.pdf)  
Announcing to Deemed  
Status Provider/Supplier  
after a Substantial  
Allegation Survey that it  
will Undergo a Full  
Survey
- 200 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_200.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_200.pdf)  
Acknowledging  
Complaint Alleging  
Noncompliance with 42  
CFR 489.24 and/or the  
Related Requirements  
of 42 CFR 489.20  
Investigation  
not warranted
- 201 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_201.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_201.pdf)  
Acknowledging  
Complaint Alleging  
Noncompliance with 42  
CFR 489.24 and/or the  
Related Requirements  
of 42 CFR 489.20  
Investigation warranted
- 202 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_202.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_202.pdf)  
Requesting QIO  
Review of a Possible  
Violation of 42 CFR  
489.24
- 203 Model Letter Following [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_203.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_203.pdf)  
Investigation Into  
Alleged Violation of 42  
CFR 489.24 And/Or  
The Related  
Requirements of 42  
CFR 489.20 Facility In  
Compliance
- 204 Model Letter For [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_204.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_204.pdf)  
Violation of 42 CFR  
489.24: Preliminary  
Determination Letter  
(Immediate and Serious  
Threat)

205	Model Letter For Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20: Preliminary Determination Letter (90 Day Termination Track)	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf</a>
206	Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirement of 42 CFR 489.20 Complaint Not Substantiated	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf</a>
207	Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf</a>
208	Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf</a>
209	Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf</a>
210	Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf</a>
211	Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf</a>

- 212 Model Letter Requesting [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_212.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_212.pdf)  
QIO Review of A  
Confirmed Violation of  
42 CFR 489.24 For  
Purpose of Assessing  
Civil Monetary Penalties  
(CMPs) Or Excluding  
Physicians
- 214 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_214.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_214.pdf)  
Announcing to State  
Survey Agency the  
Requirements for  
Administering the Long  
Term Care Surveyor  
Minimum  
Qualifications Test  
(SMQT)
- 216 Report on Initial Survey [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_216.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_216.pdf)  
Activity
- 217 Aging Report on Pending [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_217.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_217.pdf)  
Initial Survey Activity
- 219 Model Audit *Delete*  
Disallowance Letter -  
Title XVIII
- 220 Model Audit *Delete*  
Disallowance Letter -  
Title XIX
- 221 Example of [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_221.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_221.pdf)  
Regular  
Disallowance  
Letter
- 222 Audit [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_222.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_222.pdf)  
Clearance  
Document
- 223 Model Letter [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_223.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_223.pdf)  
Announcing to Deemed,  
Accredited  
Provider/Supplier After  
a Sample Validation  
Survey That It Does Not  
Comply with all  
Conditions of  
Participation/Conditions  
for Coverage

- 224 Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_224.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_224.pdf)
- 225 Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_225.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_225.pdf)
- 227 Model Letter: Announcing to the CLIA- Exempt Laboratory After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Application Program Requirements [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_227.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_227.pdf)
- 228 Model Letter: Announcing to the State Laboratory Program, After A Sample Validation or Substantial Allegation of Noncompliance Survey That a CLIA- Exempt Laboratory Does Not Comply With Applicable Program Requirements [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_228.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_228.pdf)
- 229 Model Letter: Announcing to the CLIA- Exempt Laboratory, That CMS Will Seek a Temporary Injunction or Restraining Order [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_229.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_229.pdf)

- 230 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_230.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_230.pdf)  
Announcing to the State  
Laboratory Licensure  
Program That CMS  
Will Seek a Temporary  
Injunction or  
Restraining Order to  
Enjoin Continued  
Operation
- 231 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_231.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_231.pdf)  
Announcing to the  
CLIA- Exempt  
Laboratory, After a  
Sample Validation or  
Substantial Allegation of  
Noncompliance Survey  
That It Does Not  
Comply With Applicable  
Program Requirements  
(No Immediate  
Jeopardy)
- 232 Model Letter: Announcing [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_232.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_232.pdf)  
to the State Laboratory  
Program, After a Sample  
Validation or Substantial  
Allegation of  
Noncompliance Survey,  
That a CLIA- Exempt  
Laboratory Does not  
Comply With the  
Applicable Program  
Requirements (No  
Immediate Jeopardy)  
Program, After a Sample
- 237 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_237.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_237.pdf)  
Announcing to an  
Accredited Laboratory  
After a Sample  
Validation Survey or a  
Substantial Allegation  
of Noncompliance  
Survey That It Does Not  
Comply with all CLIA  
Conditions and That  
There Exists, Immediate  
Jeopardy to the Health  
and Safety of  
Individuals or That of  
the General Public

- 238 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_238.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_238.pdf)  
Announcing to an  
Accredited Laboratory  
After a Sample  
Validation Survey That  
the Laboratory Does Not  
Comply With All the  
CLIA Conditions- No  
Immediate Jeopardy
- 241 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_241.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_241.pdf)  
Announcing to  
Accredited Laboratory  
After a Substantial  
Allegation of  
Noncompliance Survey  
That the Laboratory  
Does Not Comply With  
All CLIA Conditions  
(Complaint)
- 242 Request for Validation <https://www.cms.gov/medicare/forms-notice/cms-forms-list>  
of Accreditation Survey  
for Laboratories, CMS-  
2802A
- 243 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_243.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_243.pdf)  
Announcing to a CLIA  
Exempt Laboratory  
That It Is In Compliance  
With the CLIA  
Conditions After a  
Sample Validation or  
Substantial Allegation  
of Noncompliance  
Survey
- 244 Model Letter: [http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_244.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_244.pdf)  
Announcing to the State  
Laboratory Program,  
That A CLIA-Exempt  
Laboratory is in  
Compliance with the  
CLIA Conditions After  
a Sample Validation or  
Substantial Allegation  
of Noncompliance  
Survey

