



Center for Clinical Standards and Quality

Admin Info: 26-06-NH

DATE: May 15, 2026

TO: State Survey Agency Directors

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

SUBJECT: Guidance for Federal Monitoring Surveys (FMS)

Memorandum Summary

- **Guidance on Conducting Federal Monitoring Surveys (FMS) – FY2026**
Guidance on how CMS Location staff will conduct Long-Term Care (LTC) Health and Emergency Preparedness (EP)/ Life Safety Code (LSC) FMS.
- **EP/LSC and Health FMS Mandates --** Communicates FY2026 mandates of statutorily required FMS.
- **State Reports –** Provides the process for the State Survey Agency (SA) to submit a reconsideration request for tags cited on an EP/LSC or Health Comparative FMS and extends the timeframe for final production of the State Report to allow for CMS and SA discussion.

Background:

Long Term Care (LTC) Federal Monitoring Surveys (FMS) -- referred to in the statute as “validation surveys” -- must be performed by each CMS Location during each fiscal year (FY) to meet the statutory requirement of Section 1819(g)(3)(B) of the Social Security Act, which requires FMS of “...at least 5 percent of the number of skilled nursing facilities surveyed by the State in the year, but in no case less than 5 skilled nursing facilities in the State” including Puerto Rico and Washington, D.C.. Section 1919(g)(3)(B) of the Act requires similar performance of validation surveys for nursing facilities. LTC FMS include health, emergency preparedness (EP), and Life Safety Code (LSC).

For FY 2026, CMS is adjusting the basis for calculating the required number of LTC FMS for Health and EP/LSC by approximately 10 percent in recognition of the Federal government shutdown that occurred from October 1, 2025, through November 12, 2025, which created delays in federal surveyors being able to travel to conduct the required number of surveys. While this adjustment will result in a reduction in the total number of FMS conducted on

skilled nursing facilities surveyed by States during the year, CMS will continue to meet the statutory requirement under section 1819(g)(3)(B) of the Social Security Act. Specifically, in no case will fewer than five skilled nursing facilities be surveyed in any State, including Puerto Rico and Washington, D.C.

LTC Health FMS

LTC Health FMS will be comprised of two types of survey processes aimed at advising and evaluating State Agency (SA) Health Surveys: Resource and Support Surveys (RSS) and Health Comparatives. Note that an EP FMS is not conducted during Health FMS, even if the SA Health Surveyors survey(ed) for EP regulations.

1. **Resource and Support Surveys (RSS)** are surveys where the Federal Surveyor(s) accompany SA Surveyors on a standard, complaint, or revisit survey to observe and assess overall SA Surveyor team performance and provide real-time guidance, training and/or technical assistance to address identified performance needs while on-site or because of the evaluation of Form CMS-2567.
2. **Health Comparatives** are surveys conducted by Federal Surveyors in the same facility, after a standard or complaint survey is conducted by the SA. The purpose of a Health Comparative survey is to monitor and evaluate SA performance. A LTC Health Comparative should be conducted within 60 calendar days of the SA survey exit date. The Federal Surveyor(s) will follow all investigative protocols and assess the effectiveness of SA survey performance. All States have at least 2 Comparatives and no State has more than 10 Comparatives, based on the number of NH's surveyed by SAs.

LTC Emergency Preparedness (EP) and Life Safety Code (LSC) FMS

LTC EP/LSC FMS are comprised of three survey processes aimed at advising and evaluating SA surveys.

1. **EP/LSC Resource and Support Surveys (EP/LSC RSS)** are surveys where the Federal or Contract Surveyor accompanies SA Surveyors on a Standard or Revisit survey to observe and assess the SA Survey team performance. The Federal or Contract Surveyor may provide training and/or technical assistance to address identified performance needs while on-site, because of EP and LSC requirements, or because of the evaluation of Form CMS-2567.
2. An **EP/LSC Comparative** is a Standard or Revisit survey conducted by a Federal or Contract Surveyor in the same facility, after a Standard or Revisit survey is conducted by the SA. The purpose of an EP/LSC Comparative Survey is to monitor and evaluate SA performance. An EP survey will be conducted with all LSC Comparative surveys. EP/LSC Comparative surveys should occur within 60 calendar days of the SA exit date. The Federal or Contract Surveyor will follow all investigative protocols and assess the effectiveness of SA survey performance.

