

**EXHIBIT 63***(Rev. 30, 12-15-07)*

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b><i>Initial Certification – Accredited (Deemed)<sup>1</sup> Hospital – Short-Term Acute</i></b>	
<i>Medicare General Enrollment Healthcare Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<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>	<a href="http://www.hhs.gov/ocr/crclearnce.html/HHS-690%20and%20HHS441">www.hhs.gov/ocr/crclearnce.html/HHS-690 and HHS441</a>
<i>FI/Carrier’s Letter Recommending Enrollment</i>	<i>Letter</i>
<i>AO Decision Letter</i>	<i>Letter</i>
<b><i>Recertification – Accredited (Deemed) Hospital - Short-Term Acute</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> • <i>Assurance of Compliance form</i> • <i>Medicare Certification Civil Rights Information</i>	<a href="http://www.hhs.gov/ocr/crclearnce.html/HHS-690%20and%20HHS441">www.hhs.gov/ocr/crclearnce.html/HHS-690 and HHS441</a>

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<sup>1</sup> 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 has deemed the facility to be in substantial compliance with Medicare health and safety requirements found in the Conditions of Participation/Conditions for Coverage. While AOs may refer to some facilities as “accredited” and others as “deemed,” CMS regulations do not recognize such a distinction. The regulations define an “accredited provider or supplier” to mean only one that is accredited under an approved AO program that has been deemed as satisfying CMS certification standards. We use “Accredited (Deemed)” to make this clear.

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Request form (and applicable attachments)</i>	
<i>AO Decision Letter</i>	<i>Letter</i>
<b><i>Initial Certification – Psychiatric Unit within Accredited/ (Deemed) Hospital and, when the Unit is Certified after the Hospital, Non-accredited Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<i>Hospital/CAH Medicare Database Worksheet (when onsite survey is conducted)</i>	<i>Exhibit 286</i>
<i>Psychiatric Unit Criteria Worksheet Report</i>	<i>CMS-437</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Health Insurance Benefit Agreement ( two signed originals)</i>	<i>CMS-1561</i>
<i>FI Letter Recommending/Denying Enrollment</i>	<i>Letter</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>• <i>Assurance of Compliance Form</i></li> <li>• <i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<a href="http://www.hhs.gov/ocr/crclearnce.html/">www.hhs.gov/ocr/crclearnce.html/</a> <i><a href="#">HHS-690</a> and <a href="#">HHS 441</a></i>
<b><i>Title: Initial Certification of the Rehabilitation Criteria in an Accredited/Deemed Rehabilitation Hospital or a Rehabilitation Hospital or a Rehabilitation Unit within an Acute Care Hospital (Accredited (Deemed) and, when the Unit is Certified after the Hospital, Non-accredited)</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care</i>	<i>CMS-855A</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Provider/Supplier Application</i>	
<i>Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<i>Hospital/CAH Medicare Database Worksheet (when onsite survey is conducted)</i>	<i>Exhibit 286</i>
<i>Rehabilitation Criteria for Rehabilitation Hospital or Unit Criteria Worksheet Report</i>	<i>Applicable CMS-437A (unit criteria) or CMS-437-B(hospital criteria)</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Health Insurance Benefit Agreement ( two signed originals)</i>	<i>CMS-1561</i>
<i>AO Decision Letter</i>	<i>Letter</i>
<i>FI Letter Recommending/Denying Enrollment</i>	<i>Letter</i>
<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><a href="http://www.hhs.gov/ocr/crclearnce.html/">www.hhs.gov/ocr/crclearnce.html/</a> <i><a href="#">HHS-690</a> and <a href="#">HHS 441</a></i></i>
<b><i>Recertification – Psychiatric Unit within Accredited (Deemed) Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet (when onsite survey is conducted)</i>	<i>Exhibit 286</i>
<sup>X</sup> <i>Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<sup>2</sup> <i>Psychiatric Unit Criteria Worksheet Report</i>	<i>CMS-437</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS 670(electronically in ASPEN)</i>
<b><i>Recertification of the Rehabilitation Criteria for an Accredited(Deemed) Rehabilitation Hospital or a Rehabilitation Unit within an Accredited(Deemed) Acute Care Hospital</i></b>	

