



Center for Clinical Standards and Quality

Ref: QSO- 26-01-ALL

DATE: October 1, 2025

TO: State Survey Agency Directors

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

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

Memorandum Summary

Pursuant to the federal government shutdown, we are doing our utmost to:

- Protect Medicare and Medicaid beneficiaries against immediate dangers to life and health, and
- Prevent providers and suppliers from experiencing interruptions that would threaten their ability to provide healthcare services that are vital to Medicare and Medicaid beneficiaries.

In this memorandum we identify functions that (a) are not affected by a Federal shutdown, (b) excepted functions that are to be continued in the event of a shutdown (also referred to as “essential functions”), and (c) other activities that are directly affected and therefore should not be operational during a Federal shutdown.

The following guidance is intended to enable certain essential survey & certification functions by State survey agencies (SAs) during the Federal Government shutdown.

A. Survey and Certification Activities Not Affected by a Federal Government Shutdown

CLIA - Clinical Laboratory Improvement Amendments: CLIA Survey & Certification functions are funded through user fees and therefore, are not directly affected by the Federal Government shutdown.

CMS or State Vendor Contracts Awarded on or before September 30th, 2025

Performance under contracts awarded and funded, on or before September 30, 2025, including any exercised option year to an existing contract, will not be impacted by the shutdown. However, if a contractor’s current contract funding expires and/or the option period is not exercised, the contractor shall refer to their contract’s terms and conditions related to stop work due to the availability of funds and reach out to their Government Contracting Official. For CMS contracts, please contact your Contracting Officer (CO), the Contracting Officer Representative (COR), and the contacts below for further guidance. When this funding situation changes, a CMS Contracting Officer will advise

the contractor as soon as possible. Due to the furlough status of government personnel, the Contracting Officer may be different from the individual assigned to the respective contract(s). For specific questions related to state contracts using prior federal funding, please reach out to your CMS Location Point of Contact.

1. **State-funded surveys:** States that are using state-only funding to complete surveys may continue those surveys.
2. **Surveys of Medicaid-only facilities:** States may conduct surveys of Medicaid-only provider types during the shut-down as the 1st quarter of Medicaid funding will not be impacted. Medicaid funding remains available and is considered mandatory funding. We advise SA's to maintain communication with their State Medicaid agency regarding the availability of Medicaid funds for Medicaid-only survey functions.
3. **Hospice Surveys funded through the Consolidated Appropriations Act (CAA) of 2021:** Funding provided by - the CAA is also considered mandatory and is not impacted by the Federal Government shutdown. Work funded under these sources should continue.

B. Excepted Medicare Functions During the Shutdown

We consider the following State S&C Medicare activities to be accepted as they are essential and should continue during a federal government shutdown to ensure basic public protections, subject to the terms outlined below.

1. ***Complaint Investigations Alleging Harm:*** Complaints that are triaged as credible allegations of immediate jeopardy (IJ) or harm to an individual should continue to be assessed and investigated according to standard CMS protocols except that, for the duration of any Federal Government shutdown, it is not necessary for SA's to obtain prior CMS Location approval to conduct a complaint investigation for a deemed provider (approval is normally required).
2. ***Certain Federal Enforcement Actions:*** Enforcement actions that result from surveys noted in the above paragraph 1 should continue to be performed if the surveys indicate a finding of immediate jeopardy or actual harm or there is a need to address a pending termination. States continue to process enforcement and transfer cases that meet the Immediate Imposition of Federal Remedies requirements as these represent resident harm. Any questions or requests related to Medicare enforcement actions should be directed to the federal contacts noted at the end of this memorandum.
3. ***Revisit Surveys Approved by Exception and Necessary to Prevent Termination:*** SA's may request approval to conduct a revisit when:
 - (a) A provider or supplier has alleged compliance with CMS requirements (pursuant to a prior determination of noncompliance) and
 - (b) The revisit survey is necessary to determine compliance and prevent the scheduled Medicare termination of a provider or supplier, and
 - (c) The Medicare termination is likely to occur due to timing or specific circumstances.

Requests for any such exception shall be sent to the federal contact noted at the end of this memorandum, except those surveys covered under the exceptions noted above (e.g., CLIA, hospice, Medicaid-only) revisits should follow normal CMS protocols.

4. ***Immediate Threats to Life or Safety (Emergencies and Natural Disasters)***: SAs should take action to prevent or mitigate any other immediate threats to the life or safety of a beneficiary even if the situation does not fit into any of the preceding categories, such as survey and certification activities that may be necessary during a declared public health emergency to prevent injury or harm to beneficiaries. CMS Location operations in this situation are expected to continue (e.g., health care facility emergency reporting, waiver consideration (if applicable)).
5. ***Orderly Shutdown of Other Tasks***: SAs may complete other tasks begun prior to September 30th, 2025, if such completion is necessary to ensure an orderly shutdown, provided that the tasks can be accomplished within four hours of CMS notification to the SA of a federal shutdown (such as completing the upload of completed surveys to the ASPEN and iQIES information system). Note that surveys completed before the Federal Government shutdown that do not fit into the above noted categories, for which the written survey report Form CMS-2567) has not been completed prior to the orderly shutdown, will generally remain valid if completed after the shutdown. We plan to issue special instructions for completion of such reporting.

