

Priority tier structure for survey & certification activities for Ambulatory Surgical Centers (ASCs)

Tier 1	Tier 2	Tier 3	Tier 4
<p>Representative Sample Validation Surveys -Deemed ASCs: Surveys are conducted in a sample of deemed ASC's specified by CMS (Budgeted separately and allocated as supplemental funding during the year).</p> <p>Complaint Investigations prioritized as IJ – deemed ASCs: only with CMS Location authorization; survey to be initiated within two days of CMS Location authorization.</p>	<p>Targeted Surveys (25%): The state performs surveys totaling 25% of all non-deemed ASCs in the state (or at least 1, whichever is greater) focusing on ASCs not surveyed in more than 4 years or based on state judgment for those ASCs more at risk of quality problems. Some of the targeted surveys may qualify to count toward the tier 3 priority. States with seven or fewer non-deemed ASCs must survey at least one ASC unless all non-deemed ASCs were surveyed within the prior two years.</p> <p>Complaint investigations prioritized as non- IJ high: to be initiated within 45 days (for deemed ASCs, within 45 days of CMS Location authorization).</p>	<p>6-Year Interval: Additional surveys are done to ensure that no more than six years elapse between surveys for any one particular non-deemed ASC.</p>	<p>Initial Surveys</p>

For questions, please contact: QSOG_ASC@cms.hhs.gov

Priority tier structure for survey & certification activities for Providers of Outpatient Physical Therapy (OPT) and Speech-Language Pathology (SLP) Services

Tier 1	Tier 2	Tier 3	Tier 4
<p>Complaint investigations prioritized as IJ</p> <p>OPT Representative Sample Validation Surveys: Surveys are conducted in a sample of deemed OPT's specified by CMS (budgeted separately and allocated as supplemental funding during the year). In future years we will, as funding permits, require</p>	<p>5% Targeted Surveys: Each year, the state surveys 5% of the providers in the state (or at least one, whichever is greater), based on state judgment for those providers more at risk of quality problems. Some of the targeted surveys may qualify to count toward the tier 3 and 4 priorities. States with fewer than seven</p>	<p>7-Year Interval: Additional surveys are done to ensure that no more than seven years elapse between surveys for any one particular provider.</p>	<p>6-Year Avg: Additional surveys are done (beyond tiers 2-3) such that all non-deemed providers in the state are surveyed, on average, every six years. (i.e., total surveys divided by total providers is not less than 16.7% = six years). There is a deemed status option for OPTs.</p>

validation surveys for a representative sample of deemed OPTs.	providers of this type are exempt from this requirement. Complaint investigations prioritized as non-IJ high: to be initiated within 45 days (for deemed, within 45 days of CMS Location authorization).		
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For questions, please contact: QSOG_OPT@cms.hhs.gov

Priority tier structure for survey & certification activities for Comprehensive Outpatient Rehabilitation Facilities (CORFs)

Tier 1	Tier 2	Tier 3	Tier 4
Complaint investigations prioritized as IJ	5% Targeted Surveys: Each year, the state surveys 5% of the providers in the state (or at least one, whichever is greater), based on state judgment for those providers more at risk of quality problems. Some of the targeted surveys may qualify to count toward the tier 3 and 4 priorities. States with fewer than seven providers of this type are exempt from this requirement.	7-Year Interval: Additional surveys are done to ensure that no more than seven years elapse between surveys for any one particular provider.	6-Year Avg: Additional surveys are done (beyond tiers 2 and 3) such that all non-deemed providers in the state are surveyed, on average, every six years. (i.e., total surveys divided by total providers is not less than 16.7% = six years).

