DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/ Quality, Safety & Oversight Group

Ref: Admin Info-26-07-CLIA

DATE: July 1, 2026

TO: State Survey Agency Directors

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

SUBJECT: Fiscal Year (FY) 2027 Clinical Laboratory Improvement Amendments (CLIA) Budget Call Letter

Memorandum Summary

- **FY 2027 CLIA Budget Call Letter –** Enclosed is a copy of the FY 2027 CLIA Budget Call Letter.
- **State Staffing Targets** – Full Time Equivalent (FTE) allocations are determined based on the workload required to survey each State's laboratory population. State budgets should reflect the cost to perform the workload shown in this budget call.
- **Certificate of Compliance Completion Rates** - For States with FY 2024–2025 Certificate of Compliance completion rates below 75%, upfront survey funding is reduced proportionally by the gap between each state's rate and 75%.
- **Due Date** – State budget submittals are due to the Centers for Medicare & Medicaid Services (CMS) by August 1, 2026.

Background

CMS is providing information and guidelines for determining FY 2027 (October 1, 2026 – September 30, 2027) State Survey Agency (SA) CLIA budgets and projected workloads. The tables attached to this memo set forth our expected workload projections for each SA for FY 2027. Budget submissions should demonstrate how the funding allocated to each SA will be used to economically and efficiently complete the CLIA program workload.

Funding has been adjusted to better align upfront allocations with expected state expenditures, based on recent spending patterns. Certain costs, such as equipment, are excluded from base funding and must be requested separately. In addition, a portion of funding will be excluded from the base funding of states with a Certificate of Compliance (CoC) completion rate below 75%. Additional funding will be available during the year for these states based on performance and demonstrated workload completion.

For FY 2027, we estimate a workload of approximately 7,636 CoC initial and recertification surveys, 2,374 follow-up/revisit surveys of compliance laboratories, 391 validations of accredited laboratories, 93 follow-up/revisits surveys of accredited laboratories, 225 complaint surveys, and 749 proficiency testing desk reviews. The requirement for validation surveys remains at the level of five percent per

two-year survey cycle.

SAs are expected to prioritize and maintain strong surveyor productivity and efficiency as core components of effective survey operations. Productivity is a key indicator of the ability to carry out survey responsibilities consistently and efficiently, and continuous improvements should be made in how surveys are planned, staffed, and executed. Surveyor FTEs should maintain productive output across all survey types, ensuring survey hours reflect efficient use of time and minimizing unnecessary variation in completing surveys of similar complexity.

Budget Submission

The SA budget submission includes the Form CMS-102, Form CMS-1465A, and an Annual Activity Plan. A Form CMS-1466 is required if equipment purchases are included in the budget. The budget forms must be submitted through the Survey and Certification / Clinical Laboratory Improvement Amendments (SC/CLIA) System. Annual Activity Plans should be submitted to DCLIQSABudget@cms.hhs.gov.

- The Form CMS-102 is a breakout of your SA FY 2027 CLIA program costs by cost category (salaries, fringe benefits, training, indirect costs, etc.).

- The Form CMS-1465A is used for all CLIA funded position approvals. All full-time and partial FTE employees must be listed on this form. If the SA is requesting funding for a position that is unfilled, enter "VACANT" under the First Name and Last Name columns. The Total "Funds Required" on the Form CMS-1465A must match the "Total Salaries" on line 3 of the Form CMS- 102.

- The Form CMS-1466 is used to provide detail for equipment purchases included on line 10 of the Form CMS-102 budget request. The total "Net Cost" from the Form CMS-1466 must match the "Equipment Purchases" on line 10 of the Form CMS-102. For purposes of CLIA budget submissions, CMS defines equipment as tangible personal property having a useful life of more than one year and a per unit cost equal to $500 or greater. All equipment purchases must be pre-approved in the annual budget.

- The Annual Activity Plan is a detailed narrative that includes information and supporting documentation essential to support the annual budget. Please refer to Attachment A for a list of information required in the Annual Activity Plan.

Key Points for FY 2027

- If the SA requests an increase over the funding allocated in this letter, a detailed description of the types of costs and activities to be funded by the increase must be included in the Annual Activity Plan. An adequate description of the additional costs and justification of the increase is necessary for CMS to process increased funding requests. Please refer to #12 under Appendix A for a description of the information required for budget increase requests.

- States are no longer required to submit the Form CMS-105 as part of the budget submission.

- CMS will evaluate historical survey completion data in states that request an FTE increase over the prior FY. FTE increases will be considered in light of the most recent CLIA survey completion metrics available.

- The CLIA program funds partial FTEs where the projected workload does not support a full FTE. This approach is necessary to maintain the economy and efficiency of the CLIA program.

- Support work (clerical, non-surveyor professional, and supervisory) is projected using the below ratios:
    - Combined clerical/non-surveyor professional hours are estimated at three hours to every four survey hours. States that determine the current allocation of three administrative hours for every four survey hours is insufficient may submit a detailed accounting of administrative activities and associated time requirements.
    - Supervisory hours are estimated at one hour to every seven survey hours.

