

SNF Regulations and Surveys: Recent Developments and Trends

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A Century Strong - Rocking the Future of Care

Post-Acute Partners in Care Conference



Agenda

- CMS/Regulatory Review
- Survey Trends



Government Funding

Government Funding

- Current funding expired September 30
- Federal appropriations bills require 60 votes to advance in the Senate –will need some level of bipartisan
- Expiring Provisions –September
 - Medicaid DSH Payments
 - Medicare Payment for Telehealth
 - Hospital at Home
 - Community Health Centers
- Expiring Provision –End of Year
 - Medicare Payment for Clinical Lab Tests

CMS Revises Guidance Survey Activities

- **QSO-26-01-ALL REVISED**
- On October 21, 2025, CMS revised guidance to State Survey Agency Directors as to which types of Survey & Certification activities would be affected and put on hold and which would continue during a Federal Government shutdown.
- **“During a lapse in appropriation, it is not legal for CMS or States (acting on CMS’ behalf) to carry out federal survey and certification activities beyond those deemed to be “excepted activities”. Excepted activities are those related to the safety of human life or protection of property. If States carry out non-excepted functions under the auspices of the State Government, they should not represent these as Federal Survey and Certification activities.”**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-26-01-ALL **REVISED**

DATE: **October 21, 2025**

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: **REVISED**: Contingency Plans – State Survey & Certification Activities in the Event of Federal Government Shutdown

Memo Revision Information:

Memo revision date: **2025-10-21**

Original release date: **2025-10-01**



One Big Beautiful Bill

Staffing Standards

- H.R. 1.
- Signed into law on July 4, 2025 prohibited **CMS from implementing, administering, or enforcing the staffing standards** through September 2034.
- Prohibits CMS from implementing the regulation before September 30, 2034, except for those portions of the rule already in effect as of the passage of OBBA.
- A **ten-year moratorium** on the Minimum Staffing Mandate has been secured for all provisions except those already in effect on July 4, 2025 — e.g. Facility Assessments.

Expansion Eligibility 6-Month Redeterminations

- Effective Date: 12/31/2026
- Medicaid Expansion adults will now have their eligibility **redetermined every six months instead of annually.**
- This **change does not affect** individuals who qualify under Aged, Blind, or Disabled categories commonly served in long term and post-acute care settings.
- Expansion Medicaid enrollees will now have their eligibility reviewed every six months.

Reductions to Retroactive Coverage

- Effective Date: 01/01/2027
- **Reduces Medicaid retroactive coverage** to one month for expansion enrollees and two months for all other beneficiaries.
- For residents typically served in long term and post-acute care, coverage is reduced from 90 to 60 days.
- Retroactive coverage for approved Medicaid LTC Medicaid applications has been reduced from 90 days to 60 days.



FY2026 Skilled Nursing PPS Final Rule

Final Rule

- On July 31, 2025, CMS issued the final rule for the FY 2026 Skilled Nursing Facility Prospective Payment System (CMS-1827-F).
- CMS proposed a 2.8% net increase in Medicare Part A SNF PPS payment rates for FY 2026. The final rule increased this to 3.2%.
- CMS finalized **34 changes to the ICD-10 code mappings** to improve accuracy and consistency in assigning primary diagnoses for skilled care.
- Continued Request for Information for Streamlining Regulations.

Final Rule

- **SNF Value-Based Purchasing (VBP)**: Simplification and redistribution
- Starting in FY 2026 and continuing into FY 2027 and FY 2028.
- CMS is expanding the program's scope by incorporating **new claims-based and assessment-based measures** such as
 - staffing levels,
 - healthcare-associated infections,
 - falls with injury,
 - discharge function scores and
 - successful community discharges.

Final Rule

- SNF Quality Reporting Program (QRP) Changes
Timeliness and data element changes
- CMS proposed and finalized the removal of four **Social Determinants of Health (SDOH)** data elements related to a patient's living situation, food security and utility access. These include
 - one item related to housing,
 - two related to food access and
 - one related to utility access.
- CMS did **not** finalize the proposed reduction of the data correction window from 4.5 months to 45 days. That provision remains under consideration.