3. An **EP/LSC Desk Audit** is conducted by a Federal Surveyor after a Standard survey is conducted by the SA. The purpose of a desk audit is to monitor and evaluate SA performance on the correction of EP/LSC survey findings. This evaluation will be done by reviewing the CMS Form 2567 written after a SA Standard survey, the Plan of Correction (POC) accepted by the state agency and evidence of compliance obtained by the SA if a SA desk review was conducted. Desk audits will be selected within 60 calendar days of the SA LSC standard survey exit date. The 2567 review will evaluate adherence to the State Operations Manual (SOM) and Principles of Documentation (POD). The POC review will evaluate adherence to [42 CFR 488.402\(d\)](#). The revisit review will evaluate whether the evidence of compliance shows that the facility is back in compliance with the requirements at the cited tag.

Discussion of LTC Health FMS

The information in this section provides guidance to the CMS Locations on how to conduct an FMS and provide feedback to the SAs, including sharing reports on completed FMS. This section also includes information on the SA's right to reconsideration of the findings for SA Comparative State Reports.

A. FMS Selection

When determining survey selection for Health FMS (Comparatives and RSS), CMS Locations should prioritize providers based on data indicating a risk of non-compliance, those with a history of noncompliance, allegations of noncompliance, CMS Location specific concerns, media attention, or other justifications. For both EP/LSC and Health RSS, the Federal Surveyor will work collaboratively with the SA to identify surveys that will provide good training opportunities.

B. LTC Health RSS

RSS are completed throughout the FY. The focus of the RSS will be specific to the state oversight needs for that state. During these surveys, CMS locations may identify specific areas of concern for states within their jurisdiction as an additional FMS selection criterion.

During the RSS, the Federal Surveyor(s) will be in the facility with the SA Surveyors as the SA is making observations and conducting interviews. The Federal Surveyor(s) will provide active guidance and instructions throughout the survey process. The Federal Surveyor(s) should discuss the findings and assist in applying the given facts to the regulatory requirements. The Federal Surveyor(s) will base the guidance and instruction provided in the regulations, interpretive guidance found in SOM Appendix PP, Appendix Q, Chapter 5, Chapter 7, QSO Memoranda, the LTCSP Procedure Guide, and the critical element pathways for the applicable concern areas. These documents can be found in the survey resource folder on CMS.gov using the following link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

To ensure both the effectiveness and efficiency of the survey, Federal Surveyor(s) will be present for as much of the SA survey as possible and should provide guidance up to and

including decision making for potential citations. The Federal Surveyor(s) will serve as advisors for any survey related topic that may arise.

C. LTC Health Comparative

Federal Surveyors conduct Comparative surveys in accordance with applicable regulations and the SOM. The Comparative survey mirrors the SA survey to the extent possible. An FMS Comparative survey concludes with the issuance of Form CMS-2567, including deficiencies found during the survey. The Federal Comparative survey findings may confirm deficiencies found by the SA and identify additional deficiencies directly impacting a facility's compliance status and potential enforcement actions.

Discussion of LTC Emergency Preparedness and Life Safety Code FMS

A. EP/LSC RSS

The Federal LSC Surveyor will work with SA Surveyors based on SA survey assignment of the EP regulations. Specifically:

1. In a SA where the SA LSC Surveyor is responsible for completing the LSC and EP portions of the survey, the Federal LSC Surveyor will conduct both LSC and EP portions of the survey with the SA Surveyor.
2. In a SA where the SA Health Surveyor is responsible for completing the EP portions of the survey, AND when the Federal EP/LSC Surveyor is on site at the time the SA Health surveyor is completing the EP portion of the survey, the Federal LSC Surveyor will accompany the SA Health Surveyor examining the EP tags, for that portion of the survey.
3. In a SA where the SA Health Surveyor is responsible for completing the EP portions of the survey, AND when the Federal LSC Surveyor is not on site at the time the SA Health surveyor is completing the EP portion of the survey, the Federal LSC Surveyor will evaluate the EP regulations.
4. During an EP/LSC Revisit RSS, the Federal Surveyor will evaluate all EP regulations regardless of how EP citations are being evaluated by the SA.
5. If there are multiple SA Surveyors conducting the LSC and EP surveys, the Federal Surveyor will accompany different members of the SA LSC (and health) teams when new K and E tags are being evaluated.

The Federal Surveyor should discuss the findings and assist in applying the given facts to the regulatory requirements. The Federal Surveyor will base the guidance and instruction provided in the regulations, interpretive guidance found in Appendix I and Appendix Z of the SOM. These documents can be found in the survey resource folder on CMS.gov using the following link: <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/life-safety-code-health-care-facilities-code-requirements>

B. EP/LSC Comparative

Federal Surveyors conduct Comparative surveys in accordance with applicable regulations and the SOM. The Comparative survey mirrors the SA survey to the extent possible. An FMS Comparative is an independent evaluation of a SNF/NF's compliance with the EP and LSC requirements. A 2567 will be issued to the SNF/NF within 10 business days, A plan of correction (POC) will be required to be submitted to CMS within 10 calendar days (as outlined in the SOM) if there is a determination of noncompliance. The SA will conduct a revisit after CMS has approved a POC and the SNF/NF has completed it. The Federal Comparative survey findings may confirm deficiencies found by the SA and identify additional deficiencies directly impacting a facility's compliance status and potential enforcement actions.

Feedback to the SA

A. EP/LSC and Health RSS

During an RSS, SA Surveyors are encouraged to ask questions of the Federal Surveyors. There is no scoring of SA survey teams during an RSS, however feedback on SA survey performance is provided during the RSS and on the State Report issued after an RSS. The Federal Surveyor will complete a State Report to document the survey findings and highlight guidance provided during the survey. This document includes the review of the Statement of Deficiency: Form CMS-2567. The Federal Surveyor should recap the significant learning opportunities that were discussed with the SA survey team members during the survey. The State Report is intended to be a learning tool used by the SA to communicate survey related guidance to all SA Surveyors, ensuring the SA correctly uses CMS Survey Resources and applies the SOM Principles of Documentation (POD). The SA is expected to communicate survey related guidance to all SA surveyors.

B. EP/LSC and Health Comparatives

Following the completion of a Comparative survey, CMS will complete a State Report that compares SA and Federal findings and provides feedback on SA accountability associated with the findings.

- **Should Have Cited** – Used when there is clear evidence that a deficiency was present during the SA survey.
- **Understatement** – Used when there is clear evidence that the SA should have cited at a higher scope/severity, based on the evidence available to the SA at the time of their survey. For example, if the SA cites at a D and CMS determines they should have cited at an F, understatement is marked “yes”.
- **Scope/Severity Determination** – Used to identify the S/S CMS assessed based on the evidence available to the SA at the time of their survey.

C. SA Reconsideration Process for EP/LSC and Health Comparative State Reports

The SA will have one opportunity, upon its request, to challenge findings from an EP/LSC or Health Comparative Survey, including CMS S/S findings of D and above. The SA must notify the CMS Location that conducted the Comparative survey in writing using the State Agency Comparative Reconsideration form (Appendix XX) with an explanation of the specific findings

that are being challenged and include all information supporting the disagreement. The request must be made within 15 business days after the SA receives the Final Comparative State Report. CMS may set up a meeting to discuss or respond directly to the written request. CMS has 30 business days to determine the outcome and respond in writing to the SA. If the reconsideration results in a change of the CMS findings, the Comparative State Report is modified and the revised copy sent to the SA.

D. EP/LSC Desk Audit

CMS will complete a State Report that is an evaluation of the 2567 produced following an SA EP/LSC standard survey with tags cited and an evaluation of the POC accepted by the SA. If an offsite revisit was performed an evaluation of compliance accepted by the SA is performed.

E. State Reports

A State Report with findings from the FMS (RSS, Comparative, and Desk Audit) should be completed and sent to the SA within 40 calendar days of the FMS exit date. The SA will be provided with a preliminary report, and they may request a debriefing with CMS by contacting the Survey Branch Manager in the CMS Location that completed the FMS. The request for a debriefing must be made within 5 working days of receipt of the preliminary report. The purpose of the debriefing is for the SA to ask questions and offer explanations relative to the findings in the State Report. CMS reserves the right to schedule a debriefing for any FMS.

Enforcement

When the Federal Comparative Form CMS-2567 identifies deficiencies requiring facility action, the CMS Location will take appropriate enforcement action based on the survey findings. The CMS Location will evaluate the findings and impose Federal remedies according to current enforcement protocols. Additionally, loss of the Nurse Aide Training and Competence Evaluation Program (NATCEP) will occur when SQC is identified during a Comparative survey.