For questions, please contact: QSOG_CORF@cms.hhs.gov

Priority tier structure for survey & certification activities for CMHCs

Tier 1	Tier 2	Tier 3	Tier 4
Complaint investigations triaged as IJ	5% Targeted Surveys: Each year, the state surveys 5% of the providers in the state (or at least one, whichever is greater), based on CMS Location judgment for those providers more at risk of quality problems. Some of the targeted surveys may qualify to count toward the tier 3 priorities. Targeted sample requirements do	5-Year Interval	Initial certification of CMHCs unless there is verification of access concerns.

	not apply to states with fewer than seven CMHCs.		
	Complaint Investigations: non-IJ high		

For questions, please contact: CMHC@cms.hhs.gov

Priority tier structure for survey & certification activities for End-Stage Renal Disease (ESRD) Dialysis Facilities

Tier 1	Tier 2	Tier 3	Tier 4
<p>Representative Sample Validation Surveys: Surveys are conducted in a sample of deemed ESRDs specified by CMS (Budgeted separately and allocated as supplemental funding during the year).</p> <p>Investigation of complaint allegation triaged as IJ.</p> <p>Initial surveys: States must conduct initial certification surveys within 90 days of the MAC approval of the CMS-855 unless the supplier has elected a deeming option.</p>	<p>Outcomes List: 100% of the ESRD facilities in the State on the Outcome List</p> <p>Investigations of complaint allegations triaged as High</p>	<p>3.5-Year Max Interval (42.9 months): Additional surveys are done to ensure that no more than 3.5 years elapse between surveys for any one particular ESRD facility.</p> <p>Investigations of complaint allegations triaged as Medium.</p> <p>Relocations, expansion of service(s), and/or addition of station(s) requests, as needed</p>	<p>3-Year Average: Additional surveys are done (beyond tiers 2-3) sufficient to ensure that ESRD facilities are surveyed with an average frequency of three years or less.</p>

For questions, please contact: ESRDQuestions@cms.hhs.gov

Priority tier structure for survey & certification activities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Tier 1	Tier 2	Tier 3	Tier 4
<p>Complaint investigations prioritized IJ- deemed RHCs: only with CMS Location authorization; survey to be initiated within two days of CMS Location authorization.</p>	<p>5% Targeted Surveys- RHCs: Each year, the state surveys 5% of non-deemed RHCs (or at least one, whichever is greater), based on state judgment prioritizing those RHCs most at risk of quality problems. Some of the targeted surveys may qualify to count</p>	<p>7-Year Interval: Additional surveys are done to ensure that no more than seven years elapse between surveys for any RHC.</p>	<p>6-Year Average: Additional surveys are done (beyond tiers 2-3) such that all non-deemed RHCs in the state are surveyed, on average, every six years. (i.e., total surveys divided by total RHCs is not less than 16.7%).</p>

<p>Complaint investigations prioritized as IJ- FOHCs: only with CMS Location authorization; survey to be initiated within two days of CMS Location authorization.</p> <p>Validation surveys are conducted in a sample of deemed RHCs, specified by CMS. (Budgeted separately and allocated as supplemental funding during the year).</p>	<p>toward the tiers 3 and 4 priorities. States with fewer than seven RHCs are exempt from this requirement.</p> <p>Complaint investigations prioritized as non- IJ high: to be initiated within 45 days of the prioritization (for deemed RHCs, within 45 days of CMS Location authorization).</p>		<p>Initial Surveys there is a deemed status option for RHCs.</p> <p>There is no certification or recertification requirement for FQHCs.</p>
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For questions, please contact: QSOG_RHC-FQHC@cms.hhs.gov

Priority tier structure for survey & certification activities for Home Health Agencies (HHAs)

Tier 1	Tier 2	Tier 3	Tier 4
<p>36.9-Mo. Max. Interval: No more than 36.9 months elapse between completed surveys for any particular agency.</p> <p>Complaint investigations triaged as IJ Validation Surveys: States annually survey a representative sample of deemed HHAs specified by CMS during the year. At least one deemed HHA is surveyed, unless the state has no deemed HHAs, or unless CMS makes no assignment. An extended survey is required for any validation survey, which finds one or more condition-level deficiencies. (Each state surveys one HHA within its standard budget allocation; additional surveys are budgeted for some</p>	<p>Substantial Allegation (Complaint) Investigations</p>	<p>N/A</p>	<p>24.9 Mo. Avg: Additional surveys (beyond tiers 1-3) done based on state judgment regarding HHAs most at risk of providing poor care so all HHAs are surveyed on average every 24 mos. (average of all tier 4 surveys \leq 24.9 mos. to optimize the unpredictability of surveys.</p> <p>Surveys of HHAs de-activated (by the MAC)—for failure to bill Medicare for 12 consecutive months.</p> <p>Initial surveys of HHA following a CHOW where the provider agreement and billing privileges are not automatically assigned to the new owner.</p>

states via supplemental allocation.)			
Substantial Allegation Validation (Complaint) Surveys -IJs: Only when authorized by the CMS Locations, complaint surveys are to be initiated within two days of CMS Location authorization.			