Staffing Mandate Rule

Staffing Mandate

- CMS staffing rule vacated – Eighth and Fifth Circuit dismissals finalized October 3 2025.
- Enforcement paused nationwide; CMS to revisit thresholds
- U.S. District Court for the Northern District of Texas, issued an order April 7, 2025
 - vacating the 24/7 onsite registered nurse requirement and the hours per resident day requirements, **finding that these regulations are not consistent with federal statutes governing nursing homes.**
- U.S. District Court for the Northern District of Iowa, rules against the government in a June 18, 2025 opinion and order that CMS did not have the authority to create and enforce those specific staffing requirements.
- September 18, 2025: Department of Justice filed a motion to voluntarily dismiss its appeal in each of the Circuit courts.

Staffing Mandate

- On August 22, 2025 the Office of Management and Budget received an interim final rule titled “**Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities.**”
- Contents of this rule are unknown.
- CMS intends to repeal the rule finalized in May 2024?

Pending EO 12866 Regulatory Review

RIN: [0938-AV25](#)

Title: Medicare and Medicaid Programs; Repeal of Minimum Staffing Standards for Long-Term Care Facilities

Agency/Subagency: HHS / CMS

Legal Deadline: Statutory

International Impacts: No

Pandemic Response: No

Received Date: 08/22/2025

Stage: Interim Final Rule

Economically Significant: Yes

Affordable Care Act [Pub. L. 111-148 & 111-152]: No

Dodd-Frank Wall Street Reform and Consumer Protection Act, [Pub. L. 111-203]:
No



CMS Makes Updates to Nursing Home Care Compare and Five Star

Nursing Home Care Compare and Five Star

- The CMS released **QSO-25-20-NH** on June 18, 2025, to describe updates coming to Nursing Home Care Compare.
- Several changes to how items are displayed on the website related to
 - performance data for nursing home chains,
 - standard survey cycles for the inspection rating,
 - updated long-stay antipsychotic measures, and
 - removal of the COVID-19 vaccine measures.

Nursing Home Care Compare and Five Star

- Post Performance Data for Nursing Home Chains
- Beginning **July 30, 2025**, CMS will publish performance information, including the following:
 - average overall 5-star ratings,
 - health inspection ratings,
 - staffing, and
 - quality measure ratings for each chain.
- The information will be displayed on Nursing Home Care Compare.

Nursing Home Care Compare and Five Star

- Drop **Third Cycle Standard Surveys** from the Nursing Home Care Compare Health Inspection Rating
- Beginning July 2025, CMS will no longer use the **three** most recent standard surveys and will only use the **two** most recent standard surveys for the health inspection rating calculation.
- CMS will continue to use a three-year lookback period for complaint and infection control inspections to calculate the health inspection rating.

Updates to Health Inspection Rating Calculation Methodology

Standard Survey Cycles Used	Complaint and Infection Control Surveys Used	Weights
Cycles 1 and 2	Three years for all states	75% for Cycle 1 and Complaint and Infection Control Surveys in the past 12 months, 25% for Cycle 2, and all other counted Complaint and Infection Control Surveys

Nursing Home Care Compare and Five Star

Center for Clinical Standards and Quality/ **QUALITY & SAFETY SPECIAL ALERT MEMO**

Ref: QSSAM-25-03-NH

DATE: August 15, 2025

TO: Nursing Home Providers

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Temporary Pause in Nursing Home Care Compare Updates

SPECIAL ALERT-ALL

Memorandum Summary

- CMS recently transitioned to a cloud-based Internet Quality Improvement and Evaluation System (iQIES) for nursing home survey and certification data. To ensure accuracy of publicly reported information during this transition, Nursing Home Care Compare updates will be temporarily paused as of July 30, 2025. Updates will resume in October 2025. This temporary pause allows CMS to ensure the accuracy and reliability of publicly reported nursing home quality information.

CMS New Surveyor Guidance – April 2025

New CMS Surveyor Guidance Delays

- A CMS memo dated March 10, 2025, delayed the implementation of the updates Appendix PP guidance until **April 28, 2025**. It gave nursing homes and surveyors more time to prepare for implementation of new rules and updates to allow surveyors to add extra attention and increase oversight in nursing homes.
- **QSO-25-14-NH**

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Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: **QSO-25-14-NH**

DATE: March 10, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: **REVISED:** Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process

Memo Revision Information:

Revisions to: QSO-25-12-NH

Original release date: January 16, 2025

New CMS Surveyor Guidance Delays

- The New Surveyor Guidance Memo revised the following areas of nursing home operations and care:
 - Admission;
 - Transfer and Discharge;
 - Chemical Restraints/Unnecessary Psychotropic Medication;
 - Resident Assessment;
 - Nursing Services;
 - Payroll-Based Journal;
 - Quality of Life and Quality of Care;
 - Administration;
 - Medical Directors;
 - Quality Assurance Performance Improvement; and
 - Infection Prevention and Control.