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet (when onsite survey conducted)</i>	<i>Exhibit 286</i>
<sup>X</sup> <i>Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<sup>2</sup> <i>Rehabilitation Hospital or Rehabilitation Unit Criteria Worksheet Report</i>	<i>CMS-437B (hospital criteria) or CMS-437A (unit criteria)</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS 670(electronically in ASPEN)</i>
<b><i>Initial Certification – Non-accredited (Non-deemed) Hospital - Short-Term Acute</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract - Life Safety Code</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>Crucial Data Extract - Health</i>	<i>CMS-1537A (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<sup>2</sup> <i>FI Letter Recommending/Denying Enrollment</i>	<i>Letter</i>
<sup>1/2</sup> <i>Fire Safety Survey Report (if waiver recommended)</i>	<i>CMS-2786R</i>
<sup>2</sup> <i>Survey Team Composition and Workload</i>	<i>CMS-670</i>
<i>Office of Civil Rights (OCR) Clearance •Assurance of Compliance</i>	<i><u>HHS-690 and HHS 441</u> <u><a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a></u></i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>•Medicare Certification Civil Rights Information Request form (and applicable attachments)</i>	
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>As Applicable for Rehab Hospitals, Rehab Units, or Psychiatric units</i>	<i>CMS-437B, CMS-437A, or CMS-437</i>
<b><i><sup>3</sup> Recertification – Non-accredited (Non-deemed) Hospital - Short-Term Acute</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<i>Crucial Data Extract - LSC</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>Crucial Data Extract-Health</i>	<i>CMS-1537E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i><sup>1/2</sup> Fire Safety Survey Report (if waiver recommended)</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>As applicable for rehab hospitals, rehab units, or psychiatric units</i>	<i>CMS-437B, CMS-437A, or CMS-437</i>
<b><i>Initial Certification – Non-accredited (Non-deemed) Psychiatric Hospital and Psychiatric Distinct Part Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract –Life Safety Code</i>	<i>CMS-2786E (electronically in ASPEN)</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Crucial Data Extract-Health</i>	<i>CMS 1537E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<sup>2</sup> <i>Psychiatric Hospital Survey Report</i>	<i>CMS-724</i>
<sup>1/2</sup> <i>Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<sup>2</sup> <i>Survey Report Form (CLIA)</i>	<i>CMS-1557</i>
<i>Laboratory Personnel Report (CLIA)</i>	<i>CMS-209</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>• <i>Assurance of Compliance Form</i></li> <li>• <i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i>HHS-690 and/or HHS 441</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<i>FI Letter Recommending/Denying Enrollment</i>	<i>Letter</i>
<i>Survey Team Composition and Workload Reports (use one CMS-670 for each that applies)</i> <ul style="list-style-type: none"> <li>• <i>LSC</i></li> <li>• <i>Health</i></li> <li>• <i>If appropriate-Special Conditions for psychiatric hospitals</i></li> </ul>	<i>CMS-670 (electronically in ASPEN)</i>
<sup>2</sup> <b><i>Recertification – Non-accredited (Non-deemed) Psychiatric Hospital and Psychiatric Distinct Part Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Crucial Data Extract -LSC</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>Crucial Data Extract-Health</i>	<i>CMS-1537E (electronically in ASPEN)</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<i><sup>1/2</sup> Fire Safety Survey Report (if waiver recommended)</i>	<i>CMS-2786R</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction – Health (for the psychiatric special conditions)</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Accredited (Deemed) Hospital Complaint/Validation</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare/Medicaid/CLIA Complaint Form</i>	<i>CMS-562</i>
<i>Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey</i>	<i>Exhibit-287</i>
<i>Crucial Data Extract - Health (if applicable)</i>	<i>CMS-1537E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health (if applicable)</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC (if applicable)</i>	<i>CMS-2567</i>
<i>Narrative Report (Complaints)</i>	<i>--</i>
<i>Fire Safety Survey Report (if applicable)</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Follow-up reports on hospitals under SA monitoring should contain the following:</i>	
<i>Certification and Transmittal (Item 11 completed with either box 2 or box 4 checked)</i>	<i>CMS-1539</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Post-Certification Revisit Report</i>	<i>CMS-2567B</i>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<b><i>Initial Certification –Non-accredited (Non-deemed) Critical Access Hospital</i></b>	
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Medicare General Enrollment Healthcare Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Statement of Deficiencies – Health/LSC</i>	<i>CMS-2567</i>
<i>Fire Safety Report (if waiver recommended)</i>	<i>CMS-2786R</i>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Crucial Data Extract-Health</i>	<i>CMS-1537E (electronically in ASPEN)</i>
<i>Crucial Data Extract-LSC</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>Hospital/CAH Database Worksheet</i>	<i>Exhibit 286</i>
<i>Health Insurance Benefit Agreement ( two signed originals)</i>	<i>CMS-1561</i>
<i>Health Insurance Benefit Agreement ( two signed originals)</i>	<i>CMS-1561</i>
<i>Health Insurance Benefit Agreement ( two signed originals)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>•<i>Assurance of Compliance Form</i></li> <li>•<i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i><a href="http://www.hhs.gov/ocr/crclearnce.html/">www.hhs.gov/ocr/crclearnce.html/</a>  <i>HHS-690 and <u>HHS 441</u></i></i>
<i>FI/Carrier’s Letter Recommending approval or disapproval of CMS 855A</i>	<i>Letter</i>
<i>Determination that the CAH is rural</i>	<i>www.census.gov</i>
<b><i>Recertification –Non-accredited (Non-deemed) Critical Access Hospital</i></b>	



