

Schedule of Termination Procedures - Noncompliance With One or More CoPs or Conditions for Coverage and Cited Deficiencies Limit Capacity of Provider/Supplier to Furnish Adequate Level or Quality of Care (Medicare)

Failure to substantially meet one or more Conditions is a cause for termination of participation. “Substantially,” for purposes of this section, is defined as meeting the applicable CoPs or CfCs. Any provider/supplier that does not substantially meet the Conditions is considered to be limited in its capacity to furnish services at an adequate level or quality. Compliance with Conditions; i.e., condition level deficiencies, can never be certified based upon a PoC or acceptable progress since the law specifically requires that all CoPs or CfCs must be met. If there is **not** an immediate jeopardy to patient health or safety, the RO and the SA use the following schedule:

- 1. Date of Survey** - The date of the survey is the date on which the entire survey is completed regardless of when the exit conference is held.
- 2. Tenth Working Day** – On the 10th working day, the SA sends a warning letter and the 2567 containing the deficiencies to the provider/supplier and the RO. The SA informs the provider/supplier in writing that there is a determination of noncompliance and that it is recommending termination to be effective within 90 calendar days from the date of the survey. The recommended termination date is included in the letter. The SA informs the provider/supplier that the termination process provides an opportunity to make corrections and achieve compliance. This opportunity allows the provider/supplier ten calendar days to complete and return a plan of correction on the 2567. The SA should state in the letter that it will make a revisit within 45 calendar days of the survey if a credible allegation of compliance is received. Termination takes effect as planned if compliance is not achieved. This notice serves as a warning letter to the provider or supplier. The SA allows the provider/supplier 10 calendar days to complete and return the plan of correction).
- 3. Forty-Fifth Calendar Day** - If the facility has made a credible allegation of compliance (see [§3016.A.](#)), the SA conducts a revisit to determine whether compliance or acceptable progress has been achieved. Only 2 revisits are permitted; one within 45 calendar days and one between the 46th and 90th calendar days. If a second credible allegation of compliance is made prior to the effective date of termination, the SA telephones the RO and submits documentation to support the second revisit (only the second revisit is subject to RO approval). If the facility fails to make a credible allegation, no revisit is necessary.
- 4. Fifty-Fifth Calendar Day** - If compliance has not been achieved, the SA certifies noncompliance. The SA forwards the certification and supporting documentation to the RO. The SA notifies the provider/supplier that termination is

recommended and alerts the SMA if the provider/supplier is also participating in Medicaid.

- 5. Sixty-Fifth Calendar Day** - Within 65 calendar days following the date of survey, the RO determines whether survey findings continue to support a determination of noncompliance.
- 6. Seventieth Calendar Day** - The RO sends an official termination notice to the provider/supplier, the public, and the SMA if the provider/supplier also participates in Medicaid. Notices must be made at least 15 calendar days before the effective date of termination.
- 7. Ninetieth Calendar Day** - Termination takes effect if compliance is not achieved. It can take effect in fewer than 90 calendar days if required procedures are completed.

NOTE: All timeframes are maximum. The RO may terminate more quickly as long as the regulatory requirements for notification of the public and provider are satisfied.