Updates to Chapters 5 and 7 of State Operations Manual

Updates to Chapters 5 and 7 of State Operations Manual

- Analysis: Updates to Chapters 5 and 7 of State Operations Manual. As previously reported, the Centers for Medicare and Medicaid Services (CMS) released updates to the State Operations Manual at the end of January. These updates, made to Chapter 5 Complaint Procedures and Chapter 7 Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities, do not include any new policies but rather reflect existing policies that previously were not included in the State Operations Manual.

Updates to Chapters 5 and 7 of SOM

- Chapter 5 – Complaint Procedures
- Intake Prioritization. CMS updated information on prioritizing complaint intakes specifically related to Immediate Jeopardy prioritization. Consistent with recent years' increased focus on safe discharges, CMS added the following to the examples of intakes prioritized as immediate jeopardy:
 - For nursing homes, all intakes where a resident was discharged to an unsafe setting, or in a manner that places the resident at risk for serious harm (e.g. the resident still has medical needs but they cannot be supported in the setting they were discharged to).

Updates to Chapters 5 and 7 of SOM

- Chapter 5 – Off-site Investigations. CMS clarifies that offsite investigations of complaints are rare and must be approved in advance by CMS. Offsite reviews would generally only be approved in circumstances of documentation-only complaints, such as those related to arbitration agreements, third party guarantee of payment, or prohibition on charges for services covered under Medicaid. In these cases, CMS may approve off-site review of documentation to determine compliance, cite noncompliance, and require corrections. With any approved off-site investigation, the state agency may confirm the findings of the offsite investigation during the next on-site survey.

Updates to Chapters 5 and 7 of SOM

- Chapter 7 – Nurse Staffing Waivers. Chapter 7 now includes an extensive section explaining available waivers for nurse staffing. The section outlines the waivers available, criteria for eligibility, and the process for applying for and granting waivers. Waivers of registered nurse requirements and licensed nurse requirements are dependent upon the type of facility (skilled nursing facility, nursing facility, or dually-certified SNF/NF) and related eligibility criteria are outlined for each. Waivers for Life Safety Code requirements are also outlined.

Updates to Chapters 5 and 7 of SOM

- Chapter 7 – Survey Team Composition.
- CMS clarifies that surveyors must complete a training and testing program to survey independently.
 - Surveyors that have not completed the Surveyor Minimum Qualifications Test (SMQT) may participate in surveys and complete survey tasks for which they have successfully demonstrated understanding but must be supervised by a qualified SMQT surveyor. Initial and recertification (standard) surveys must be conducted by a multidisciplinary team that includes at least one registered nurse; however, complaint investigations and on-site revisits allow the use of specialized investigative teams that include professionals appropriate to the allegation or concern and may not include a registered nurse.

Updates to Chapters 5 and 7 of SOM

- Chapter 7 – Use of Photography During Survey. Chapter 7 contains a new section on the basic principles of using photography during a survey. Use of photography is not required, but is permitted, and state agencies must develop guidance and train staff on proper use. CMS states that photography may be used to supplement written documentation but cannot stand alone and should not be included as part of the CMS-2567 Statement of Deficiencies.

Updates to Chapters 5 and 7 of SOM

- Chapter 7 – **Confidentiality of Survey Materials and Communication During Survey.** CMS states that surveyor notes and documentation collected during the process are not required to be disclosed to the nursing home at the time of survey, as they are considered pre-decisional information. CMS states that while the survey team should maintain open dialogue with the nursing home throughout the process, they are not required to share observations daily or conduct daily exit conferences. CMS further instructs surveyors to consider if a negative observation needs to be monitored over time to establish a trend, in which case it would be prudent to wait until a trend has been established before communicating with the nursing home.

Updates to Chapters 5 and 7 of SOM

- **Chapter 7 – Exit Conference.** CMS outlines guidance for conducting the exit conference, including conduct of the survey team. CMS notes that the exit conference is “a courtesy to the facility” to discuss preliminary findings and surveyors must indicate that all findings are subject to supervisory review by the State and/or CMS Location. For this reason, scope and severity should not be discussed other than Immediate Jeopardy. However, surveyors should provide enough information and detail to allow the nursing home to develop an appropriate plan of correction.