<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies-Health/LSC</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Fire Safety Report (if waiver recommended)</i>	<i>CMS-2786R</i>
<i>Hospital/CAH Database Worksheet</i>	<i>Exhibit 286</i>
<i>Crucial Data Extract-LSC</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>As applicable for Distinct Part Units of CAHs</i>	<i>CMS-437-psychiatric CMS-437A-rehabilitation</i>
<b><i>Initial Certification – Accredited (Deemed) Critical Access Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Healthcare Provider/Supplier Application</i>	<i>CMS- 855A</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>FI Letter Recommending/Denying Enrollment</i>	<i>Letter</i>
<i>AO Decision Letter</i>	<i>Letter</i>
<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>	<a href="http://www.hhs.gov/ocr/crclearnce.html/">www.hhs.gov/ocr/crclearnce.html/</a> <i>HHS-690 and <u>HHS 441</u></i>
<b><i>Recertification – Accredited (Deemed) Critical Access Hospital</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospital/CAH Medicare Database Worksheet</i>	<i>Exhibit 286</i>
<b><i>Critical Access Hospital Distinct Part Unit</i></b>	

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Healthcare Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract-LSC</i>	<i>CMS-2786E (electronically in ASPEN)</i>
<i>Statement of Deficiencies-Health/LSC</i>	<i>CMS-2567</i>
<i>As applicable: Psychiatric or Rehab Hospital Survey Report</i>	<i>CMS-437 or CMS-437A</i>
<i>Health Insurance Benefit Agreement (two signed originals)</i>	<i>CMS-1561</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS 670 (electronically in ASPEN)</i>
<b><i>Initial Certification – Swing Beds</i></b>	
<i>Statement of Deficiencies – Health/LSC</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Crucial Data Extract-Health</i>	<i>CMS-1537E (electronically in ASPEN)</i>
<i>Swing Bed Survey Report</i>	<i>CMS-1537C</i>
<i>FI/Carrier’s letter recommending approval or disapproval of CMS 855A</i>	
<i>Determination that the Hospital/CAH is rural</i>	<i>www.census.gov</i>
<b><i>Recertification of Swing Beds</i></b>	
<i>Statement of Deficiencies-Health/LSC</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Crucial Data Extract-Health</i>	<i>CMS-1537E (electronically in ASPEN)</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Swing Bed Survey Report</i>	<i>CMS-1537C</i>
<b><i>Initial Certification – Religious Nonmedical Health Care Institution</i></b>	
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Statement of Deficiencies –Health/LSC</i>	<i>CMS-2567</i>
<i>Fire Safety Survey Report Form</i>	<i>CMS-2786R</i>
<i>Medicare Enrollment Health Care Provider/Supplier Agreement</i>	<i>CMS-855A</i>
<i>Health Insurance Benefit Agreement</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<b><i>Recertification – Religious Nonmedical Health Care Institution</i></b>	
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Statement of Deficiencies –Health/LSC</i>	<i>CMS-2567</i>
<i>Fire Safety Survey Report Form</i>	<i>CMS-2786R</i>
<i>Medicare Enrollment Health Care Provider/Supplier Agreement</i>	<i>CMS-855A</i>
<i>Health Insurance Benefit Agreement</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<b><i>Initial Certification - CLIA Laboratory</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Clinical Laboratory Application</i>	<i>CMS-116</i>
<sup>5</sup> <i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855B</i>
<i>Medicare/Medicaid/CLIA Complaint form</i>	<i>CMS-562</i>
<sup>2</sup> <i>Survey Report Form (CLIA)</i>	<i>CMS-1557</i>
<i>Laboratory Personnel Report (CLIA)</i>	<i>CMS-209</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Recertification - CLIA Laboratory</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare/Medicaid/CLIA Complaint for</i>	<i>CMS-562</i>
<sup>4</sup> <i>Survey Report Form (CLIA) (cover page)</i>	<i>CMS-1557</i>
<i>Laboratory Personnel Report (CLIA)</i>	<i>CMS-209</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Advance Approval/Expansion - End-Stage Renal Disease Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>ESRD Facility Survey Report</i>	<i>CMS-3427</i>
<i>Narrative Report Describing Services to be Provided</i>	--
<i>Certificate of Need in the States Where it is Required</i>	--