- Please notify CMS when salary changes occur during the budget year. Salary changes from the prior budget year should also be detailed in the Annual Activity Plan.

- No funds should be budgeted on the "Training" (Line 11) of the Form CMS-102. Since the FY 2027 Mandatory Surveyor Training is expected to be held virtually, SAs will not have training costs in the FY 2027 budgets.

- All costs expended for the benefit of multiple programs must be allocated between the benefiting programs. For example, the cost of office space used to complete both CLIA and state compliance activities must be split between the programs. The method used to allocate the costs should be described in the Annual Activity Plan.

- Laboratory programs in Washington State and New York State (non-physician office laboratories) are exempt from CLIA. Workloads for exempt labs in these States are excluded from the funding allocations in this memo.

Funding Adjustments and Performance Based Allocation

The funding in this call letter has been adjusted to better align the base allocations with expected state expenditures.

- The funding allocations in the attached tables reflect updated calculations based on recent FY 2024-2025 quarterly claiming on the non-salary lines of the Form CMS-102. Adjustments were made where prior funding on a Form CMS-102 category of spending was not used or exceeded actual spending.

- Equipment costs are not incurred every year. Accordingly, equipment funding included in FY 2026 is not carried over to the proposed FY 2027 funding in this memo. States must request equipment funding separately and provide the information described under #8 of Attachment A.

- Certificate of Compliance survey funding proposed in this memo is reduced for the five states with FY 2024-2025 completion rates below 75% of the expected Certificate of Compliance workload. These states received a proportional reduction in the number of CoC surveys funded in this memo. The reduction equals the difference between 75 percent and the state's completion rate. For example, a 70% completion rate results in a 5% decrease in the number of funded CoC surveys. For these states, funding remains available for the full expected workload; however, it is not provided upfront. Additional funding will be awarded during the fiscal year based on demonstrated survey completion.

Contact:

For questions or concerns regarding this memorandum please contact DCLIQSABudget@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

A) The Annual Activity Plan
B) Guidelines and Program Emphases for FY 2027 CLIA Budgets
C) CLIA FY 2027 Budget Call Letter Tables

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

Receive email notification for memos:

Get guidance memos issued 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.

Attachment A

The Annual Activity Plan

The Annual Activity Plan is a written narrative submitted to CMS with the annual budget request. The narrative includes information and supporting documentation essential to support the annual budget. The information listed below should be addressed in the Annual Activity Plan.

1. **Names and Titles** - Describe the roles and responsibilities of all employees funded by CLIA and included on the Form CMS-1465A.
2. **Salary Allocation Methodology** - Describe the methodology used to allocate full and partial FTE salary costs to the CLIA program. Explain how the amount of time each employee spends on CLIA activities is determined and how the portion of each employee's salary costs included in the budget is calculated.
3. **Retirement and Fringe** - Explain how retirement and fringe benefits are calculated on line 5 of the Form CMS-102.
4. **Allocation of Shared Direct Costs -** Describe the method used to allocate direct costs charged to CLIA for employees whose work supports multiple programs. Costs that benefit more than one program, such as office space, equipment, communications, supplies, or other shared direct costs, must be allocated proportionately among the benefiting programs and may not be charged entirely to CLIA unless fully attributable to CLIA activities.
5. **Travel** - Show the calculation for the Travel portion of the budget on line 6 of the Form CMS-102.
6. **Communications** -Describe the types of costs included on the Communications line 7 of the Form CMS-102.
7. **Supplies** - Describe the types of supplies included on the Supplies line 8 of the Form CMS-102.
8. **Office Space** - Describe the costs included and the methodology used to allocate Office Space to line 9 of the Form CMS-102.
9. **Equipment** - Provide a description and justification for all equipment budgeted on line 10 of the Form CMS-102 and included on the Form CMS-1466. Provide the original purchase date for any equipment being replaced by a newly budgeted item.
10. **Consultants and Contractors** - Provide justification and details of the contracts for amounts budgeted on lines 12 and 13 of the Form CMS-102 for Consultants and Subcontracts. Include a copy of the contract.
11. **Miscellaneous** - Describe the types of miscellaneous expenditures budgeted on line 14 of the Form CMS-102.
12. **Indirect Costs -** Explanation of how indirect costs are calculated on lines 17 and 18 of the Form CMS-102. If an indirect cost rate is used, confirm in the Annual Activity Plan that the SA has an approved Indirect Cost Rate Agreement with HHS. Describe the indirect cost base. If an indirect cost rate is not used, provide a description of the indirect cost allocation methodology.
13. **Budget Increases** - If the SA is requesting an increase over the funding allocated in the Budget Call Letter, a detailed description of the types of costs and activities to be funded by the increase is required. Provide a breakout of the costs included in the increase by the Form CMS-102 cost category. A justification and description of why the increase in funding is required should be included. Provide data and supporting documentation to support the increase in funding. Without

an adequate description of the additional costs and justification of the increase, CMS will not be able to approve the increased funding request.

Attachment B

Guidelines and Program Emphases for FY 2027 CLIA Budgets

I. Overview

The State Agency (SA) budget submissions should cover the period October 1, 2026, through September 30, 2027. The State Operations Manual (SOM), Chapter 6-Special Procedures for Laboratories, is the technical guide to be used in the preparation of the budget submission.