249	Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed	<i>Delete</i>
250	Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A	<i>Delete</i>
251	Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs	<i>Delete</i>
252	Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs	<i>Delete</i>
253	Organ Transplant Hospital Worksheet	<i>Delete</i>
254	Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied	<i>Delete, available via national surveyor database.</i>
255A	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_255A.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_255A.pdf</a>

256	Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application	<i>Providers/Suppliers can enroll online using PECOS or the paper enrollment application is located at:</i> <a href="https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications">https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications</a>
257	Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application	<i>Providers/Suppliers can enroll online using PECOS or the paper enrollment application is located at:</i> <a href="https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications">https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications</a>
258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application	<i>Providers/Suppliers can enroll online using PECOS or the paper enrollment application is located at:</i> <a href="https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications">https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications</a>
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_259.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_259.pdf</a>
260	MDS Key Field Correction Form	<i>Delete</i>
261	Privacy Act Statement - Health Care Records	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_261.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_261.pdf</a>
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	<i>Delete</i>
263	Submission Timeframe for MDS Records	<i>Delete</i>
264	Resident Census and Conditions of Residents - CMS-672	<i>Delete.</i>
265	Roster/Sample Matrix - CMS-802	<a href="https://www.cms.gov/medicare/forms-notice/cms-forms-list">https://www.cms.gov/medicare/forms-notice/cms-forms-list</a>
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	<i>Delete, refer to above Exhibit 265</i>

267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS- 802S	<i>Delete</i>
268	Facility Characteristics	<i>Delete</i>
269	Facility Quality Measure/Indicator Report	<i>Delete</i>
270	Resident Level Quality Measure/Indicator Report: Chronic Care Sample	<i>Delete</i>
271	QM/QI Reports Technical Specifications: Version 1.0	<i>Delete</i>
272	Overview of MDS Submission Record	<i>Delete</i>
273	Correction Policy Summary Matrix	<i>Delete</i>
274	Definition of Important Dates in the RAI Process	<i>Delete</i>
275	Attestation Statement for CMHCs	<i>Delete</i>
277	Fiscal Intermediary (FI) Medicare Provider Billing Number Deactivation Letter Used by FI	<i>Delete</i>
278	Model Denial Letter for CMHC Applicants- State Restrictions on Screening	<i>Delete</i>
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	<i>Delete</i>
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	<i>Delete</i>

281	Model Letter - CMHC That Has Ceased Operation	<i>Delete</i>
282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	<i>Delete</i>
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	<i>Delete</i>
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	<i>Delete</i>
285	Worksheet for OBQM & OBQI Reports – Pre-Survey Process and Sample Selection	<i>Delete</i>
286	Hospital/CAH Medicare Database Worksheet	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf</a>
287	Authorization by Deemed Provider/Supplier Selected for Validation Survey	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_287.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_287.pdf</a>
288	Surveyor Worksheet For Swing-Beds	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_288.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_288.pdf</a>
289	Model Reciprocal Agreement Between States for Survey and Certification of Home Health Agencies and/or Hospices	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf</a>
290	Model letter to HHAs Assigning Branch Identification Numbers	<i>Delete</i>

291	Model Notice to Hospital/CAH of Collection of Data by the State Agency	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf</a>
292	INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_292.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_292.pdf</a>
293	CMS DUA: ACTS SOR Attachment - P&A	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_293.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_293.pdf</a>
294	DUA Multi-Signature Addendum	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_294.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_294.pdf</a>
351	Ambulatory Surgical Center Infection Control Surveyor Worksheet	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf</a>
352	Notice to a Provider/supplier that Agreement was not Accepted	<a href="http://www.cms.gov/manuals/downloads/som107_exhibit_352.pdf">http://www.cms.gov/manuals/downloads/som107_exhibit_352.pdf</a>
353	Report of a Hospital Death Associated with Restraint or Seclusion (Form CMS-10455)	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_353.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_353.pdf</a>
354	Model Letter To Involved Resident, Resident Representative And/Or State Ombudsman – Opportunity To Provide Written Comment (Independent Informal Dispute Resolution (Idr) Has Been Requested)	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_354.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_354.pdf</a>
355	Probes and Procedures for Appendix J, Part II- Interpretive Guidelines- Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_355.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_355.pdf</a>

- 356 Critical Access Hospital (CAH) Recertification Checklist: Rural and Distance or Necessary Provider Verification [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107\\_exhibit\\_356.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_356.pdf)
- 358 Sample Form for Facility Reported Incidents <https://www.cms.gov/files/document/som107exhibit358.pdf>
- 359 Follow-up Investigation Report <https://www.cms.gov/files/document/som107exhibit359.pdf>