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - End-Stage Renal Disease Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<sup>2</sup> <i>ESRD Facility Survey Report</i>	<i>CMS-3427</i>
<sup>6</sup> <i>Narrative Report Describing Services to be Provided</i>	--
<sup>6</sup> <i>Certificate of Need in the States Where it is Required</i>	--
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Expansion With No Survey - End-Stage Renal Disease Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Narrative Report Describing Services to be Provided</i>	---
<i>Certificate of Need in the States Where it is Required</i>	---
<b><i>Recertification - End-Stage Renal Disease Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<sup>6</sup> <i>ESRD Facility Survey Report (page 2)</i>	<i>CMS-3427</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670(electronically in ASPEN)</i>
<b><i>Initial Certification – Non-accredited (Non-deemed) Home Health Agency</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Request to Establish Eligibility</i>	<i>CMS-1515 a.b.c.d.e.f</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract - HHA</i>	<i>CMS-1572E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>6</sup> Home Health Agency Survey and Deficiencies Report</i>	<i>CMS-1572a</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>•<i>Assurance of Compliance Form</i></li> <li>•<i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i>HHS-690</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<b><i>Recertification – Non-accredited (Non-deemed) Home Health Agency</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-1515 a,b,c,d,e,f</i>
<i><sup>6</sup> Home Health Agency Survey and Deficiencies Report</i>	<i>CMS-1572a</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<b><i>Initial Certification Accredited (Deemed) Home Health Agency</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1515 a.b.c.d.e.f</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i><sup>6</sup> Home Health Agency Survey and Deficiencies Report</i>	<i>CMS-1572a</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>•<i>Assurance of Compliance Form</i></li> <li>•<i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i>HHS-690</i>  <i><a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a></i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	
<b><i>Recertification Accredited (Deemed) Home Health Agency</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-1515 a,b,c,d,e,f</i>
<i><sup>6</sup> Home Health Agency Survey and Deficiencies Report</i>	<i>CMS-1572a</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<b><i>Community Mental Health Clinic</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Providers/Supplier Application</i>	<i>CMS-855A</i>
<i>Program Memorandum Intermediaries Transmittal A-02-002 1/11/2002</i>	<i>Attachment A</i> <i>Attachment B</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services</i>	<i>Exhibit 130</i>
<i>CMHC Crucial Data Extract (CDE)</i>	<i>Exhibit 131</i>
<i>CMHC Attestation Statement</i>	<i>Exhibit 275</i>
<i>Health Benefits Agreement for CMHCs</i>	<i>CMS-1561 or Exhibit 133</i>
<i>Model Denial Letter for CMHC Applicants – State Restrictions on Screening</i>	<i>CMS 278</i>
<i>Model Letter explaining participation in Medicare as A CMHC</i>	<i>Exhibit 282</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Psychiatric Resident Treatment Facility</i></b>	
<i>Medicare/Medicaid Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Offsite Survey Preparation Worksheet</i>	<i>CMS-801</i>
<i>Surveyor Notes Worksheet</i>	<i>CMS-807</i>
<i>Individual Observation Worksheet</i>	<i>CMS-3070I</i>
<i>Death Record Review Data Sheet</i>	<i>CMS-726</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report</i>	<i>CMS-2567B</i>
<b><i>Initial Certification - Outpatient Physical Therapy - Speech Pathology</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1856</i>