For questions, please contact: HHAsurveyprotocols@cms.hhs.gov

Priority tier structure for survey & certification activities for Hospice agencies

Tier 1	Tier 2	Tier 3	Tier 4
36-Month Max. Interval: No more than 36 months between completed surveys for any particular agency. Representative Sample validation surveys of deemed hospices: States conduct validation surveys of deemed hospices, specified by CMS (budgeted separately via supplemental allocation). Complaint investigations prioritized as IJ – deemed hospices: only with CMS Location authorization; survey to be initiated within two days of CMS Location authorization.	Complaint investigations: Non-IJ High	N/A	Initial Surveys

For questions, please contact: QSOG_Hospice@cms.hhs.gov

Priority tier structure for survey & certification activities for Hospitals, Psychiatric Hospitals, & CAHs (Deemed)

Tier 1	Tier 2	Tier 3	Tier 4
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<p>Representative Sample Hospital Validation Surveys: All states perform at least one survey and selected states perform additional surveys of the state’s deemed hospitals, designed to validate the surveys of AOs with CMS identifying the hospitals to be surveyed by each state. (funded via the state’s regular budget) (See Appendix 2)</p> <p>Targeted Second (Add’l) Representative Sample Validation Surveys: Some states conduct add’l surveys from a second sample of deemed hospitals identified by CMS (Second sample % budgeted separately and allocated as supplemental funding during the year). (See Appendix 2)</p> <p>5% CAH Representative Sample Validation Surveys: States annually survey a representative sample of deemed CAHs specified by CMS during the year (of the total deemed CAHs, 5% of those deemed CAHs have a validation survey conducted by AOs, or at least one survey in each state- whichever is greater). At least one deemed CAH is surveyed in each state, unless the state has no deemed CAHs or unless CMS makes no assignment. (Entirely</p>	<p>Substantial Allegation Validation (Complaint) Investigations that are prioritized as non-IJ high must be initiated within 45 days of CMS Location authorization</p>	<p>N/A</p>	<p>N/A</p>
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funded out of each state's regular budget) (See Appendix 1)

Substantial Allegation Validation (Complaint) Surveys: Only when authorized by the CMS Location. IJ complaints, including restraint/ seclusion death incidents, must be initiated or completed within the applicable SOM timeframe and are tier 1 priority.

EMTALA Complaint Surveys: Only when authorized by the CMS Location. All EMTALA complaints surveys authorized are prioritized as IJs or non-IJ high and are to be completed within the applicable SOM timeframe and are a tier 1 priority.

Full Surveys Pursuant to Complaints: Full surveys may be required by the CMS Location after each complaint investigation that finds condition level non-compliance for deemed hospitals and CAHs. These are a tier 1 priority.

Psychiatric Hospital Representative Sample Validation Surveys: Surveys are conducted in a sample of deemed psychiatric hospitals specified by CMS.