II. Program Emphases

In FY 2027 workloads will continue to fluctuate. State Agencies should not budget for any major changes to basic administrative functions. The Centers for Medicare & Medicaid Services (CMS) Division of Clinical Laboratory Improvement and Quality (DCLIQ), and SAs should continue to monitor activities to maintain awareness of current practices. CMS will provide ongoing information, guidance and training on policies and procedures.

State Agency Performance Review (SAPR)

The CLIA State Agency Performance Review (SAPR) continues as an ongoing activity aimed at promoting optimal SA performance by recognizing sustained proficiency and facilitating improvement. SAs are expected to have mechanisms in place to ensure fulfillment of their CLIA program responsibilities. For FY 2027, SAs should continue to evaluate the effectiveness of corrective actions taken in response to their SAPR reviews. DCLIQ may make modifications to the structure or content of the SAPR based on operational experience. DCLIQ will utilize the aggregate findings of the reviews to update and clarify policy and determine national training needs.

Proficiency Testing (PT)

SAs are provided with funding for PT monitoring and maintaining corresponding policies and procedures. SAs should continue PT reviews and follow-ups/revisits in accordance with SOM Chapter 6 § 6042-6063 and § 6278. We estimated the FY 2027 PT Desk Review workload by taking an average of hours and counts from FY 2024 through FY 2025.

Laboratory Inquiries and Data Systems Processing

During FY 2027 SAs should anticipate a continued high level of inquiries from CLIA laboratories and continue to adjust to the Internet Quality Improvement and Evaluation System (iQIES).

iQIES/QIES/ASPEN for CLIA

SAs complete their CLIA data entry workload and report retrievals in the iQIES/QIES/ASPEN data environment.

Certificate Status Changes

The data system processes nearly all status changes as they are entered into the data system. The process may require obtaining additional information from the laboratories such as verifying laboratory director qualifications. In addition, the process may generate new fees and/or certificates to the laboratories and could result in follow-up phone calls. This is an ongoing activity.

Accredited Laboratories

The data system continuously receives and updates a significant amount of data from the accreditation organizations. The data collected covers all areas of a laboratory's operations (including dates of inspection) and is used to generate fees and certificates and to measure timeliness of inspections. This process may cause a change in information previously provided and laboratories may inquire with the SA to validate the accuracy of fees and certificate information. In addition, on a weekly basis, an automated letter is sent to any accredited laboratory by the CMS data system that does not have current accreditation affiliation information. In the letter we ask the laboratory to notify the SA to make any necessary corrections to its CLIA information. This is an ongoing activity.

Survey Scheduling Priorities

In accordance with SOM Chapter 6 § 6102.1, the SA will schedule surveys in the following order of priority:

- Complaint surveys indicating possible immediate jeopardy;
- Laboratories with other complaint investigations pending;
- Initial surveys;
- Recertification surveys;
- Follow-up/Revisit surveys;
- Validation (non-complaint) surveys;
- Special Surveys for Certificate of Waiver and Provider Performed Microscopy Laboratories.

Validation Surveys

The SA conducts validation surveys in accordance with SOM Chapter 6 § 6150 – 6228.

Biennial Inspections

Laboratories will continue to be subject to surveys every two years. State Agencies should be performing surveys in accordance with SOM Chapter 6 § 6100-6140 at the average national productivity standard of 120 surveys per surveyor full-time equivalents (FTEs) per year. Initial surveys of new compliance laboratories should be performed in accordance with SOM Chapter 6 § 6102.

Selection for survey of compliance laboratories should continue to be made only after verification of payment of compliance fees. Reports/Data are available to assist SAs with validating these payments and enable any SA to identify those compliance laboratories, application type 1, that have paid their compliance fees, whether initial or recertification.

Announced Surveys

Budget projections continue to be based on the premise of announcing certification surveys up to two weeks prior to the survey date at all CLIA laboratories (complaint and follow-up/revisit surveys will not be announced). Validation surveys are generally announced unless performed simultaneously with an AO survey, which may be unannounced (SOM Chapter 6 § 6106).

Surveyor Productivity

Surveyors should expect to meet the minimum target of 120 surveys per surveyor FTE per year. Any SA performing below the FY 2027 target should identify in its budget submission what steps will be taken to increase surveyor productivity.

We recommend that you contact other SAs to identify potential best practices that can be used to increase productivity. The SA must keep accurate 670-hour records to ensure CLIA fees are calculated correctly.

Training

No training costs should be budgeted for FY 2027.

Accredited/CLIA Exempt Laboratories

In preparing your budget please note that the following accrediting organizations are currently recognized as meeting CLIA requirements for approved accrediting organizations: Accreditation Commission for Health Care (ACHC), Association for the Advancement of Blood & Biotherapies (AABB), Commission on Laboratory Accreditation (COLA), College of American Pathologists (CAP), The Joint Commission (TJC), American Society for Histocompatibility and Immunogenetics (ASHI) and American Association for Laboratory Accreditation (A2LA). Together these organizations oversee the entire CLIA accredited laboratory population. Only Washington State and New York State (non-physician office laboratories) have been granted CLIA exempt status at this time.

