

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY OR ACCREDITING ORGANIZATION (AO)

1. MEDICARE/MEDICAID PROVIDER NO. (L1)		3. NAME AND ADDRESS OF FACILITY (L3) (L4) (L5)		4. TYPE OF ACTION (L8)	
2. STATE VENDOR OR MEDICAID NO. (L2)		7. PROVIDER/SUPPLIER CATEGORY (L7)		9. FISCAL YEAR ENDING DATE (L35)	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		6. DATE OF SURVEY (L34)		8. ACCREDITATION STATUS (L10)	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10. THE FACILITY IS CERTIFIED AS A. In Compliance with Program Requirement COMPLIANCE BASED ON: 1- Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers NOT IN COMPLIANCE A/B (IF APPLICABLE CODES 1-9)			
12. Total Facility Beds (L18)		13. Total Certified Beds (L17)		AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS 2- TECHNICAL PERSONNEL 3- 24 HR RN 4- 7-DAY RN (Rural SNF) 5- LIFE SAFETY CODE 6- SCOPE OF SERVICE LIMITED 7- MEDICAL DIRECTOR 8- PATIENT ROOM 9- BEDS PER ROOM	
14. LTC CERTIFIED BED BREAKDOWN					
18-SNF (L37)	18/19- SNF (L38)	19- SNF (L39)	20- ICF/IID (L42)		
16. STATE SURVEY AGENCY OR AO REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):					
17. SURVEYOR SIGNATURE (L19)			18. STATE SURVEY AGENCY OR AO APPROVAL (L20)		
DATE			DATE		

PART II- TO BE COMPLETED BY THE CMS SURVEY AND OPERATIONS GROUP LOCATION OR STATE AGENCY

19. DETERMINATION OF ELIGIBILITY					
1- FACILITY IS ELIGIBLE TO PARTICIPATE (L21)					
2- FACILITY IS NOT ELIGIBLE TO PARTICPATE					
22. ORIGINAL DATE OF PARTICIPATION (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE (L27)		27. ALTERNATIVE SANCTIONS A. SUSPENSION OF ADMISSION (L44) B. RECIND SUSPENSION DATE (L45)		26. TERMINATION ACTION VOLUNTARY 1- MERGER, CLOSURE 2- DISSATISFACTION WITH REIMBURSEMENT 3- RISK OF INVOLUNTARY TERMINATION 4- OTHER REASON FOR WITHDRAWAL INVOLUNTARY 5 - FAILURE TO MEET HEALTH/SAFETY 6- FAILURE TO MEET AGREEMENT OTHER 7- PROVIDER STATUS CHANGE 00- ACTIVE (L30)	
28. TERMINATION DATE (L28)		29. MAC ID NUMBER (L31)		30. REMARKS	
31. CMS LOCATION OR MAC RECEIPT OF 1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)			