For questions, please contact: QSOG_Hospital@cms.hhs.gov

Tier 1	Tier 2	Tier 3	Tier 4
<p>Complaint surveys: Complaint allegations prioritized as IJs and CMS Location authorized EMTALA and restraint/ seclusion death incident surveys, initiated or completed within the applicable SOM timeframes.</p>	<p>5-Year Max. Interval: No more than five years elapse between surveys for any particular non-deemed hospital, psychiatric hospital, or CAH.</p> <p>5% Targeted Sample: States survey at least one, but not less than 5% of the non-deemed hospitals, 5% of the non-deemed psychiatric hospitals, and 5% of non-deemed CAHs in the state, selected by the state based on state judgment regarding those most at risk of providing poor care. Some targeted surveys may count toward the tier 3 and 4 priorities. Targeted sample requirements do not apply to States with fewer than seven non-deemed hospitals, psychiatric hospitals, or CAHs.</p>	<p>Recerts: 4-Year Max. Interval: No more than four years elapse between surveys for any particular non-deemed hospital or CAH.</p> <p>Recerts of Psych Hospitals: 3-year average recert surveys of non-accredited/non-deemed psychiatric hospitals only.</p> <p>New IPPS Exclusions: All new rehabilitation hospitals/units & new psychiatric units seeking exclusion from IPPS (2), as well as existing providers newly seeking such exclusion. The SA does not need to conduct an on-site survey for verification of the exclusion requirements but instead may process an attestation</p>	<p>3-Year Avg.: Additional surveys are done (beyond tiers 2 and 3), based on state judgment regarding the non-deemed hospitals and CAHs that are most at risk of providing poor care, such that all non-deemed hospitals/CAHs in the state are surveyed, on avg, every three years (i.e., total surveys divided by total non-deemed hospitals/CAHs is not more than three years; separate calculation for hospitals and CAHs). Targeted surveys may count toward the three year average.</p>

For questions, please contact: QSOG_Hospital@cms.hhs.gov

Priority tier structure for survey & certification activities for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Tier 1	Tier 2	Tier 3	Tier 4
<p>15.9 Mo. Max. Interval: No more than 15.9 months elapse between completed surveys for any particular ICF/IID.</p> <p>12.9-Mo. Avg: All ICF/IIDs in the state are surveyed, on average, once per year. The statewide average interval between consecutive standard surveys must be 12.9 months or less.</p>	<p>Complaint investigations triaged as Non-IJ high</p>	<p>Complaint investigations triaged as Non-IJ medium</p>	<p>Initial Surveys</p> <p>Complaint investigations triaged as Non-IJ low</p>

Complaint surveys triaged as IJ.			
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For questions, please contact: QSOG_ICFIID@cms.hhs.gov

Priority tier structure for survey & certification activities for Long-Term Care (LTC) facilities

Tier 1	Tier 2	Tier 3	Tier 4
<p>15.9-Month Max. Interval: No more than 15.9 months elapse between completed surveys for any particular nursing home.</p> <p>12.9-Mo. Avg: All nursing homes in the state are surveyed, on average, once per year. The statewide average interval between consecutive standard surveys must be 12.9 months or less.</p> <p>Complaint investigations triaged as IJ</p>	<p>“Off-Hours” Surveys: States are required to conduct at least 10% of the standard health surveys on the weekend or before 8:00 a.m. or after 6:00 p.m. (i.e., “off-hours). States shall conduct at least 50% of their required off-hours surveys on weekends using the list of facilities with potential staffing issues provided by CMS.</p> <p>Complaint investigations triaged as Non-IJ high</p>	<p>Initial Surveys of Nursing Homes that are seeking Medicaid-only funding—funded only by Medicaid (not Medicare) and surveyed at state priority.</p> <p>Initial Surveys of Nursing Homes seeking dual Medicare/Medicaid certification*</p> <p>Complaint investigations triaged as Non-IJ medium</p>	<p>Complaint investigations triaged as Non-IJ low</p>

**Note: Conversion of a Medicaid-only Nursing Facility (NF) to dual-certification (SNF/NF) does not require an initial Medicare certification survey provided all of the following are met: (a) the Medicaid survey has been completed within the prior six months, (b) the majority of beds in the facility will remain Medicaid-certified and (c) the procedures in SOM 7002 are followed for SNFs.*

Contact Information

For questions, please contact: DNH_TriageTeam@cms.hhs.gov

Priority tier structure for survey & certification activities for PXR

Tier 1	Tier 2	Tier 3	Tier 4
<p>Complaint investigations triaged as IJ</p>	<p>5% Targeted Surveys: Each year, the state surveys 5% of the providers in the state (or at least one, whichever is greater), based on state judgment for those providers more at risk of quality problems. Some of the targeted surveys may count toward the tier 3 and 4 priorities. States with fewer than seven providers of this</p>	<p>7-Year Interval: Additional surveys are done to ensure that no more than seven years elapse between surveys for any particular provider.</p>	<p>Initial Certification Surveys 6-Year Avg: Additional surveys are done (beyond tiers 2-3) such that all non-deemed providers in the state are surveyed, on average, every six years</p>

	type are exempt from this requirement.		
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Contact Information