Updates to Chapters 5 and 7 of SOM

- Chapter 7 – **Immediate Jeopardy**. CMS imported into Chapter 7 several sections that were previously updated in Appendix Q of the State Operations Manual. This includes identification of Immediate Jeopardy, removal of Immediate Jeopardy, and lowering severity when Immediate Jeopardy is removed. CMS instructs surveyors that when Immediate Jeopardy is removed, the level of severity of any remaining noncompliance must be determined. In some cases, this will mean that remaining noncompliance is lowered to severity Level 2 (no actual harm with potential for more than minimal harm that is not immediate jeopardy).

Updates to Chapters 5 and 7 of SOM


- Chapter 7 – **Revisits.** CMS instructs that in cases requiring a revisit, the purpose is to re-evaluate the specific findings of noncompliance cited during the original survey. For this reason, the scope of revisit will be dictated by the nature of noncompliance, and not all survey tasks will be repeated. For example, a revisit that is unrelated to drug distribution would not require another observation of med pass. However, CMS instructs surveyors to always conduct the QAPI/QAA review and notes that the survey team is not prohibited from gathering information related to any requirement during a post-survey revisit.

Updates to Chapters 5 and 7 of SOM

- **Chapter 7 – Survey Timing and Off-Hours Surveys.** CMS states in Chapter 7 that survey teams are expected to remain in the nursing home after entrance for a minimum of five consecutive hours and that surveys should be conducted on consecutive days. For example, if a survey team enters on a Friday, the survey team should continue the survey through the weekend rather than not returning to the nursing home until the following Monday.

Updates to Chapters 5 and 7 of SOM

- **Chapter 7 – Civil Money Penalties and Determining Substantial Compliance.**
- Chapter 7 incorporates the latest policy changes to enforcement of civil money penalties (CMPs) finalized in the Fiscal Year 2025 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) rule. This rule expanded enforcement authority to allow both per day and per instance CMPs to be enforced for the same survey, multiple CMPs to be enforced for the same type of noncompliance, and for CMPs to be enforced back through the last three standard survey cycles.
- CMS clarifies that dates of substantial compliance, at which point per day CMPs conclude, may not always be the date specified in the plan of correction, but also are not necessarily the date of revisit. Dates of substantial compliance should be based on credible evidence provided by the nursing home and CMS provides more than thirty-five examples of acceptable credible evidence.



New CMS Surveyor Guidance CMS Updates and Expands Surveyor Guidance for Transfers and Discharges

Transfer and Discharge

- CMS has streamlined the existing framework by **eliminating**:
 - F-Tag 622 Transfer and Discharge Requirements
 - F-Tag 623 Notice Requirements Before Transfer/Discharge
 - F-Tag 624 Preparation for Safe/Orderly Transfer/Discharge
 - F-Tag 625 Notice of Bed Hold Policy Before/Upon Transfer
 - F-Tag 626 Permitting Residents to Return to Facility
 - F-Tag 660 Discharge Planning Process
 - F-Tag 661 Discharge Summary
- These have been replaced with **two new F-Tags**:
 - F-Tag 627 – Inappropriate Transfers and Discharges
 - F-Tag 628 – Transfer and Discharge Process

Transfer and Discharge

- **F-Tag 627** replaces F-Tags 622 through 626, creating a **single standard to address improper discharges**.
- It mandates that facilities implement policies to ensure residents can return following hospitalization or therapeutic leave unless there is a documented medical or safety justification.
- The New Surveyor Guidance Memo instructs surveyors to use guidance for F-Tag 627 to **determine if noncompliance exists when evidence suggests a facility should not have transferred or discharged a resident at the time of discharge, or at all.**

Transfer and Discharge

- **F-Tag 628** details the procedural requirements for all resident transfers and discharges.
- The intent of this tag is to **ensure the facility adheres to all of the applicable components of the process for transferring or discharging a resident** which include
 - documentation and information conveyed to the receiving provider,
 - the notice of transfer or discharge,
 - notice of bed-hold policy and
 - completing the discharge summary.