Effective Date:

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

/s/

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Director, Survey & Operations Group

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

Attachment(s)

- FY26 Mandated Number and Type of FMS for LTC Health
- FY26 Mandated Number and Type of FMS for LTC EP/LSC
- [Appendix Q](#)
- [Principles of Documentation](#) (Exhibit 7A)

- State Agency Comparative Reconsideration Form

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](#).

FY26 Mandated Number and Type of FMS for LTC Health

CMS must complete the total mandated number of surveys in each state. While 100% of the mandated surveys can be Comparatives, a minimum of 2 surveys in each State must be Comparatives, and the remaining mandated surveys may be RSS. Both Comparatives and RSS may be conducted for SA Recertification and Complaint surveys. The RSS may also be conducted for SA Revisit Surveys.

Column Definitions:

- 1. State/ CMS Location** - the state where the surveys will be conducted, with totals for each CMS Location.
- 2. Total Mandated** - the total FMS statutorily required for each state.
- 3. Comparative** - the **minimum** number of Comparatives that must be completed for each state.
- 4. RSS** - the total number of RSS that may be completed for each state.
- 5. Targeted Breakdown for Comparative and RSS** – Illustrates the 60/40 split for the types of SA Surveys (Recertification, Complaint - and for RSS only - Revisit) that CMS will target for Comparatives and RSS. These targets may be adjusted by the CMS Locations if the mandate is met and the total number of RSS does not exceed the maximum in each state. Within the targeted breakdowns CMS has the latitude to adjust the number of FMS based on the SA surveys available.

For example, State A requires 60 total FMS. A **minimum** of 10 FMS **must** be Comparatives, and 50 FMS may be RSS. For the Comparatives, CMS has established a target to conduct 6 of the 10 Comparatives on a SA Complaint, with the remaining 4 Comparatives targeted for a SA Recertification survey. Similarly, 30 of the 50 RSS are targeted for a SA Complaint or Revisit with the remaining 20 targeted for a SA Recertification survey.

FY26 Mandated Number and Type of FMS for LTC Health

State/CMS Location	Total Mandated	Comparatives			Resource and Support Surveys (RSS)		
		Minimum Number	Targeted Breakdown		Maximum Number	Targeted Breakdown	
			Complaint 60%	Recert 40%		Complaint 60%	Recert 40%
Connecticut	9	2	1	1	7	5	2
Maine	5	2	1	1	3	2	1
Massachusetts	16	6	4	2	10	6	4
New Hampshire	5	2	1	1	3	2	1
Rhode Island	5	2	1	1	3	2	1
Vermont	5	2	1	1	3	2	1
Boston	45	16	9	7	29	19	10
New Jersey	16	6	4	2	10	6	4
New York	25	6	4	2	19	12	7
Puerto Rico	5	2	1	1	3	2	1
Virgin Islands	0	0	0	0	0	0	0
New York	46	14	9	5	32	20	12
Delaware	5	2	1	1	3	2	1
Maryland	9	2	1	1	7	5	2
Pennsylvania	30	6	4	2	24	15	9
Virginia	8	2	1	1	6	4	2
Washington DC	5	2	1	1	3	2	1
West Virginia	5	2	1	1	3	2	1
Philadelphia	62	16	9	7	46	30	16
Alabama	5	2	1	1	3	2	1
Florida	30	6	4	2	24	15	9
Georgia	16	6	4	2	10	6	4
Kentucky	12	2	1	1	10	6	4
Mississippi	9	2	1	1	7	5	2
North Carolina	19	6	4	2	13	8	5
South Carolina	9	2	1	1	7	5	2
Tennessee	11	2	1	1	9	6	3
Atlanta	111	28	17	11	83	53	30