States should maintain the infrastructure capability to support the complaint investigations, enforcement, and survey information system entries for Medicare activities authorized in this communication. This must include the ability to receive all complaints and respond to those complaints that allege immediate jeopardy or actual harm to individuals, and to enter information into the ASPEN & iQIES information system.

C. Activities Not Supported During a Federal Government Shutdown

Survey & Certification functions normally conducted on behalf of CMS that do not fall into one of the above categories shall not be performed during the period of a Federal Government shutdown. Examples of Medicare activities that shall not be continued during such time include:

1. ***Standard Surveys***: No Medicare-funded recertification surveys shall be performed. This includes statutorily mandated surveys (NHs, HHAs), with the exception of hospice mentioned above.
2. ***Certain Revisit Surveys***: Revisits, including both onsite and desk revisits, that are not required to prevent termination of Medicare participation within the subsequent 45 days shall not be conducted. Among those that should not be conducted are revisits (related to establishing regulatory compliance) that would end a per-day civil monetary penalty or denial of payment for new admissions. Subsequent to a Federal Government shutdown we will issue instructions on how those situations would be handled.
3. ***Initial Surveys***: No Medicare initial surveys shall be performed, unless otherwise permitted with the allowed activities described above in Section A.
4. ***Initial Certification via Deemed Status***: States shall not take any action on initial certification kits (e.g., compiling the documentation for an initial certification kit) for

applicants to participate in Medicare who seek to demonstrate compliance via accreditation under a CMS-approved Medicare accreditation program.

5. ***Certain Complaint Investigations:*** No Medicare complaint investigations should be performed, except those alleging immediate jeopardy or actual harm to individuals, as noted in this memorandum or as permitted in Section A above.
6. ***MDS or OASIS:*** No minimum data set (MDS) or OASIS activities should be conducted except those necessary to maintain provider reporting.
7. ***Informal Dispute Resolutions (IDRs):*** No IDRs or Independent IDRs should be conducted unless they are pursuant to the excepted complaint investigations noted above in section B of this memorandum for which there is an immediate adverse action that will be taken against the facility or provider during the period of the shutdown.
8. ***New CMP-Funded Improvement Projects:*** No new improvement projects funded by collected civil monetary penalty funds should be implemented unless approval has already been granted by the CMS Location. Projects already approved by CMS are not affected and may continue, since such projects require no further federal action.

In the event of a Federal Government shutdown that persists for more than a few weeks, CMS may communicate further instructions with regard to any special provisions that are appropriate for Survey and Certification activities.

CMS also expects that there will be additional guidance to address timelines impacted by the shutdown included in the State Performance Standards System (e.g., timelines related to selection of a new Special Focus Facility). If there are any specific questions, please direct them to your CMS Location Point of Contact listed below.

Further, States may not conduct work under Section C with the expectation that funding will become available.

F. CMS Contact Information for Survey & Certification

CMS has designated a limited number of individuals who will maintain communications with State Survey Agencies and will be able to take authoritative action with regard to Federal survey and enforcement activities. The CMS Survey & Operations Group Leadership points of contact are listed below. We expect additional communication with the States to address issues on an ongoing basis.

SOG Division Point of Contact:

CMS Northeast Division (Boston, New York Philadelphia): Hyosim Seon Spada, Hyosim.Seon-Spada@cms.hhs.gov

CMS Atlanta: Dianna Wardlow-Dotter, Dianna.Wardlow-Dotter@cms.hhs.gov

CMS Chicago: Mutiu Okanlawon, Mutiu.Okanlawon@cms.hhs.gov

CMS Kansas City/Denver: Dianna Wardlow-Dotter, Dianna.Wardlow-Dotter@cms.hhs.gov

CMS Dallas: Marcus Foster, Marcus.Foster@cms.hhs.gov

CMS Western Division (San Francisco/Seattle): Renae Hill, Renae.Hill@cms.hhs.gov

We deeply regret the necessity to curtail Federal Survey & Certification functions. State licensure functions and State enforcement activities under State law are, of course, not constrained by any Federal Government shutdown.

Thank you for your patience during this time of uncertainty, and for your daily diligence in offering individuals the protections and quality assurance upon which they rely.

Questions regarding this communication should be sent to Karen Tritz, David Wright, Karen Hillman, and Melissa Daly at Karen.Tritz@cms.hhs.gov, David.Wright@cms.hhs.gov, Karen.Hillman@cms.hhs.gov, and Melissa.Daly@cms.hhs.gov, respectively.

Effective Date: 12:01 am October 1st, 2025, and enduring only so long as the federal government is in shutdown status. This policy should be communicated to all survey and certification staff, **their managers and the State/Regional Office training coordinators immediately.**

/s/

Karen L. Tritz

Director, Survey & Operations Group

/s/

David R. Wright

Director, Quality, Safety & Oversight Group