New CMS Surveyor Guidance Calls for Admission Agreement Reviews

Admission Agreements

- On November 18, 2024, the Quality, Safety & Oversight Group at CMS issued a memorandum entitled - REVISED: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process.
 - consolidates existing F-Tags,
 - enhances surveyor oversight and
 - **details when a responsible person can be held personally liable if the responsible person fails to perform the promised actions and obligations in the admission agreement.**

F-Tag

- F-Tag 620 – Admission Agreements and Liability for Responsible Parties
- If an individual does not actually have legal access to the resident's funds, the nursing home may not request or require the individual to pay the nursing home.
 - Language that specifically requests a third party to personally guarantee payment to a nursing home is noncompliant.
 - Language can be noncompliant even if it does not specifically reference a “guarantee” by a third party.
 - Language contained in an agreement that seeks to hold a third party personally responsible for paying the nursing home would violate this requirement.

F-Tag

- Examples of noncompliant admission agreement language:
- Language that holds both (1) the resident and (2) the representative or other individual jointly responsible for any sums due to the nursing home (however, language that holds the resident solely responsible without joining the representative is allowable).
- Language that holds the representative or other third-party individual personally liable for breach of an obligation in the agreement, such as (1) failing to apply for Medicaid in a timely and complete manner; or (2) allowing someone other than a signatory to the agreement to spend the resident's resources that would be used to pay the nursing home.

CMS 2567s

2567

- Updating the timeline for the public release of Form CMS-2567: Statement of Deficiencies and Plan of Correction.
- Form CMS-2567 is used by CMS to document deficiencies identified during state inspections or surveys of health care facilities.
- In **QSO-25-19-All**, CMS announced that Form CMS-2567 will be publicly releasable within 14 days after receipt by the provider, supplier or lab, which means it can be immediately released upon receipt by the provider/supplier.

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Center for Clinical Standards and Quality

Ref: QSO-25-19-All

DATE: June 18, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Release of CMS-2567: Statement of Deficiencies and Plan of Correction



OIG Reports

OIG Reports – Antipsychotics

- OIG released a two-part series of reports on March 19 investigating antipsychotic usage in nursing homes. The first report focused on antipsychotic prescribing and the second report focused on providers' assignment of schizophrenia diagnoses to justify the use of antipsychotic medications. The reports evaluated 40 nursing home inspections and resulted in recommendations from OIG that CMS increase oversight on nursing home practices involving antipsychotics.

OIG Reports – Antipsychotics

- Recommendations from OIG that CMS increase oversight on nursing home practices involving antipsychotics:
 - ensuring greater involvement from medical directors and pharmacists, and
 - take steps to further reduce inappropriate prescribing and diagnosing practices.
- These recommendations are consistent with actions taken by CMS such as schizophrenia audits and increased scrutiny on the role and responsibilities of the medical director related to antipsychotic usage.

OIG Reports – Background Checks

- Alabama did not always verify selected nursing homes' compliance with background check requirements – Released August 14, 2025.
- Examined whether Alabama ensured that selected nursing homes complied with Federal and State requirements that prohibit the employment of individuals with disqualifying backgrounds.
- Alabama did not ensure, for the audit period of January 1, 2022, to April 8, 2024, that some of the nursing homes complied with Federal and State requirements that prohibit the employment of individuals with disqualifying background checks.

OIG Report - Emergency Preparedness

- Released March 14, 2025.
- Nursing home failures, such as resident deaths during Hurricane Ida, demonstrate continued challenges in nursing home emergency preparedness. These failures raise questions about how effective the survey process is in overseeing nursing home emergency preparedness.
- A quarter of State survey agencies reported that surveyors typically lack emergency preparedness expertise when hired, and building and retaining this expertise is challenging.

OIG Reports – Special Focus Facility

- The SFF program is not working because most nursing homes that graduate from the program do not keep the improvements they made over the long term.
- Between 2013 and 2022, nearly two-thirds of the nursing homes that were in the SFF program improved enough to graduate but soon afterward showed the type of quality problems that put them in the SFF program in the first place.
- For nursing homes in the SFF program that violate Federal requirements, the SFF program relies too heavily on financial penalties that do not require changes in nursing home operations.

