
Outpatient Physical Therapy/Speech Pathology (OPT/SP) Providers Survey Process

Survey protocols and Interpretive Guidelines were established by the Centers for Medicare and Medicaid Services (CMS) to provide guidance to personnel conducting surveys. They serve to clarify, and/or explain, the intent of the federal regulations. All surveyors are required to use this protocol in assessing compliance with requirements.



The OPT/SP provider survey protocols and federal regulation set are contained within [42 CFR Part 485, Subpart H](#), and [Appendix E](#) CMS State Operations Manual SOM. The regulatory requirements are made up of twelve Conditions of Participation (CoPs) and each of these Conditions is made up of standards. The OPT/SP provider must be in compliance with all requirements at all times. Below is a brief description of the OPT/SP provider survey. Please refer to [Appendix E](#) for specific information regarding the OPT/SP provider survey process.

Initial Surveys

Initial surveys are conducted in order for an OPT/OSP provider to achieve Medicare Certification. Initial surveys may be conducted by the State Agency (SA) or an [Accrediting Organization \(AO\)](#), dependent on whether or not the OPT/OSP is seeking deemed status.

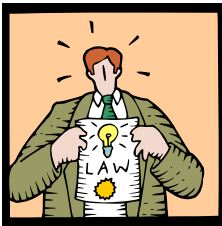
Initial Surveys for OPT/OSP Providers Not Seeking Deemed Status

At this time the SA is not performing initial surveys. Please refer to CMS letter, S&C 08-03 [Initial Surveys for New Medicare Providers](#), November 5, 2007, for additional information.

Initial Surveys for OPT/OSP Providers Seeking Deemed Status

An OPT/OSP provider has the option of achieving Medicare certification of the Hospice, through an accrediting organization (AO), by requesting a *deemed status* survey. If An OPT/OSP provider successfully completes a deemed accreditation survey, the OPT/OSP is deemed by CMS to meet all Condition OF Participation for OPT/OSP providers. Please refer to [CMS letter, S&C 11-27-AO](#), May 6, 2011 for additional information.

Recertification Surveys



CMS directs the frequency and priority status of OPT/SP provider recertification surveys. CMS established priorities and frequencies for FFY 2012 are as follows:

- ✚ *Priority One:* There currently are no Priority One designations for OPT/SP providers.
- ✚ *Priority Two:* 5% targeted sample. Each year, the State surveys 5% of the providers in the state.
- ✚ *Priority Three:* 7.0 year interval. Additional surveys are done (beyond Priority Two surveys) to ensure that no more than 7.0 years elapse between surveys for any one particular OPT/SP provider.
- ✚ *Priority Four:* 6.0 year average. Additional surveys are done (beyond Priority Two and Priority Three surveys) such that all providers in the state are surveyed on average, every 6.0 years.

Follow-up Surveys

The purpose of the follow-up survey is to determine that systemic corrective action have been implemented for the deficiencies cited during the previous survey. A follow-up survey

may be conducted at the facility or by phone/mail. An unannounced on-site revisit is mandated when deficiencies are cited at the Condition of Participation level; but may be optional when cited at the standard level.

Complaint Surveys

Anyone may file allegations of provider non-compliance with regulatory requirements. The state agency is required to investigate all such allegations. When a complaint which alleges regulatory non-compliance is received, an unannounced complaint survey is conducted which focuses on the allegations of the complaint. Please refer to [Chapter 5](#) of the SOM for more specific information regarding the complaint survey process.