Approximately **five** percent of the laboratories accredited by the approved laboratory accreditation organizations are surveyed as part of the validation survey process conducted during each two-year cycle. SAs are expected to survey accredited facilities no more than 90 days after the accrediting organization inspection and must ensure that laboratories within each schedule type are included to the extent possible. Actual workloads may vary from the level projected as we continue to reconcile the CLIA database to accrediting organizations. SAs should follow the validation survey process for selection and survey of these labs.

Enforcement Process

We continue to focus on promoting an educational approach to facilitate survey deficiency corrections. SAs are required to enter enforcement data into the ASPEN system timely.

Waived Laboratories

Laboratories with a Certificate of Waiver may be surveyed if a complaint is received.

Provider Performed Microscopy (PPM)

Laboratories holding a provider-performed microscopy (PPM) certificate will not be subject to routine inspection. Laboratories meeting the requirements for the PPM Certificate will be subject to a survey where complaints are filed or if there is reason to believe the laboratory is conducting tests beyond its certificate. PPM tests conducted in laboratories with a compliance certificate may have PPM tests included in the survey sample.

Survey Priorities

Unless otherwise specified in this instruction SAs should follow the SOM, Chapter 6-Special Procedures for Laboratories, in developing survey schedule priorities. Recertification surveys should be prioritized by the date of the last recertification survey. Laboratories with the largest time gap

since the last recertification survey should be surveyed first.

Computer Support

During FY 2027, SAs are authorized to procure necessary computer support for effective CLIA operations. In prior years we have maintained strict fiscal controls over equipment purchases. For FY 2027, we will continue to closely monitor this area. In those SAs with a large number of computers in use, equipment purchases and/or upgrades should be scheduled sequentially to avoid large single year procurements in favor of even scheduling of purchases over a multi-year period. SAs should continue to work closely with CMS to reach agreement on what equipment is necessary to meet their information technology requirements.

SA procurement plans should encompass computer needs, together with software requirements, both for users working on-site within the SA office, as well as surveyors working off-site. SAs should use their on-site systems to the fullest extent possible before adding equipment. A SA sharing equipment charged to the CLIA program with another state program(s) must ensure that appropriate cost allocation methodologies are applied to ensure proper expensing of equipment.

CMS will closely evaluate each request for equipment and propose approval for those items that are necessary for maintaining adequate access to QIES needed to process reports and browse CLIA payments. Requests for computer equipment and related software will be given first priority. All other non-computer equipment requests should be adequately justified, reviewed and prioritized.

CMS will ensure that SA planned computer procurements meet ASPEN software processing requirements and QIES interface specifications. This includes tablet/laptop/notebook systems used mainly for operation of the ASPEN Survey Explorer–Quality (ASE-Q). While a Pentium Class (as described below) is the minimum standard, each SA should work closely with its regional office to identify the cost-benefit of an upgrade vs. a new purchase. Planned purchases of computer and peripheral items with processing capabilities substantially more than the QIES requirements should not be approved.

CLIA will not approve the purchase of additional computer equipment for standby or backup use in the event of equipment failure.

Encryption Policy

CMS' encryption policy requires all agency data be protected from unauthorized access. There may be various levels of protection for agency data, but for personally identifiable information (PII), the policy states that dissemination of such data using any portable devices or recordable media, (e.g., CDs, DVDs, Cartridges, Diskettes, Laptops, External Hard Drives, USB Memory Sticks or thumb drives, etc.), requires encryption. Whole disk encryption of the hard-drive for Laptops or Tablet PCs must be employed. Encryption is the process of protecting stored or transmitted information with a password (key) so that it is indecipherable until the intended recipient uses the password to access it.

In accordance with the CMS encryption policy, all workstations with installed QIES components must have encryption software installed that meets or exceeds the standards set forth in the "CMS Information Security Acceptable Risk Safeguards (ARS)". This includes all QIES components installed on Laptop/Tablet PCs as well as any removable media and/or cloud computing used to disseminate PII/PHI. Specifically, the following sections of the ARS should be referenced:

- IA-7 Cryptographic Module Authentication (Specifies acceptable encryption type – FIPS 140-

2 compliant (https://nvd.nist.gov/800-53/Rev4/control/IA-7) NIST validated module. (https://csrc.nist.gov/projects/cryptographic-module-validation- program/module-validation-lists

- IA-2 User Identification and Authentication
- AC-3 Access Enforcement
- AC-4 Information Flow; specifically CMS-2
  - AC-19 Access Control for Portable and Mobile Systems (encryption requirement only)
  - MP-5 Media Transport
  - SC-8 Transmission Integrity
  - SC-12 Cryptological Key Establishment and Management

Please note, in addition to these encryption sections, agencies are encouraged to review the entire ARS as a guideline for enterprise-wide security practices. SAs are responsible for ensuring that encryption software has the capability of creating encrypted files that are self-extracting with a password key.

Additionally, many agencies have home-based staff using QIES software installed on home workstations. Such home-based systems must be protected with encryption software as described above and comply with CMS controls as defined in the ARS.