FY26 Mandated Number and Type of FMS for LTC Health Continued

State/CMS Location	Total Mandated	Comparatives			Resource and Support Surveys (RSS)		
		Minimum Number	Targeted Breakdown		Maximum Number	Targeted Breakdown	
			Complaint 60%	Recert 40%		Complaint 60%	Recert 40%
Illinois	31	6	4	2	25	15	10
Indiana	23	6	4	2	17	11	6
Michigan	20	6	4	2	14	9	5
Minnesota	16	6	4	2	10	6	4
Ohio	41	10	6	4	31	19	12
Wisconsin	15	2	1	1	13	8	5
Chicago	146	36	23	13	110	68	42
Arkansas	10	2	1	1	8	5	3
Louisiana	12	2	1	1	10	6	4
New Mexico	5	2	1	1	3	2	1
Oklahoma	13	2	1	1	11	7	4
Texas	54	10	6	4	44	27	17
Dallas	94	18	10	8	76	47	29
Iowa	18	6	4	2	12	8	4
Kansas	13	2	1	1	11	7	4
Missouri	22	6	4	2	16	10	6
Nebraska	9	2	1	1	7	5	2
Kansas City	62	16	10	6	46	30	16
Colorado	9	2	1	1	7	5	2
Montana	5	2	1	1	3	2	1
North Dakota	5	2	1	1	3	2	1
South Dakota	5	2	1	1	3	2	1
Utah	5	2	1	1	3	2	1
Wyoming	5	2	1	1	3	2	1
Denver	34	12	6	6	22	15	7
Arizona	7	2	1	1	5	3	2
California	53	10	6	4	43	26	17
Hawaii	5	2	1	1	3	2	1
Nevada	5	2	1	1	3	2	1
San Francisco	70	16	9	7	54	33	21
Alaska	5	2	1	1	3	2	1
Idaho	5	2	1	1	3	2	1
Oregon	6	2	1	1	4	3	1
Washington	9	2	1	1	7	5	2
Seattle	25	8	4	4	17	12	5
National Total	695	180	106	74	515	327	188

FY26 Mandated Number and Type of FMS for LTC EP/LSC

CMS must complete the total mandated number of surveys in each state. While 100% of the mandated surveys **can** be Comparatives, at least 30% **must** be Comparatives, the remaining 70% can be RSS or Desk Audits. The number of RSS is limited to 30% of the surveys in each state. The number of Desk Audits is limited to 40% of the surveys in each state. The number of Comparatives and RSS that can be completed on a State Agency (SA) Revisit is limited to 20% of the number of Comparatives and 20% of the number of RSS. A complete EP evaluation needs to be conducted during all revisit surveys regardless of any SA EP citations during the original standard survey.

Column Definition:

1. **State/ CMS Location** - the state where the surveys will be conducted, grouped by CMS Location.
2. **Total Mandated** - the total FMS statutorily required for each state.
3. **Comparative** - the **minimum** number of Comparatives that must be completed.
4. **RSS** - the **maximum** number of RSS that can be completed.
5. **Desk Audit** – the **maximum** number of Desk Audits that can be completed.
6. **Targeted Breakdown** –Illustrates the 80/20 split for the types of SA Surveys (Recertification and Revisit) that CMS will target for Comparatives and RSS. These targets may be adjusted by the CMS Locations if the mandate is met and the total number of RSS does not exceed the maximum in each state. Within the targeted breakdowns CMS has the latitude to adjust the number of FMS based on the SA surveys available.

For example, State A has a total mandated count of 10. At least three (30%) of those surveys must be Comparatives. One of those Comparative surveys may be conducted on a SA Revisit. CMS may elect to conduct up to 5 RSS, with one of the RSS being completed on a SA Revisit. CMS may elect to conduct up to 4 Desk Audits. CMS may also elect to conduct all 10 (100%) of the surveys as Comparatives.