**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract - OPT-SP</i>	<i>CMS-1893E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>2</sup> OPT-SP Survey Report</i>	<i>CMS-1893</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<b><i>Recertification - Outpatient Physical Therapy - Speech Pathology</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1856</i>
<i>Crucial Data Extract - OPT-SP</i>	<i>CMS-1893E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - Portable X-Ray</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1880</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855B</i>
<i>Crucial Data Extract - PX-R</i>	<i>CMS-1882E (electronically in ASPEN)</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>2</sup> Portable X-Ray Survey Report</i>	<i>CMS-1882</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Recertification - Portable X-Ray</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-1880</i>
<i>Crucial Data Extract - PX-R</i>	<i>CMS-1882E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - Rural Health Clinic</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-29</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract - RHC</i>	<i>CMS-30E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>2</sup> Rural Health Clinic Survey Report</i>	<i>CMS-30</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670</i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561a</i>
<i>Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form</i>	<i>HHS-690 <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a></i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>•Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i>	
<i>Request to Establish Eligibility</i>	<i>CMS-29</i>
<b><i>Recertification - Rural Health Clinic</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-29</i>
<i>Crucial Data Extract - RHC</i>	<i>CMS-30E(electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670(electronically in ASPEN)</i>
<b><i>Federally Qualified Health Center Complaint Investigation</i></b>	
<i>Statement of Deficiencies and POC</i>	<i>CMS-2567</i>
<i>Certification and Transmittals</i>	<i>CMS-1539</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - Comprehensive Outpatient Rehabilitation Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-359</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<i>Crucial Data Extract - CORF</i>	<i>CMS-360E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>2</sup> CORF Survey Report</i>	<i>CMS-360</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Send the following the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<b><i>Recertification - Comprehensive Outpatient Rehabilitation Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-359</i>
<i>Crucial Data Extract - CORF</i>	<i>CMS-360E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Independent Physical Therapists</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>
<i><sup>2</sup> Physical Therapists in Independent Practice Survey Report</i>	<i>CMS-3042</i>
<i>Request for Certification</i>	<i>CMS-262</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Above documents listed are required for initial and recertification packets. Omit request for certification on relocation survey packets.</i>	
<i>Medicare General Enrollment Health Care Provider/Supplier Application (only required for initial certifications)</i>	<i>CMS-855I</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<b><i>Initial Certification – Non-accredited (Non-deemed) Ambulatory Surgical Center</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-377</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855B</i>
<i>Crucial Data Extract - ASC</i>	<i>CMS-378E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction --Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i><sup>2</sup> Ambulatory Surgical Center Survey Report</i>	<i>CMS-378</i>
<i><sup>2</sup> <sup>8</sup> Fire Safety Survey Report</i>	<i>CMS-2786U</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Health Insurance Benefit Agreement (two signed copies)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>•<i>Assurance of Compliance Form</i></li> <li>•<i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i>HHS-690</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<b><i>Recertification – Non-accredited (Non-deemed) Ambulatory Surgical Center</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-377</i>
<i>Crucial Data Extract - ASC</i>	<i>CMS-378E (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
- LSC	
<sup>2</sup> <sup>8</sup> Fire Safety Survey Report	CMS-2786U
Survey Team Composition and Workload Report	CMS-670 (electronically in ASPEN)
<b>Initial Certification Accredited (Deemed) Ambulatory Surgical Centers</b>	
Certification and Transmittal	CMS-1539
Medicare General Enrollment Healthcare Provider/Supplier Application	CMS-855B
Health Insurance Benefit Agreement (two signed originals)	CMS-1561
FI Letter Recommending/Denying Enrollment	Letter
AO Decision Letter	Letter
Office of Civil Rights (OCR) Clearance •Assurance of Compliance Form •Medicare Certification Civil Rights Information Request Form (and applicable attachments)	HHS-690 <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<b>Recertification Accredited (Deemed) Ambulatory Surgical Centers</b>	
Certification and Transmittal	CMS-1539
<b>Initial Certification – Non-accredited (Non-deemed) Hospice</b>	
Hospice Request for Certification in the Medicare Program	CMS-417
Certification and Transmittal	CMS-1539
Medicare General Enrollment Health Care Provider/Supplier Application	CMS-855A
Statement of Deficiencies and Plan of Correction - Health	CMS-2567
<sup>2</sup> Hospice Survey Report	CMS-449

