ADDENDUM III.—MEDICARE AND MEDICAID MANUAL INSTRUCTIONS—Continued [January Through March 1995]

Trans. No.

Manual/Subject/Publication Number

Program Memorandum Insurance Commissioners (HCFA-Pub. 80) (Superintendent of Documents No. HE 22.8/6-5)

95–1 • Medigap Bulletin Series (Number Four)

State Operations Manual Provider Certification (HCFA-Pub. 7) (Superintendent of Documents No. HE 22.8/12)

• Survey Procedures for Swing-Bed Hospitals

Model Letter—Swing Bed Applicants

Nurse Aide Training/Nurse Aide Training and Competency Evaluation Program

Line-Item Justification for Direct and Indirect Costs

Preparation of the State Survey Agency Certification Workload Report—HCFA-434

Distribution of Approved Funds Disbursement of Approved Funds

General

Goods, Facilities, Services From Other Staff Agencies or From Local Agencies

Personnel Services
State Agency Accounts
Determination of Necessary

Determination of Necessary Staff Communications and Supplies

Equipment

Training of State Agency Personnel

Long Term Care Facility Workload (SNF/NF)

Preparation of the State Agency Budget List of Positions—HCFA-1465A

Preparation of the State Agency Schedule for Equipment Purchases—HCFA–1466 Preparation of State Survey Agency Budget Request (Non-LTC)–HCFA–435

Preparation of State Survey Agency Budget Request—Long-Term Care, HCFA-435

Submittal of Budget Request Notification of Approval

Need For Additional Title XVIII and Title XIX Funds

Financial Reporting Limit on Expenditures

Periodic Analysis of Accounts

Cash Balances and Expenditure Authority

Unliquidated Obligations

State Survey Agency Quarterly Expenditure Report, HCFA-435 and State Survey Agency Certification Workload Report HCFA-434—Submittal and Due Date

Preparation of State Survey Agency Non-TLC Quarterly Expenditure Report, HCFA-435 Preparation of State Survey Agency Long-Term Care Quarterly Expenditure Report, HCFA-435

State Survey Agency/Certification Workload Report

• Community Mental Health Centers—Citations and Description

Certification Process Model Letter to CMHCs CMHC Crucial Data Extract

Public Health Service Act Requirements Health Insurance Benefit Agreement

Conditions to Be Assessed Prior to Scheduling An RHC Survey

• Essential Access Community Hospital/Rural Primary Care Hospital—Citations and Description

Medicare Designation as an EACH Medicare participation by an RPCH RPCH Anti-Dumping Requirements

Advance Directives Requirements for RPCHs

Model Letter: Transmitting Materials to Rural Primary Care Hospitals

Model Letter: Notification to Rural Primary Care Hospital Regarding Scheduling a Survey

Survey Tasks and Interpretive Guidelines for Rural Primary Care Hospitals

• Survey Protocol

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Appendix P, Part I—Survey Procedures for Long-Term Care Facilities Appendix P, Part II—Guidance to Surveyors—Long-Term Care Facilities

List of Documents in Certification Packet

Medicare

Christian Science Sanatorium Hospital Manual Supplement (HCFA-Pub. 32) (Superintendent of Documents No. HE 22.8/2-2)

Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines