



Center for Clinical Standards and Quality/ Quality, Safety & Oversight Group

Admin Info: Admin-26-05-ALL

DATE: Month 27, 2026

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG)

SUBJECT: Issuance of Clinical Laboratory Improvement Amendments of 1988 (CLIA) State Agency Performance Review (SAPR) - Calendar Year (CY) 2026

Memorandum Summary

- **SAPR** -The Centers for Medicare & Medicaid Services (CMS) is releasing the CY 2026 guidance for the SAPR.
- **SAPR Criteria** – The criteria remain the same as CY 2025, with modifications to criterion (CR) as outlined below.
 - **CR #1:** The monthly CLIA All-State call is considered mandatory online training. All SA surveyors who are eligible must successfully complete the CLIA Surveyor Skills Review Assessment and the CLIA Foundational Refresher Training located on QSEP, within the calendar year.
 - **CR #2:** All Form CMS-116 and any supporting documentation, including test lists and laboratory director credentials, must be uploaded in the CMS-116 database, within 30 days of data entry.
 - **CR #4:** The surveyor who performed the survey must be included in the Allegation of Compliance (AOC) and/or Plan of Correction (POC) review process for their survey. CMS will complete at least one “POD Review Tool” for each surveyor on the survey team.
 - **CR #7:** The SA must submit all required SAPR documents to CMS within 30 days of the end of the CY quarter.
 - **CR #8:** Performance Indicator (PI) 1 and PI 2 have been combined. PI 4: Submission of CMS Form 105, and PI 5: Submission of Workload reports are no longer required.
- **SAPR timelines-** Quarterly SAPR reviews and follow-up actions taken by the State Agency (SA) are due to CMS within 30 days of the end of the applicable quarter, with the exception of Criteria 8, Budget. Quarterly Budget submissions are due within 45 days of the end of the applicable quarter. Annual summary reports will be released by March 2027. The SA must respond to CMS with a Corrective Action Report (CAP), if requested, within 30 days of receipt of the summary report.

Background:

Under Section 1864 of the Social Security Act, State Agencies perform CLIA survey and certification functions on behalf of CMS, with CMS maintaining program oversight. As part of this oversight, CMS annually evaluates each SA's performance. When performance does not meet established thresholds, CMS requires submission of a corrective action plan. This memorandum notifies State Agencies of the CY 2026 review criteria and protocol.

Discussion:

CY 2026 Criteria:

The objectives of the SAPR are to document CLIA program oversight of SA performance and to support and facilitate SA performance improvement, as needed. To ensure an effective and comprehensive evaluation, the CY 2026 SAPR criteria include:

- **CR #1:** Personnel Qualifications, Training, and Competency
- **CR #2:** Data Management
- **CR #3:** Proficiency Testing (PT) Desk Review
- **CR #4:** Principles of Documentation (POD), Plan of Correction (POC), Allegation of Compliance (AOC)
- **CR #5:** Survey Workload and Outcome-Oriented Survey Process (OOSP).
- **CR #6:** Complaints
- **CR #7:** Quality Assessment (QA)
- **CR #8:** Budget

See Attachment #1 for details on each criterion, associated performance indicators, and the reports the SA is required to submit to CMS as quarterly evidence of SA review.

The CY2026 criteria are the same as the CY2025 criteria with the following modifications:

- **CR #1:** The monthly CLIA All-State call is considered mandatory online training. All SA surveyors who are eligible must successfully complete the CLIA Surveyor Skills Review Assessment and the CLIA Foundational Refresher Training located on QSEP, within the calendar year.
- **CR #2:** All Form CMS-116 and any supporting documentation, including test lists and laboratory director credentials, must be uploaded in the CMS116 database, within 30 days of data entry.
- **CR #4:** The surveyor who performed the survey must be included in the AOC and/or POC review process for their survey. CMS will complete at least one "POD Review Tool" for each surveyor on the survey team.
- **CR #7:** The SA must submit all required SAPR documents to CMS within 30 days of the end of the CY quarter.
- **CR #8:** Performance Indicator (PI) 1 and PI 2 have been combined. PI 4: Submission of CMS Form 105, and PI 5: Submission of Workload reports are no longer required.

2026 Timelines

All quarterly SAPR reviews and follow-up actions taken by the SA are due to CMS within 30 days of the end of the applicable quarter, with the exception of Criteria 8, Budget. Quarterly Budget submissions are due within 45 days of the end of the applicable quarter. The quarters

are:

- January 1, 2026 through March 31, 2026
- April 1, 2026 through June 30, 2026
- July 1, 2026 through September 30, 2026
- October 1, 2026 through December 31, 2026

CMS will complete SA quarterly performance assessments and post them on the SAPR Dashboard approximately 45 days after the end of each applicable quarter. CMS may expand the review to include additional areas of CLIA SA responsibilities that may warrant further evaluation or monitoring. CMS will provide an annual summary report and, if required, request a CAP from the SA. The SA must respond to CMS with a CAP within 30 days of receipt of the summary report. Annual summary reports will be released by March 2027.

See Attachment #2 for an example of the cover letter and annual summary report.

Contact:

For questions or concerns relating to this memorandum, please contact DCLIQStateAOOversight@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

David R. Wright
Director, Quality, Safety & Oversight Group

Attachments:

Attachment #1: CY 2026 SAPR Worksheets

Attachment #2: CY 2026 Final SAPR Summary Report Template

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov page](#) and entering your email to sign up. Check the box next to "CCSQ Policy, Administrative, and Safety Special Alert Memorandums" to be notified when we release a memo.

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