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><u>www.hhs.gov/ocr/crclearnce.html</u></a>
<b><i>Freestanding Hospice</i></b> - in addition to the forms noted above, freestanding hospices require:	
<i><sup>2</sup> Freestanding Hospice Survey Report</i>	
<i><sup>1/2</sup> Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<b><i>Recertification – Non-accredited (Non-deemed) Hospice</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospice Request for Certification (By Surveyor)</i>	<i>CMS-417</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Freestanding Hospice</i></b> - in addition to the forms noted above, freestanding hospices with inpatient units require:	
<i><sup>1/2</sup> Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<b><i>Initial Certification Accredited (Deemed) Hospice</i></b>	
<i>Hospice Request for Certification in the Medicare Program</i>	<i>CMS-417</i>
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>
<sup>2</sup> <i>Hospice Survey Report</i>	<i>CMS-449</i>
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<b><i>Recertification Accredited (Deemed) Hospice</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Hospice Request for Certification in the Medicare Program</i>	<i>CMS-417</i>
<sup>2</sup> <i>Hospice Survey Report</i>	<i>CMS-449</i>
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<b><i>Initial Certification - Title XVIII Skilled Nursing Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855A</i>



**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>
<i>Post Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<b><i>Skilled Nursing Facility and Nursing Facility</i></b>	
<i>Long-Term Care Facility Application for Medicare and Medicaid</i>	<i>CMS-671</i>
<i>Resident Census and Conditions of Residents</i>	<i>CMS-672</i>
<i>Extended/Partial Extended Survey Worksheet</i>	<i>CMS-673</i>
<i>Resident Rights and Quality of Life:</i>	<i>CMS-674</i>
<i>Individual Interview Guide Resident Rights and Quality of Life: Family</i>	<i>CMS-674A</i>
<i>Interview Guide Resident Rights and Quality of Life: Group Interview Guide</i>	<i>CMS-675</i>
<i>Quality of Care Assessment Worksheet</i>	<i>CMS-676</i>
<i>Quality of Care Assessment Worksheet, MDS+</i>	<i>CMS-676A</i>
<i>Medication Pass Worksheet</i>	<i>CMS-677</i>
<i>Environmental Quality Assessment Worksheet</i>	<i>CMS-678</i>
<i>Dietary Services System Worksheets</i>	<i>CMS-679A,B,C</i>
<i>Closed Records Discharge Review Worksheet</i>	<i>CMS-680</i>
<i>Surveyor Notes Worksheet</i>	<i>CMS-681</i>
<i>Resident Roster</i>	<i>CMS-682</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>1/2 Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Waiver (if applicable)</i>	<i>--</i>
<i>Utilization Review Plan</i>	
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>Send the following to the RO as soon as received and prior to the survey:</i>	
<i>Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<i>Office of Civil Rights (OCR) Clearance</i> <ul style="list-style-type: none"> <li>•<i>Assurance of Compliance Form</i></li> <li>•<i>Medicare Certification Civil Rights Information Request Form (and applicable attachments)</i></li> </ul>	<i>HHS-690</i> <a href="http://www.hhs.gov/ocr/crclearnce.html"><i>www.hhs.gov/ocr/crclearnce.html</i></a>
<b><i>Recertification - Title XVIII Skilled Nursing Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>
<i>Post Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<i>1/2 Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - Title XIX Nursing Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction</i>	<i>CMS-2567</i>