OIG Reports – Special Focus Facility

- OIG findings point to ways in which CMS could make the SFF program more effective:
- Staffing: CMS minimally includes staffing in the SFF program, but nursing homes that graduate from the SFF program and sustain improvements maintain higher staffing levels than those that do not sustain improvements.
- Ownership: CMS does not consider ownership at all in the SFF program. However, a handful of owners stand out as owning many low-quality nursing homes, which points to poor management practices. Also, State agencies told us that owners play an important role in whether nursing homes improve quality.
- States' quality improvement efforts: Some States build on the SFF program requirements with their own initiatives to support improvements in nursing homes. CMS can learn from these efforts to increase the effectiveness of the SFF program.

OIG Reports – Underreported Falls

- September 2025
- Nursing Homes Failed To Report 43 Percent of Falls With Major Injury and Hospitalization Among Their Medicare-Enrolled Residents.
- For-profit and chain nursing homes as well as larger nursing homes failed to report falls most often.
- Fall reporting varied widely by state and was worse among nonrural nursing homes.
- Nursing homes failed to report falls more often for
 - younger residents,
 - male residents,
 - short-stay residents, and
 - residents with only Medicare coverage.

OIG Reports – Underreported Falls

- Nursing homes' failure to report falls on MDS assessments leads to inaccurate fall rates on Care Compare.
- Nursing homes with the lowest fall rates on Care Compare were the least likely to report the falls we examined. This suggests that low fall rates for nursing homes on Care Compare are likely driven by nursing homes' failure to report falls, rather than an actual low incidence of falls.
- As a result, Care Compare does not provide the public with accurate information about how often nursing home residents fell.

OIG Work Plan

- **Monitoring Nursing Homes' Engagement of Medical Directors**
 - the extent to which medical directors performed required duties in nursing homes,
 - the extent to which PBJ data on medical director hours are accurate and useful for oversight, and
 - opportunities to improve oversight and transparency of nursing homes' engagement and funding of medical directors through existing data or other monitoring mechanisms.
 - Expected in Fiscal Year 2026



Ownership Off-Cycle Revalidations

Ownership

PO BOX 100305 | COLUMBIA, SC 29202 | PALMETTOGBA.COM/JJA | ISO 9001

A/B MAC JURISDICTION J
Alabama, Georgia and Tennessee

REVALIDATION

October 08, 2024

[REDACTED]

Palmetto GBA Reval Number: [REDACTED]

Dear [REDACTED],

Per CMS' authority under 42 CFR § 424.515(d) to perform off-cycle revalidations, you are required to revalidate your Medicare enrollment record. You need to update or confirm all the information in your record. This includes completing Attachment 1 of the Form CMS-855A Medicare Enrollment Application regarding Skilled Nursing Facility disclosures.

We need this from you by **January 6, 2025**. If we don't receive your response by then, we may stop your Medicare billing privileges. This will cause a gap in your reimbursement.

What record needs revalidating by January 6, 2025

[REDACTED] | NPI [REDACTED] | PTAN [REDACTED]



PALMETTO GBA.
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Ownership

- CMS will revalidate enrolled skilled nursing facilities to collect data on ownership, managerial, and related party information.
- Your Medicare Administrative Contractor will send you a revalidation notice:
 - One-third of SNFs notices - October 2024
 - Two-thirds will get notices - November or December 2024
- You must report this data on the revised Medicare Provider Enrollment Application Form (CMS-855A).
- Additional Disclosable Parties.

Extra Time?

- On December 11, 2025, CMS extended the due date indefinitely to complete and submit the new Form CMS-855A Skilled Nursing Facility (“SNF”) Disclosures Attachment for every SNF.
- In its Medicare Learning Network, 2025-12-11-MLNC, CMS formally announced that enrolled SNFs should continue collecting data on ownership, managerial, and related party information and submit their revalidation. However, there is no submission deadline until further notice. Guidance for SNF Attachment on Form CMS-855A, updated December 9, 2025 (“Guidance”), confirms that SNFs that have not submitted their revalidation applications can still do so.



Regulatory Burden

Request for Information

- **Executive Order 14192**
- “The ever-expanding morass of **complicated Federal regulation imposes massive costs** on the lives of millions of Americans, creates a substantial restraint on our economic growth and ability to build and innovate, and hampers our global competitiveness.”
- **...for each new regulation issued, at least 10 prior regulations be identified for elimination.** This practice is to ensure that the cost of planned regulations is responsibly managed and controlled through a rigorous regulatory budgeting process.