Minimum and Recommended Client Requirements: EXISTING or NEW EQUIPMENT		
Component	**Minimum**	**Minimum or Higher Required for LTC Survey Process Implementation Recommended for Other**
Processor	Intel/AMD (or equivalent) @ 2.5 GHz	Intel/AMD (or equivalent) @ 3.5 GHz or higher
Memory (RAM)	16GB	32 GB or higher
Available Disk Space	500 GB on SATA 2 drive at 7200 RPM or 500 GB SSD	1 GB SSD or higher
*Operating System**	Windows 11 – 64 bit	Windows 11 – 64 bit
Secure Access/Encryption (See Encryption Policy)	Required – See Encryption Policy	Required – See Encryption Policy
Anti-virus	Current License	Current License
Universal Serial Bus Port	One	Two
Removable Media (see Encryption Policy)	USB Drives	USB Drives
Pointing Device	Mouse or equivalent (e.g. trackball or touchpad)	Mouse or equivalent (e.g. trackball or touchpad) and Pen/Stylus for tablet
Network Interface Card (See CMS ARS security guidelines for acceptable wireless configurations)	Wired for network connectivity; wireless network cards must support WPA-2 level encryption	Wired for network connectivity; wireless network cards must support WPA-2 level encryption
Audio	Standard built-in speakers	Attachable microphone and standard built- in speakers
Battery (laptop or tablet)	6-cell lithium-ion	6-cell lithium-ion
*QIES Browser***	Microsoft Edge, Chrome	Microsoft Edge, Chrome

Note: Windows Operating systems need to be current with all Windows security updates.

** Windows 10 support officially ends on October 14, 2025, and it can no longer be used in the QIES system

Per the Windows 10 Home and Pro Lifecycle Policy FAQ https://learn.microsoft.com/en-us/lifecycle/products/windows-10-home-and-pro), only the Microsoft Edge or Chrome will receive technical support and security updates.

* SAs considering implementing Windows 11 should carefully evaluate CMS software with this Operating System before full-scale deployment.

Internet Quality Improvement Evaluation System (iQIES)

The Internet Quality Improvement and Evaluation System (iQIES) is the centralized data platform supporting CMS' CLIA program. As the authoritative source for Medicare, Medicaid, and Clinical Laboratory Improvement Amendments of 1974 provider data, iQIES plays a critical role in ensuring the delivery of safe, high-quality care across the healthcare continuum.

iQIES streamlines the collection, validation, and analysis of provider and beneficiary data to support regulatory compliance and drive quality improvement across seventeen care settings. Through this web-based system, CMS and SAs can efficiently manage provider oversight, monitor trends, and take timely, data-driven action to protect patient safety and uphold healthcare standards.

Designed with users in mind, iQIES delivers intuitive workflows, robust reporting capabilities, and seamless integration of data to enable smarter decision-making and improved outcomes for the nation's most vulnerable populations.

iQIES Minimum and Recommended System Requirements: EXISTING or NEW EQUIPMENT		
Component	Minimum	Minimum or Higher Required for LTC Survey Process Implementation Recommended for Other
Processor	Intel/AMD (or equivalent) @ 2.5 GHz	Intel/AMD (or equivalent) @ 3.5 GHz or higher
Memory (RAM)	16 GB	64GB
Available Disk Space	512 GB on SATA 2 drive at 7200 RPM or SSD	1 GB SSD
Monitor	Desktop 19": Flat Panel 1920 x 1080 screen resolution. For laptop or tablet 13" by 1920 x 1080 screen resolution	Desktop 19": Flat Panel 1920 x 1080 screen resolution. For laptop or tablet 14" or higher by 1920 x 1080 screen resolution.
*Operating System**	Windows 11- 64 bit	Windows 11- 64 bit
Secure Access/Encryption (See Encryption Policy)	Required – See Encryption Policy	Required – See Encryption Policy
Anti-virus	Current License	Current License
Universal Serial BusPort	One	Two
Removable Media (see Encryption Policy)	USB Drive	USB Drives
Pointing Device	Mouse or equivalent (e.g. trackball or touchpad)	Mouse or equivalent (e.g. trackball or touchpad) and Pen/Stylus for TabletPC
Network Interface Card (See CMS ARS security guidelines for acceptable wireless configurations)	Wired for network connectivity; and Wireless network cards must support WPA-2 level encryption	Wired for network connectivity; and Wireless network cards must support WPA-2 level encryption
Internet Connection	High-speed/broadband	High-speed/broadband
Battery (laptop or Tablet PC)	6-cell lithium-ion	6-cell lithium-ion
*Browser***	Chrome, Microsoft Edge	Chrome, Microsoft Edge

** Windows 10 support officially ends on October 14, 2025, and it can no longer be used in the QIES system

Per the Windows 10 Home and Pro Lifecycle Policy FAQ https://learn.microsoft.com/en-us/lifecycle/products/windows-10-home-and-pro), only the Microsoft Edge or Chrome will receive technical support and security updates.

* SAs considering implementing Windows 11 should carefully evaluate CMS software with this Operating System before full-scale deployment.

