

MEMORANDUM

Texas Department of Aging and Disability Services

TO: Regulatory Services Division
Regional Directors and State Office Managers

FROM: Michelle Dionne-Vahalik, Manager
Policy Development and Support Unit
State Office MC E-370

SUBJECT: Regional Survey and Certification (RS&C) Letter No. 05-09

DATE: September 1, 2005

The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter, issued July 25, is *effective immediately* and identifies procedural changes for Long Term Care (LTC) certification packets from Medicare/Medicaid long term care facilities. In order to improve consistency in processing LTC certification packets, the RO has provided a list of documents required for processing LTC initials, changes of ownership (CHOW), and voluntary terminations. The document attached should be utilized immediately.

- RS&C Letter No. 05-09 – Procedural Changes for Long Term Care (LTC) Certification Packets

Also *effective immediately*, the State Survey Agency (SSA) is to send Form CMS 1539 (C&T) to the RO for provider name changes, address changes, and bed changes. The RO will return copies of the approved /denied C&T to the SSA and submit the Form CMS 2007 (tie-in notice) to the fiscal intermediary to update the Medicare computer databases (Oscar/Odie, Aspen, etc.).

If you have any questions, please contact Cheryl Danielson, Program Specialist, Policy Development and Support, at (512) 438-3123.

[signature on file]

Michelle Dionne-Vahalik

MDV:cd

Attachment



Division of Survey and Certification, Region VI

July 25, 2005

REGIONAL SURVEY AND CERTIFICATION LETTER NO. 05-09

To: All State Survey Agencies (Action/Information)
All Title XIX Single State Agencies (Action/Information)

Subject: Procedural Changes for Long Term Care (LTC) Certification Packets.

To improve consistency in processing LTC certification packets within the region, the Dallas Regional Office (RO) is providing a list of documents required for processing LTC initials, changes of ownership (CHOW), and voluntary terminations. The document attached should be utilized immediately.

Effective immediately State Survey Agency (SSA) will send Form CMS 1539 (C&T) to the RO for provider name changes, address changes, and bed changes. The RO will return copies of the approved /denied C&T to the SSA and submit the Form CMS 2007 (tie-in notice) to the fiscal intermediary to update the Medicare computer databases (Oscar/Odie, Aspen, etc.).

The SSA should ensure that the C&T is complete. The review for completeness should include the Intermediary/Carrier number (L31) , Block 16 - *State Survey Agency Remarks* (in this section annotate appropriate detailed information, such as change of name and/or address, change in bed sizes, termination, the date the facility was in substantial compliance and the effective date of changes). In addition, initial certification activities should include a recommendation for approval or denial of certification with effective date. Block 30- *Remarks*, (L32) RO receipt of CMS 1539 and (L33) Determination of Approval Date are designated for RO use.

We appreciate your cooperation and support in implementing a consistent certification process for LTC providers. If you have any questions regarding LTC certification actions please contact Gerardo Ortiz (LTC initials) at (214) 767-2084 or Connie Jones (LTC CHOWs) at (214) 767-6213.

Sincerely,

/s/

Calvin G. Cline
Associate Regional Administrator

Enclosure

**Skilled Nursing Facility/Nursing Facility (SNF/NF)
REGIONAL OFFICE DOCUMENTS**

Send the following forms to the CMS Regional Office:

Initial Certification

Medicare General Enrollment with FI Approval Letter	CMS 855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Long Term Care Facility Application for Medicare/Medicaid	CMS 671
Statement of Deficiencies and Plan of Correction	CMS 2567
Health Insurance Benefit Agreement (3 signed originals)	CMS 1561
Copy of State Nursing Home License	
Copy of Patient Transfer Agreement	
Provider's Effective Date Statement	
Office of Civil Rights Packet	
Hospital Transfer Agreement	

Initial Denials

Medicare General Enrollment	CMS 855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Statement of Deficiencies and Plan of Correction	CMS 2567

Change of Ownerships (Chows)

Medicare General Enrollment with FI Approval Letter	CMS 855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Long Term Care Facility Application for Medicare/Medicaid	CMS 671
Health Insurance Benefit Agreement (3 signed originals)	CMS 1561
Prospective Owner Intention Regarding Medicare Certification Statement	
Copy of State Nursing Home License	
Copy of Patient Transfer Agreement	
Legal Documentation for Merger, Sale or Lease Transfer	
Office of Civil Rights Packet	
Hospital Transfer Agreement	

Voluntary Terminations/Cessation of Business

Medicare General Enrollment	CMS 855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Copy of provider's notice for voluntary termination or withdrawal	
Copy of newspaper notice (if applicable)	

Name Change/Address Change

Medicare General Enrollment & FI Approval	CMS 855A
Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Copy of any notification from provider regarding the change	

Bed Changes

Medicare/Medicaid Certification and Transmittal (C&T)	CMS 1539
Copy of any documentation from provider requesting bed change	