**Compliance Survey Referrals and Processing Guidelines**

**List of Changes**

|  |  |  |
| --- | --- | --- |
| **Change** | Pages/PPT # affected | **Date of Change** |
| LP | HO | AK | PPT |
| New item | X |  |  | X | 8/2017 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |