



**Clinical Laboratory Improvement Amendments (CLIA) Program**

**[State Name]**  
**CLIA State Agency Performance Review**  
**SUMMARY REPORT**

**Review Period: Calendar Year 2026**  
**(January 1, 2026, to December 31, 2026)**

<STATE NAME> - CLIA STATE AGENCY PERFORMANCE REVIEW 2026 (CY 2026)

**Performance Review Criterion #1: Personnel Qualifications, Training, and Competency**

The SA has an:

- Effective system in place to ensure that all CLIA surveys are conducted by qualified and competent individuals.
- Ongoing training program to improve survey skills.
- Ongoing program to ensure that SA CLIA clerical staff and surveyors are properly trained in a timely manner.
- Ongoing mechanism to maintain and improve staff competency.

**PERFORMANCE MEASUREMENT:**

Performance Thresholds for Written Corrective Action Plan

A written corrective action plan is required if:

- Quantified performance results are less than 100%, **OR**
- The staff positions (professional and clerical) listed on CMS-1465A are not occupied as reported.

SA Performance Results

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No):**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion #2: Data Management**

The SA has:

- Implemented a mechanism to ensure that data entry is done both accurately and within the appropriate timeframe, and
- All personnel responsible for data management have been trained.

**PERFORMANCE MEASUREMENT:**

Performance Thresholds for Written Corrective Action Plan

A written corrective action plan is required if:

- Quantified performance results are less than 85%, **OR**
- The SA does not have a mechanism to track the receipt and entry of initial applications (Form CMS-116s), certificate type changes, and demographic updates.

SA Performance Results

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No):**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion #3: Proficiency Testing (PT) Desk Review**

The SA conducts PT Desk Review timely and initiates appropriate action regarding unsuccessful participation.

**PERFORMANCE MEASUREMENT:**

*Performance Thresholds for Written Corrective Action Plan*

A written corrective action plan is required if:

- Quantified performance results are less than 85%, **OR**
- SA has not implemented a mechanism to track PT scores every 30 – 45 days.

*SA Performance Results*

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No):**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion # 4: Principles of Documentation (POD), Plan of Correction (POC)/Allegation of Compliance (AOC)**

The SA has a review system/process to ensure that all CLIA surveyors:

- Write clear, concise, and legally defensible Statements of Deficiencies (SOD) (CMS-2567) that are consistent with the CLIA Principles of Documentation (POD).
- Accept only POC/AOCs that meet the criteria for acceptability.

**PERFORMANCE MEASUREMENT:**

*Performance Thresholds for Written Corrective Action Plan*

A written corrective action plan is required if:

- Quantified performance results are less than 100%, **OR**
- The SA does not utilize and understand mandatory citations.

*SA Performance Results*

**FY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No)**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion # 5: Survey Workload and Outcome-oriented Survey**

**Process**

- The SA has a system to ensure that all surveyors conduct surveys using the outcome-oriented survey process.
- The SA has implemented a tracking system and ensures that the survey time frames are met.

**PERFORMANCE MEASUREMENT:**

Performance Thresholds for Written Corrective Action Plan

A written corrective action plan is required if quantified performance results are less than 85%.

SA Performance Results

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No)**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2025: %)

**Performance Review Criterion #6: Complaints**

The SA accepts and processes all complaints from receipt to closeout in accordance with CMS policies and procedures.

**PERFORMANCE MEASUREMENT:**

Performance Thresholds for Written Corrective Action Plan

A written corrective action plan is required if:

- Quantified Performance Results are less than 90%, **OR**
- SA does not utilize ACTS for all complaints.

SA Performance Results

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No)**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion #7: Quality Assessment**

- The SA has developed specific procedures related to SAPR.
- The SA has an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in their survey and certification activity (i.e., quality assessment).

**PERFORMANCE MEASUREMENT:**

Performance Threshold for Written Corrective Action Plan

A written corrective action plan is required if the Quantified Performance Results are less than 100%.

SA Performance Result

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No)**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

**Performance Review Criterion #8: Budget**

The SA submits all required budget and expenditure documents within the specified time limits.

**PERFORMANCE MEASUREMENT:**

Performance Threshold for Written Corrective Action Plan

A written corrective action plan is required if the Quantified Performance Results are less than 80%.

SA Performance Result

**CY 2026 Quantified Performance Results: %**

**WRITTEN CORRECTIVE ACTION PLAN: (Yes or No)**

(PREVIOUS QUANTIFIED PERFORMANCE RESULTS: FY & CY 2025: % || FY 2024: %)

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**FINDINGS AND SPECIAL CIRCUMSTANCES (IF APPLICABLE FOR ALL OR ANY OF THE CRITERIA):**