Note: Operating systems need to be current with all Windows security updates. Make sure your browser is the most current version. Browser settings to make sure both JavaScript and cookies enabled.

Attachment C

CLIA FY 2027 Budget Call Letter Tables

Table 1 Survey Workload

State	Certificate of Compliance				Validations				Complaint Surveys		Travel Hours Adjustment	Proficiency Testing		Total Survey Hours
	Initial Survey Count	Initial Survey Hours	Followup/ Revisit Survey Count	Followup/ Revisit Survey Hours	Initial Survey Count	Initial Survey Hours	Followup/ Revisit Survey Count	Followup/ Revisit Survey Hours	Complaint Count	Complaint Hours		PT Desk Reviews	PT Hours	
Alabama	191	2,498	59	259	8	175	2	16	3	64	-69	26	103	3,046.10
Alaska	30	374	10	42	1	22	0	0	0	0	-9	8	32	460.24
Arizona	166	2,032	52	217	9	196	2	16	2	43	27	15	59	2,590.67
Arkansas	161	2,176	51	226	4	87	1	8	6	128	-29	20	79	2,674.85
California	744	8,933	233	957	31	677	8	66	5	106	734	44	174	11,645.96
Colorado	146	1,764	45	186	7	153	2	16	4	85	-64	21	83	2,223.37
Connecticut	86	1,018	25	100	3	65	1	8	1	21	-24	3	12	1,201.14
Delaware	22	249	7	29	1	22	0	0	0	0	-27	0	0	272.26
District of Columbia	8	94	2	7	1	22	0	0	1	21	-4	0	0	140.31
Florida	644	7,449	202	813	32	699	8	66	14	298	481	0	0	9,805.60
Georgia	266	3,341	83	352	13	284	3	25	11	234	172	45	178	4,584.43
Hawaii	22	271	7	29	1	22	0	0	2	43	40	0	0	404.39
Idaho	71	940	21	89	2	44	0	0	1	21	-48	11	43	1,089.26
Illinois	174	2,194	54	230	14	306	3	25	16	341	33	21	83	3,210.47
Indiana	93	1,181	28	120	9	196	2	16	11	234	-23	14	55	1,780.36
Iowa	124	1,811	37	164	3	65	1	8	3	64	-101	30	118	2,129.89
Kansas	110	1,528	33	144	4	87	1	8	1	21	231	0	0	2,019.63
Kentucky	153	2,022	49	212	5	109	1	8	4	85	365	38	150	2,951.07
Louisiana	101	1,260	32	134	10	218	2	16	5	106	59	3	12	1,805.85
Maine	24	339	7	29	1	22	0	0	1	21	1	2	8	420.74
Maryland	136	1,655	41	170	6	131	1	8	0	0	-142	6	24	1,845.02
Massachusetts	140	1,755	44	186	7	153	2	16	0	0	-125	7	28	2,012.93
Michigan	126	1,567	39	164	11	240	3	25	15	319	-83	5	20	2,251.95
Minnesota	117	1,504	36	153	11	240	3	25	4	85	52	12	47	2,105.88
Mississippi	226	2,986	70	305	3	65	1	8	5	106	-112	36	142	3,501.09
Missouri	125	1,631	39	167	6	131	1	8	7	149	0	9	36	2,121.74
Montana	51	688	16	70	1	22	0	0	7	149	-33	13	51	948.11
Nebraska	93	1,296	30	132	2	44	0	0	1	21	-68	5	20	1,445.28
Nevada	68	890	20	85	3	65	1	8	3	64	-109	8	32	1,035.73
New Hampshire/Vermont	37	478	10	41	2	44	0	0	2	43	-13	5	20	612.04
New Jersey	203	2,347	64	260	7	153	2	16	2	43	-128	21	83	2,772.85
New Mexico	24	279	5	19	3	65	1	8	4	85	31	3	12	500.58
New York	335	3,966	105	427	3	65	1	8	1	21	-149	48	189	4,527.91
North Carolina	279	3,383	88	373	17	371	4	33	3	64	-46	21	83	4,260.65
North Dakota	26	384	8	37	2	44	0	0	2	43	66	5	20	593.60
Ohio	117	1,440	38	158	15	327	4	33	8	170	-65	2	8	2,071.68
Oklahoma	84	1,183	26	119	7	153	2	16	3	64	53	20	79	1,666.21
Oregon	102	1,344	32	141	3	65	1	8	3	64	31	19	75	1,728.44
Pennsylvania	175	2,199	54	228	12	262	3	25	2	43	-86	11	43	2,713.60
Puerto Rico	451	6,520	141	658	2	44	0	0	1	21	-67	38	150	7,325.72
Rhode Island	16	176	4	15	1	22	0	0	1	21	-20	0	0	214.68
South Carolina	129	1,563	40	165	9	196	2	16	0	0	80	15	59	2,080.25
South Dakota	46	602	14	60	3	65	1	8	0	0	-55	5	20	700.13
Tennessee	247	3,192	77	341	9	196	2	16	8	170	-196	41	162	3,881.64
Texas	470	5,820	148	623	63	1,375	16	132	30	639	297	57	225	9,110.26
Utah	111	1,341	33	136	4	87	1	8	1	21	-190	3	12	1,414.98
Virginia	178	2,233	57	245	10	218	2	16	3	64	104	13	51	2,931.70
West Virginia	42	589	11	47	2	44	0	0	2	43	-9	10	39	752.13
Wisconsin	133	1,871	42	186	7	153	2	16	13	277	-185	2	8	2,325.64
Wyoming	24	311	7	30	1	22	0	0	3	64	0	8	32	458.14
TOTALS	**7,636**	**96,664**	**2,376**	**10,080**	**391**	**8,536**	**93**	**764**	**225**	**4,790**	**579**	**749**	**2,955**	**124,367**