Unleashing Prosperity Through Deregulation

A Presidential Document by the Executive Office of the President on 02/06/2025



OIG Compliance Guidance Published

CMS Crushing Fraud Chili Cook-Off 2025

- CMS announced its “Crushing Fraud Chili Cook-Off Competition” – an effort aimed at utilizing machine learning models to detect anomalies in Medicare claims data. Finalists will receive access to Medicare Fee-for-Service (FFS) Hospice, Part B, and Durable Medical Equipment (DME) claims. CMS will accept submissions through September 19 and will publicly announce the winner the week of December 15, 2025.

Crushing Fraud, Waste, & Abuse

CMS is crushing fraud, waste, and abuse to protect Americans.





U.S. Department of Health and Human Services
Office of Inspector General

General Compliance Program Guidance

November 2023



U.S. Department of Health and Human Services
Office of Inspector General

NURSING FACILITY

Industry Segment-Specific Compliance Program Guidance

November 2024

/general-
/

Old CPGs

New GCPG & ICPGs

Published in Federal Register

Published on our website

<https://oig.hhs.gov/compliance/compliance-guidance/>

Covered both general compliance considerations and tailored risk areas specific to industry sectors

GCPG – consolidated, generally applicable compliance considerations and legal overview
ICPGs – focused fraud and abuse risk areas specific to industry sectors and entities involved in health care

Standalone documents

Hub (GCPG) and spoke (ICPGs) approach

Remain good guidance as applicable
No additional FR supplements will be issued

Greater flexibility to update on our website

- GCPG updated as needed
- ICPGs updated more frequently as new risk areas emerge

Sought comments through FR process

Seek feedback and suggestions for new risk areas on an ongoing basis at compliance@oig.hhs.gov

Available as archived material on OIG website

Current information on OIG website

Nursing Facility ICPG Table of Contents

- I. Compliance Areas and Recommendations for Mitigation
 1. Quality of Care and Quality of Life
 2. Medicare and Medicaid Billing Requirements
 3. Anti Kickback
 4. Other Areas
- II. Other Compliance, quality and Resident Safety Concerns
- III. Conclusion

CMS Regulations and OIG Guidance

- Under CMS requirements of participation for nursing facilities in the Medicare and Medicaid programs (ROPs), operating organizations for nursing facilities are required to operate a compliance and ethics program that effectively prevents and detects criminal, civil, and administrative violations and promotes quality of care (the Compliance Program ROPs).
- Certain required elements of the Compliance Program ROPs are similar to the voluntary seven elements of a compliance program described by OIG in the GCPG.
- The Nursing Facility ICPG and the GCPG (which provide **voluntary**, nonbinding guidance) are intended to complement the Compliance Program ROPs (which are **mandatory** for nursing facilities to participate in the Medicare and Medicaid programs).



Survey & Enforcement Procedures

- **Hospice** survey process
- **Surveyors Called to Identify Quality of Care Concerns and Potential Fraud Referrals**

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Center for Clinical Standards and Quality

Ref: QSO-25-06-Hospice

DATE: November 13, 2024

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Ensuring Consistency in the Hospice Survey Process to Identify Quality of Care Concerns and Potential Fraud Referrals

Memorandum Summary

While the primary purpose of CMS' health and safety surveys is to determine compliance with the Medicare Hospice CoPs, there are several elements of the survey process that can uncover concerns that may necessitate a referral to CMS for potential fraud.

It is important that all elements of the survey process, and especially those listed below, be consistently performed to safeguard hospice patients and ensure the integrity of Medicare funding for hospice care.

SURVEY TRENDS



Top 5 Survey Tags (Nationally)

Active Providers=14799

1. F-880 – Infection Prevention & Control (41.2%) _____ 6889 citations
2. F-689 – Free of Accident Hazards/Supervision/Devices (32.4%) _____ 6159 citations
3. F-812 – Food Procurement, Store/Prepare/Serve Sanitary _____ 4990 citations
4. F-684 – Quality of Care _____ 4760 citations
5. F-656 – Develop/Implement Comprehensive Care Plan _____ 3801 citations
6. F-761- Label/Store Drugs and Biologicals _____ 3608 citations
7. F-600 – Free from Abuse and Neglect _____ 2912 citations