**LIST OF DOCUMENTS IN CERTIFICATION PACKET**

<b>Title</b>	<b>Form Number</b>
<i>- Health</i>	
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>
<i>Post Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<i>Skilled Nursing Facility and Nursing Facility Long-Term Care Facility Application for Medicare and Medicaid</i>	<i>CMS-671</i>
<i>Resident Census and Conditions of Residents</i>	<i>CMS-672</i>
<i>Extended/Partial Extended Survey Worksheet</i>	<i>CMS-673</i>
<i>Resident Rights and Quality of Life: Individual Interview Guide</i>	<i>CMS-674</i>
<i>Resident Rights and Quality of Life: Family Interview Guide</i>	<i>CMS-674A</i>
<i>Resident Rights and Quality of Life: Group Interview Guide</i>	<i>CMS-675</i>
<i>Quality of Care Assessment Worksheet</i>	<i>CMS-676</i>
<i>Quality of Care Assessment Worksheet, MDS+</i>	<i>CMS-676A</i>
<i>Medication Pass Worksheet</i>	<i>CMS-677</i>
<i>Environmental Quality Assessment Worksheet</i>	<i>CMS-678</i>
<i>Dietary Services System Worksheets</i>	<i>CMS-679A,B,C</i>
<i>Closed Records Discharge Review Worksheet</i>	<i>CMS-680</i>
<i>Surveyor Notes Worksheet</i>	<i>CMS-681</i>
<i>Resident Roster</i>	<i>CMS-682</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>1/2 Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>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.</i>	
<b><i>Recertification - Title XIX Nursing Facility</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Post Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>
<i>Post Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<i>The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report</i>	
<i>1/2 Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<i>SNF XIX-only: Waiver requests (Health or LSC) must come in prior to the survey packet.</i>	
<b><i>Recertification - Medicare Skilled Nursing Facility While Subject to Denial of Payments for New Admissions</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>NOTE: Plan of correction may or may not be submitted by the provider.</i>	
<i>Statement of Deficiencies and Plan of Correction - Life Safety Code</i>	<i>CMS-2567</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i><sup>1</sup> Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Revisit After Credible Allegation - Medicare Skilled Nursing Facility While Subject to Denial of Payments for New Admissions</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)</i>	<i>CMS-2567</i>
<i>Post-Certification Revisit Report (for deficiencies found to have been corrected)</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Recertification - Medicaid-Only Nursing Facility While Subject to Denial of Payments for New Admissions</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>NOTE: Plan of Correction may or may not be submitted by the provider.</i>	
<i>Statement of Deficiencies and Plan of Correction - Life Safety Code</i>	<i>CMS-2567</i>
<i><sup>1</sup>Fire Safety Survey Report</i>	<i>CMS-2786R</i>
<i>(The same waiver as in initial certification requires submittal of only page 1 of Fire Safety Report)</i>	
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Revisit After Credible Allegation - Medicaid-Only Nursing Facility While Subject to Denial of Payments for New Admissions</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Statement of Deficiencies and Plan of Correction (for deficiencies found not corrected)</i>	<i>CMS-2567</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Post-Certification Revisit Report (for deficiencies found to have been corrected)</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Initial Certification - Intermediate Care Facility for the Mentally Retarded</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1516</i>
<i>Crucial Data Extract - Health</i>	<i>CMS-3070BE (electronically in ASPEN)</i>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i><sup>2</sup> Institutions of Mentally Retarded or Persons with Retarded Conditions Survey Report</i>	<i>CMS-3070 G,H, I</i>
<i><sup>1/2</sup> Fire Safety Survey Report for each building involved, or for each construction type for any building having more than one construction type</i>	<i>CMS-2786 V,M,Y</i>
<i><sup>2</sup> Life Safety Code Waivers</i>	--
<i>Listing of QMRPs with Qualifications</i>	--
<i>Direct Care Staffing Information - Individual Units</i>	--
<i>Description of Living Units</i>	--
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i><sup>2</sup> Recertification - Intermediate Care Facility for the Mentally Retarded</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (By Surveyor)</i>	<i>CMS-1516</i>
<i>Crucial Data Extract - Health</i>	<i>CMS-3070E (electronically in ASPEN)</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Statement of Deficiencies and Plan of Correction - Health</i>	<i>CMS-2567</i>
<i>Statement of Deficiencies and Plan of Correction - LSC</i>	<i>CMS-2567</i>
<i>Listing of QMRPs with Qualifications</i>	--
<i>Direct Care Staffing Information - Individual Units</i>	--
<i>Description of Living Units</i>	--
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>1861(j)(l) Certifications</i></b>	
<i>Certification and Transmittal - Spell of Illness, 1861(j)(1) Supplement</i>	<i>CMS-1539A</i>
<i>1861(j)(1) Determinations - Computation of Nurse to Resident Ratio Form</i>	--
<i><sup>2</sup> Intermediate Care Facility Survey Report (page 24)</i>	<i>CMS-3070</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Post-Certification Revisit Report - All Facilities Except Long-Term Care</i></b>	
<i>Post-Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>
<i>Post-Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Post Certification Revisit Report with Amended CMS-1539</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Post-Certification Revisit Report - Health (if applicable)</i>	<i>CMS-2567B</i>