Table 2 FTE Counts

State	Total Survey Hours	Surveyor FTE	Administrative/ Support Hours	Administrative/ Support FTE	Supervisory Hours	Supervisory FTE	Total FTE
Alabama	3,046.10	2.03	2,284.58	1.31	435.16	0.25	3.58
Alaska	460.24	0.31	345.18	0.20	65.75	0.04	0.54
Arizona	2,590.67	1.73	1,943.00	1.11	370.10	0.21	3.05
Arkansas	2,674.85	1.78	2,006.13	1.15	382.12	0.22	3.15
California	11,645.96	7.76	8,734.47	4.99	1,663.71	0.95	13.71
Colorado	2,223.37	1.48	1,667.52	0.95	317.62	0.18	2.62
Connecticut	1,201.14	0.80	900.86	0.51	171.59	0.10	1.41
Delaware	272.26	0.18	204.20	0.12	38.89	0.02	0.32
District of Columbia	140.31	0.09	105.23	0.06	20.04	0.01	0.17
Florida	9,805.60	6.54	7,354.20	4.20	1,400.80	0.80	11.54
Georgia	4,584.43	3.06	3,438.32	1.96	654.92	0.37	5.40
Hawaii	404.39	0.27	303.29	0.17	57.77	0.03	0.48
Idaho	1,089.26	0.73	816.94	0.47	155.61	0.09	1.28
Illinois	3,210.47	2.14	2,407.86	1.38	458.64	0.26	3.78
Indiana	1,780.36	1.19	1,335.27	0.76	254.34	0.15	2.10
Iowa	2,129.89	1.42	1,597.41	0.91	304.27	0.17	2.51
Kansas	2,019.63	1.35	1,514.72	0.87	288.52	0.16	2.38
Kentucky	2,951.07	1.97	2,213.30	1.26	421.58	0.24	3.47
Louisiana	1,805.85	1.20	1,354.39	0.77	257.98	0.15	2.13
Maine	420.74	0.28	315.55	0.18	60.11	0.03	0.50
Maryland	1,845.02	1.23	1,383.77	0.79	263.57	0.15	2.17
Massachusetts	2,012.93	1.34	1,509.70	0.86	287.56	0.16	2.37
Michigan	2,251.95	1.50	1,688.97	0.97	321.71	0.18	2.65
Minnesota	2,105.88	1.40	1,579.41	0.90	300.84	0.17	2.48
Mississippi	3,501.09	2.33	2,625.82	1.50	500.16	0.29	4.12
Missouri	2,121.74	1.41	1,591.30	0.91	303.11	0.17	2.50
Montana	948.11	0.63	711.09	0.41	135.44	0.08	1.12
Nebraska	1,445.28	0.96	1,083.96	0.62	206.47	0.12	1.70
Nevada	1,035.73	0.69	776.80	0.44	147.96	0.08	1.22
New Hampshire/Vermont	612.04	0.41	459.03	0.26	87.43	0.05	0.72
New Jersey	2,772.85	1.85	2,079.63	1.19	396.12	0.23	3.26
New Mexico	500.58	0.33	375.43	0.21	71.51	0.04	0.59
New York	4,527.91	3.02	3,395.93	1.94	646.84	0.37	5.33
North Carolina	4,260.65	2.84	3,195.49	1.83	608.66	0.35	5.01
North Dakota	593.60	0.40	445.20	0.25	84.80	0.05	0.70
Ohio	2,071.68	1.38	1,553.76	0.89	295.95	0.17	2.44
Oklahoma	1,666.21	1.11	1,249.66	0.71	238.03	0.14	1.96
Oregon	1,728.44	1.15	1,296.33	0.74	246.92	0.14	2.03
Pennsylvania	2,713.60	1.81	2,035.20	1.16	387.66	0.22	3.19
Puerto Rico	7,325.72	4.88	5,494.29	3.14	1,046.53	0.60	8.62
Rhode Island	214.68	0.14	161.01	0.09	30.67	0.02	0.25
South Carolina	2,080.25	1.39	1,560.19	0.89	297.18	0.17	2.45
South Dakota	700.13	0.47	525.10	0.30	100.02	0.06	0.82
Tennessee	3,881.64	2.59	2,911.23	1.66	554.52	0.32	4.57
Texas	9,110.26	6.07	6,832.70	3.90	1,301.47	0.74	10.72
Utah	1,414.98	0.94	1,061.24	0.61	202.14	0.12	1.67
Virginia	2,931.70	1.95	2,198.77	1.26	418.81	0.24	3.45
West Virginia	752.13	0.50	564.10	0.32	107.45	0.06	0.89
Wisconsin	2,325.64	1.55	1,744.23	1.00	332.23	0.19	2.74
Wyoming	458.14	0.31	343.61	0.20	65.45	0.04	0.54
Totals	**124,367.18**	**82.91**	**93,275.38**	**53.30**	**17,766.74**	**9.90**	**146.36**