Top 5 Survey Tags (South Dakota) South Dakota Active Providers=97

1.	F-689 – Free of Accident Hazards/Supervision/Devices (49.5%)	63 citations
2.	F-880 – Infection Prevention & Control (44.3%)	48 citations
3.	F-812 – Food Procurement, Store/Prepare/Serve Sanitary	42 citations
4.	F-658 – Services Provided Meet Professional Standards	32 citations
5.	F-600 – Free from Abuse and Neglect	23 citations
6.	F-657 – Care Plan Timing and Revision	22 citations
7.	F-684 – Quality of Care	21 citations
8.	F-609 – Reporting of Alleged Violations	19 citations
9.	F-761 – Label / Store Drugs and Biologicals	17 citations
10.	F-686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer	17 citations

Top 5 Survey Tags (Nationally) – Scope & Severity

Nursing Home Scope & Severity Grid		SCOPE		
SEVERITY		Isolated	Pattern	Widespread
4	Immediate jeopardy to resident health or safety	J	K	L
3	Actual harm that is not immediate jeopardy	G	H	I
2	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
1	No actual harm with potential for minimal negative impact	A	B	C

F-880
**Infection Prevention
& Control**

IJ: ~1%

Top 5 Survey Tags (Nationally) – Scope & Severity

Nursing Home Scope & Severity Grid		SCOPE		
SEVERITY		Isolated	Pattern	Widespread
4	Immediate jeopardy to resident health or safety	J	K	L
3	Actual harm that is not immediate jeopardy	G	H	I
2	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
1	No actual harm with potential for minimal negative impact	A	B	C

F-689
**Free of Accident Hazards/
 Supervision/Devices**

IJ: ~13%

Top 5 Survey Tags (Nationally) – Scope & Severity

Nursing Home Scope & Severity Grid		SCOPE		
SEVERITY		Isolated	Pattern	Widespread
4	Immediate jeopardy to resident health or safety	J	K	L
3	Actual harm that is not immediate jeopardy	G	H	I
2	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
1	No actual harm with potential for minimal negative impact	A	B	C

F-684
Quality of Care

IJ: ~5%

CMS Risk-Based Survey Approach

- CMS is continuing to pilot a risk-based survey approach in which consistently higher-quality facilities undergo a more focused standard survey (not applicable to complaint surveys).
- Goal is to “[improve] efficiency and resource utilization compared to the traditional standard recertification survey, while still ensuring compliance with health and safety standards.”
- Eligibility based on: (1) history of fewer citations for noncompliance; (2) higher staffing; (3) fewer hospitalizations; and (4) other characteristics (e.g., no citations related to resident harm or abuse, no pending investigations for residents at immediate jeopardy for serious harm, compliance with staffing and data submission requirements)
- “Following completion of the testing phase, CMS will present the next phase.”

Nursing Home Care Compare – Health Inspection Rating Calculation

- Beginning in July 2025, CMS will only factor the facility's two (2) most recent standard surveys into the Nursing Home Care Compare health inspection rating calculation.
- CMS acknowledged that this change is a result of there being health inspections in the third cycle that are over forty-five (45) months old that are still being used to calculate facilities' health inspection ratings.
- The goal is to “ensure the Nursing Home Care Compare health inspection rating more accurately reflects current performance in nursing homes.”
- About 20% of nursing homes will experience a “meaningful change” to their current health inspection ratings (positive or negative).

Focused Infection Control Surveys

- As of July 30, 2025, Focused Infection Control surveys are no longer part of the standard survey process.
- These surveys were implemented during the COVID-19 Public Health Emergency, which expired in May 2023.
- After the PHE, Focused Infection Control surveys continued on a smaller/less frequent scale.
- Now, any COVID-19 or specific infection control concerns will be addressed as a complaint survey.

New Acute Respiratory Illness Reporting Requirements

- The SNF requirements for reporting COVID-19-related data expired on December 31, 2024 (except for reporting COVID-19 resident and staff vaccination rates).
- On November 1, 2024, CMS released the 2025 Home Health Prospective Payment System Rate Update, which created new NHSN reporting requirements for SNFs.
- As of January 1, 2025, “LTC facilities are required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV) in a standardized format and frequency **specified by the Secretary.**”
- “CMS expects LTC facilities to comply with all facility requirements. **These requirements will be incorporated into the survey process once guidance to LTC facility surveyors is released.**”
- As of February 2025, no guidance has been released.

Thank You.



- Questions
- Hall Render's Post-Acute Care Insights, Articles, and News:
- <http://www.hallrender.com/category/long-term-care-home-health-hospice/>

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