<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Post-Certification Revisit Report - LSC (if applicable)</i>	<i>CMS-2567B</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Addition and/or Deletion of Services</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855</i>
<i>Appropriate Request to Establish Eligibility (By Surveyor)</i>	--
<i>Statement of Deficiencies and Plan of Correction (if applicable);</i>	<i>CMS-2567</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670(electronically in ASPEN)</i>
<b><i>Address and/or Name Change</i></b>	
<i>Medicare Change of Information Health Care</i>	<i>CMS-855</i>
<i>Provider/Supplier Application Certification and Transmittal</i>	<i>CMS-1539</i>
<b><i>Change of Ownership - Title XVIII or XVIII-XIX Providers</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i><sup>10</sup> Health Insurance Benefit Agreement (signed originals)</i>	<i>CMS-1561</i>
<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</i> <a href="http://www.hhs.gov/ocr/crclearnce.html">www.hhs.gov/ocr/crclearnce.html</a>
<i>Request to Establish Eligibility (for applicable provider)</i>	--
<i>Medicare General Enrollment Health Care</i>	<i>CMS-855</i>



<b>LIST OF DOCUMENTS IN CERTIFICATION PACKET</b>	
<b>Title</b>	<b>Form Number</b>
<i>Provider/Supplier Application</i>	
<i><sup>11</sup> Long Term Care Facility Application for Medicare and Medicaid</i>	<i>CMS-671</i>
<b><i>Change of Ownership - Providers - Title XIX Nursing Facilities</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility</i>	<i>CMS-1516</i>
<i>Long Term Care Facility Application for Medicare and Medicaid</i>	<i>CMS-671</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>
<b><i>Change of Ownership - Suppliers</i></b>	
<i>Certification and Transmittal</i>	<i>CMS-1539</i>
<i>Request to Establish Eligibility (for applicable supplier)</i>	--
<i>Medicare General Enrollment Health Care Provider/Supplier Application</i>	<i>CMS-855</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670</i>
<b><i>General Complaint</i></b>	
<i>Medicare/Medicaid/CLIA Complaint Form</i>	<i>CMS-562</i>
<i>Narrative Report</i>	
<i>Statement of Deficiencies and Plan of Correction (if applicable)</i>	<i>CMS-2567</i>
<i>Portions of: Health or Fire Safety Code Survey Report (as applicable)</i>	<i>CMS-2786</i>
<i>Survey Team Composition and Workload Report</i>	<i>CMS-670 (electronically in ASPEN)</i>

## **Notes**

<sup>1</sup> 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.

<sup>2</sup> As required by §2720 of the “State Operations Manual.”

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

<sup>4</sup> 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.

<sup>5</sup> The Form CMS-855 is for participation in Medicare

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

<sup>7</sup> Needed only if expansion of services or stations done at time of recertification.

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

<sup>9</sup> 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.

<sup>10</sup> Send in as soon as available.

<sup>11</sup> Required for skilled nursing facilities and nursing facilities only.