Table 3 Certificate of Compliance Completion Rate Based Funding

Certificate of Compliance Initial/Recertification Surveys						
State	FY27 expected	FY24/FY25 actual	FY24/25 expected	2-yr avg % completed	Funding factor	FY27 funded
Alabama	191	372	460	81%	100%	191
Alaska	30	61	64	95%	100%	30
Arizona	166	388	409	95%	100%	166
Arkansas	161	392	353	111%	100%	161
California	744	921	1,624	57%	82%	608
Colorado	146	239	341	70%	95%	139
Connecticut	86	194	191	102%	100%	86
Delaware	22	40	47	85%	100%	22
District of Columbia	8	17	21	81%	100%	8
Florida	644	1,292	1,346	96%	100%	644
Georgia	266	479	597	80%	100%	266
Hawaii	22	49	55	89%	100%	22
Idaho	71	153	143	107%	100%	71
Illinois	174	344	476	72%	97%	169
Indiana	93	210	217	97%	100%	93
Iowa	124	288	295	98%	100%	124
Kansas	110	203	253	80%	100%	110
Kentucky	153	301	351	86%	100%	153
Louisiana	101	225	216	104%	100%	101
Maine	24	50	59	85%	100%	24
Maryland	136	321	338	95%	100%	136
Massachusetts	140	293	321	91%	100%	140
Michigan	126	266	304	88%	100%	126
Minnesota	117	231	244	95%	100%	117
Mississippi	226	522	490	107%	100%	226
Missouri	125	302	287	105%	100%	125
Montana	51	116	103	113%	100%	51
Nebraska	93	196	206	95%	100%	93
Nevada	68	169	152	111%	100%	68
New Hampshire/Vermont	37	82	90	91%	100%	28
New Jersey	203	490	487	101%	100%	203
New Mexico	24	78	56	139%	100%	24
New York	335	613	850	72%	97%	325
North Carolina	279	617	706	87%	100%	279
North Dakota	26	53	55	96%	100%	26
Ohio	117	260	262	99%	100%	117
Oklahoma	84	211	227	93%	100%	84
Oregon	102	237	235	101%	100%	102
Pennsylvania	175	390	412	95%	100%	175
Puerto Rico	451	942	925	102%	100%	451
Rhode Island	16	34	39	87%	100%	16
South Carolina	129	203	369	55%	80%	103
South Dakota	46	109	108	101%	100%	46
Tennessee	247	659	602	109%	100%	247
Texas	470	953	997	96%	100%	470
Utah	111	250	235	106%	100%	111
Virginia	178	423	428	99%	100%	178
West Virginia	42	87	97	90%	100%	42
Wisconsin	133	274	295	93%	100%	133
Wyoming	24	57	60	95%	100%	24
Totals	**7,636**	**15,656**	**17,498**	**89%**	**98%**	**7,445**

Expected workload remains the FY27 projection. CoC survey count funded in this letter is adjusted for those states at or below 75% completion rate for FY25-24

Table 4 CLIA FY27 Funding Levels

State	Total Funding
Alabama	$ 480,085
Alaska	$ 147,148
Arizona	$ 461,136
Arkansas	$ 495,358
California	$ 1,853,867
Colorado	$ 386,269
Connecticut	$ 271,518
Delaware	$ 62,188
District of Columbia	$ 31,080
Florida	$ 1,589,683
Georgia	$ 742,686
Hawaii	$ 200,745
Idaho	$ 236,064
Illinois	$ 1,048,108
Indiana	$ 286,362
Iowa	$ 376,543
Kansas	$ 339,881
Kentucky	$ 394,695
Louisiana	$ 621,207
Maine	$ 127,614
Maryland	$ 393,489
Massachusetts	$ 556,289
Michigan	$ 477,182
Minnesota	$ 346,955
Mississippi	$ 544,691
Missouri	$ 713,737
Montana	$ 158,327
Nebraska	$ 207,803
Nevada	$ 195,526
New Hampshire/Vermont	$ 179,571
New Jersey	$ 768,087
New Mexico	$ 269,812
New York	$ 1,520,071
North Carolina	$ 618,139
North Dakota	$ 105,425
Ohio	$ 455,059
Oklahoma	$ 491,044
Oregon	$ 612,542
Pennsylvania	$ 665,211
Puerto Rico	$ 513,930
Rhode Island	$ 92,710
South Carolina	$ 243,766
South Dakota	$ 99,760
Tennessee	$ 824,953
Texas	$ 2,124,802
Utah	$ 358,131
Virginia	$ 520,633
West Virginia	$ 272,949
Wisconsin	$ 432,695
Wyoming	$ 98,915
Totals	**$ 25,014,441**