For questions, please contact: CMSQSOG_PXR@cms.hhs.gov

Priority tier structure for survey & certification activities for Psychiatric Residential Treatment Facilities (PRTFs) (Medicaid Psych < 21)

Tier 1	Tier 2	Tier 3	Tier 4
Complaint investigations triaged as IJ.	Complaint investigations triaged as non-IJ. 5-Year Interval: In States with five or more PRTFs, 20% of PRTFs must be surveyed at least annually to meet the 5-year interval (Complaint investigations do not count towards 20%).	N/A	N/A

For questions, please contact: QSOG_PRTF@cms.hhs.gov

Priority tier structure for survey & certification activities for Transplant Programs

Tier 1	Tier 2	Tier 3	Tier 4
Complaint – IJ: Investigation of complaint allegations triaged as IJ.	Mandatory Re-approval Surveys: 5-year survey interval.	N/A	Initials: initial survey of programs

For questions, please contact: QSOG_TransplantTeam@cms.hhs.gov

Priority tier structure for survey & certification activities for New Provider Initial Surveys

Tier 1	Tier 2	Tier 3	Tier 4
Initial certification of the ESRD Facilities	Relocations of the parent or main location of existing non-deemed providers or suppliers. Relocations of any provider/supplier displaced during a public health emergency declared by HHS.	Initial certification of the following: <ul style="list-style-type: none"> • Transplant programs • SNF/NFs Relocations of non- deemed branches or off- site locations.	Initial certifications of all provider/ supplier types that have a deemed accreditation option (with the exception of ESRD): hospitals, home health, new home health branches, hospice, expansion of inpatient hospice for a currently certified hospice, ambulatory

		<p><i>Note:</i> Conversion of a non-deemed hospital to a CAH, or a non-deemed CAH back to a hospital is a conversion, not an initial certification and at state option may be done as tier 2, 3, or 4. However, the conversion of a deemed hospital or CAH or the addition of swing beds as a new service in an existing deemed or non-deemed hospital or CAH is a tier 4 priority.</p>	<p>surgical centers, outpatient physical therapy, and rural health clinics.</p> <p>While CAHs may also be deemed, these are conversions, not initial certifications; however, deemed CAHs are expected to be surveyed by their AOs for their conversion surveys.)</p> <p>The addition of home health branches are administrative actions thus not a deeming option. (AOs deem compliance with CoPs/CfCs, not administrative actions). Though surveys may not be involved, these actions should remain in the tier structure as they are often resource intensive.</p> <p>The addition of multiple hospice locations may warrant a survey. These surveys should be scheduled consistent with the tier structure as they are often resource intensive.</p> <p>All other newly- applying providers not listed in tier 3 are tier 4 unless approved on an exception basis by the CMS Location, due to serious healthcare access considerations or similar special circumstances.</p> <p>Relocations of deemed providers or suppliers.</p>
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Priority tier structure for survey & certification activities for Complaint Investigations

Tier 1	Tier 2	Tier 3	Tier 4
<p>Complaint Investigations triaged as a high potential for IJ or, in the case of hospitals, psychiatric hospitals, or CAH DPUs, where the CMS Location authorizes investigation of a hospital or CAH DPU restraint/ seclusion death incident.</p> <p>For all deemed non-LTC provider/ supplier types for which one or more condition-level deficiency is determined to be out of compliance pursuant to a complaint investigation, the CMS Location: May require a full survey before proceeding to enforcement.</p>	<p>Complaint Investigations triaged as non-IJ high.</p>	<p>Complaint investigations of non-deemed non-LTC facilities triaged as non-IJ medium are investigated when the next on-site survey occurs.</p> <p>Complaint investigations of LTC facilities triaged as medium.</p>	<p>Complaint investigations of LTC facilities triaged as low.</p> <p>Complaints of non- deemed non-LTC facilities triaged as non-IJ low are not investigated separately but tracked/trended for potential focus areas during the next on-site survey.</p>

For questions, please contact the appropriate program area:

QSOG_ASC@cms.hhs.gov

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QSOG_PsychiatricHospital@cms.hhs.gov

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