Instructions for Completing the CMS 1572

1. Please do sit with the agency staff person AND the CMS 855a approval letter when completing the form. The name of the agency and the address must reflect what is in the CMS system 'to a T'.

   a. Do include the 'dba' if there is one; if it is not listed on the 1572, don't include a dba

   b. Do not use an ampersand (&) if the word 'and' is on the 855a approval letter

   c. Do not abbreviate anything if the 855a approval letter spells out the word; conversely, if the word is abbreviated, do not spell the word out (ex: Street vs. St. vs St - must be the same throughout in every document)

   d. Include Suite (or Ste) numbers if on the 855a approval letter

   e. Use the 2-letter abbreviation for the state

2. Locator 11 (provider number): be sure this is correct if the agency has a CCN; if no CCN, it should be blank

3. Locator 12 (type of survey): use a '1' in either the Initial or Resurvey fields (not an 'x'), depending on the type of site visit (initial or continuing, respectively)

   a. The *only* type of survey CHAP conducts is a **Standard survey**; we do not conduct Partial Extended or Extended surveys

4. Locator 13 (eligibility): this field MUST be completed for any type of survey

   a. Generally speaking, eligibility will be 1 (Medicare), but may be 3 (both Medicare and Medicaid)

   b. Pediatric Home Health and/or agencies who only provide Medicaid waiver services may only be a 2 (Medicaid)

   c. Check with the agency to see if they are billing both Medicare and Medicaid, or just Medicare

5. Locator 15D (branches): If the answer is 'yes', enter the number of branches and, in the space allotted, enter the **official name(s)** of the branch(es) and provide the address (street, suite, state, zip code).

   a. If the organization has too many branches to list on the lines provided, mark the box ('If more space is needed, check here, use a separate page and attach') and list the branches in a separate word document and submit along with the 1572.

   b. Branches must be listed on the accreditation letters that go to CMS and to the agency when an accreditation decision has been rendered by the Board of Review.

6. Locator 16 (type of agency): the ONLY time the provider number section is completed is if the type of agency is one of the asterisked (*) agency types: 04 (Rehab based program), 05 (Hospital based program), or 06 (skilled nursing facility/nursing facility program).

   a. If the provider type is 04, 05, or 06 enter the provider number OF THAT ORGANIZATION

   b. If the agency type is anything other than 04, 05, or 06 leave the provider number field blank

7. Locator 18 (services offered): enter the appropriate corresponding number (1 – provided by agency staff, 2- under arrangement, 3 – combination of 1 and 2). If the entry is either a 1 or a 3, there must be a corresponding FTE listed for the discipline in locator 19.

   a. If there is an FTE listed in Locator 19/G31 (all others), there MUST be a 1 or a 3 listed in Locator 18/field 13 (Other)

8. Locator 19 (Staffing): If there is a 1 or a 3 listed for the corresponding discipline in Locator 18, there must be an FTE listed…not 0.00
      a. If they have vacant positions, enter the number of budgeted positions

9. Locator 20 (HHA competency/training): if the agency has Home Health Aides, and they perform competency evaluations (which they should), mark box #2.
      a. Generally speaking, most agencies do not have their own training programs (as defined by the CoPs)

10. Locator 21 (home visits and records reviewed): check to make sure this is correct before leaving the site
      a. Refer to the D7 policy to determine the number of home visits and record reviews to be completed
      b. Check your addition (home visits + record reviews) before you submit in LinQ.

11. Locator 22: (patient census): the number of unduplicated admissions *for the previous 12 month period* (not 'since the last standard survey')
      a. Total discharges no longer have to equal the sum of G40-G43 only.

12. Page 3
      a. G-tags get listed in the left-hand column (Data tag No.) – please include the 'G' when you enter this information
      b. CFRs get listed in the middle column (COP/Stnd No.)
      c. Comments – Leave this column blank (the Directors may add verbiage to indicate Condition level deficiencies, if there are any)
      d. Mark #3 (Standard) with an 'x'; do not mark anything for Extended or Partial Extended (see #3 above)
      e. Enter the last day of the site visit in #4

13. Page 4
      a. Signature/credentials, Title, Date only in the Standard Survey fields (not the Extended or Partial Extended fields – see #3 above)
      b. Signature = name *and credentials*; please enter your credentials after your name in this field
      c. Title = CHAP Site Visitor (not just 'site visitor'). Do not enter your credentials in this field – they are entered after your name in the Signature field
d. Date: the last day of the site visit