FY26 Mandated Number and Type of FMS for LTC EP/LSC

State/CMS Location	Total Mandated	At least 30% of total mandated	Up to 30% of total mandated	Up to 40% of total mandated	Total Onsite Revisit Target (Comparative Revisits + RSS Revisits) 20%	Total Onsite Recert Target (Comparative Recerts+ RSS Recerts) 80%
		Comparative Minimum	RSS Maximum	Desk Audit Maximum		
Connecticut	9	3	2	4	1	4
Maine	5	2	1	2	1	2
Massachusetts	16	5	5	6	3	7
New Hampshire	5	2	1	2	1	2
Rhode Island	5	2	1	2	1	2
Vermont	5	2	1	2	1	2
<u>Boston</u>	<u>45</u>	<u>16</u>	<u>11</u>	<u>18</u>	<u>8</u>	<u>19</u>
New Jersey	16	5	5	6	3	7
New York	25	8	7	10	5	10
Puerto Rico	5	2	1	2	1	2
Virgin Islands	0	0	0	0	0	0
<u>New York</u>	<u>46</u>	<u>15</u>	<u>13</u>	<u>18</u>	<u>9</u>	<u>19</u>
Delaware	5	2	1	2	1	2
Maryland	9	3	2	4	1	4
Pennsylvania	30	9	9	12	6	12
Virginia	8	3	2	3	1	4
Washington DC	5	2	1	2	1	2
West Virginia	5	2	1	2	1	2
<u>Philadelphia</u>	<u>62</u>	<u>21</u>	<u>16</u>	<u>25</u>	<u>11</u>	<u>26</u>
Alabama	5	2	1	2	1	2
Florida	30	9	9	12	6	12
Georgia	16	5	5	6	3	7
Kentucky	12	4	3	5	2	5
Mississippi	9	3	2	4	1	4
North Carolina	19	6	5	8	3	8
South Carolina	9	3	2	4	1	4
Tennessee	11	4	3	4	2	5
<u>Atlanta</u>	<u>111</u>	<u>36</u>	<u>30</u>	<u>45</u>	<u>19</u>	<u>47</u>

FY26 Mandated Number and Type of FMS for LTC EP/LSC₂ Continued

State/CMS Location	Total Mandated	At least 30% of total mandated	Up to 30% of total mandated	Up to 40% of total mandated	Total Onsite Revisit Target (Comparative Revisits + RSS Revisits) 20%	Total Onsite Recert Target (Comparative Recerts+ RSS Recerts) 80%
		Comparative Minimum	RSS Maximum	Desk Audit Maximum		
Illinois	31	10	9	12	6	13
Indiana	23	7	7	9	4	10
Michigan	20	6	6	8	4	8
Minnesota	16	5	5	6	3	7
Ohio	41	13	12	16	8	17
Wisconsin	15	5	4	6	3	6
Chicago	146	46	43	57	28	61
Arkansas	10	3	3	4	2	4
Louisiana	12	4	3	5	2	5
New Mexico	5	2	1	2	1	2
Oklahoma	13	4	4	5	2	6
Texas	54	17	15	22	10	22
Dallas	94	30	26	38	17	39
Iowa	18	6	5	7	3	8
Kansas	13	4	4	5	2	6
Missouri	22	7	6	9	4	9
Nebraska	9	3	2	4	1	4
Kansas City	62	20	17	25	10	27
Colorado	9	3	2	4	1	4
Montana	5	2	1	2	1	2
North Dakota	5	2	1	2	1	2
South Dakota	5	2	1	2	1	2
Utah	5	2	1	2	1	2
Wyoming	5	2	1	2	1	2
Denver	34	13	7	14	6	14
Arizona	7	3	1	3	1	3
California	53	16	16	21	10	22
Hawaii	5	2	1	2	1	2
Nevada	5	2	1	2	1	2
San Francisco	70	23	19	28	13	29
Alaska	5	2	1	2	1	2
Idaho	5	2	1	2	1	2
Oregon	6	2	2	2	1	3
Washington	9	3	2	4	1	4
Seattle	25	9	6	10	4	11
National Total	695	229	188	278	125	292

STATE AGENCY COMPARATIVE DISAGREEMENT FORM

1. **DATE:** _____

2. **FACILITY NAME AND PROVIDER NUMBER:**

3. **FEDERAL SURVEY DATE:** _____

4. **DATE COMPARATIVE SURVEY REPORT RECEIVED BY SA:** _____

5. **NAME, TELEPHONE NUMBER, AND ADDRESS OR PERSON REQUESTING RECONSIDERATION:**

6. **STATE AGENCY TEAM MEMBERS (Please indicate who will attend the meeting):**

Name: _____

7. **REGIONAL OFFICE TEAM MEMBERS (those on the Comparative Survey):**

Name: _____

8. **ANALYSIS BEING CHALLENGED:**

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

Tag #	RO cited Y/N	SA cited Y/N	S/S cited by the RO	S/S cited by the SA

Reason for Challenge:

**PLEASE ATTACH ANY SUPPORTING DOCUMENTATION TO THIS FORM AND
FORWARD TO THE APPROPRIATE REGIONAL OFFICE REPRESENTATIVE**