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CMS Announces New Risk-Based Survey Process for Nursing Homes: What Long-Term Care Providers Need to Know

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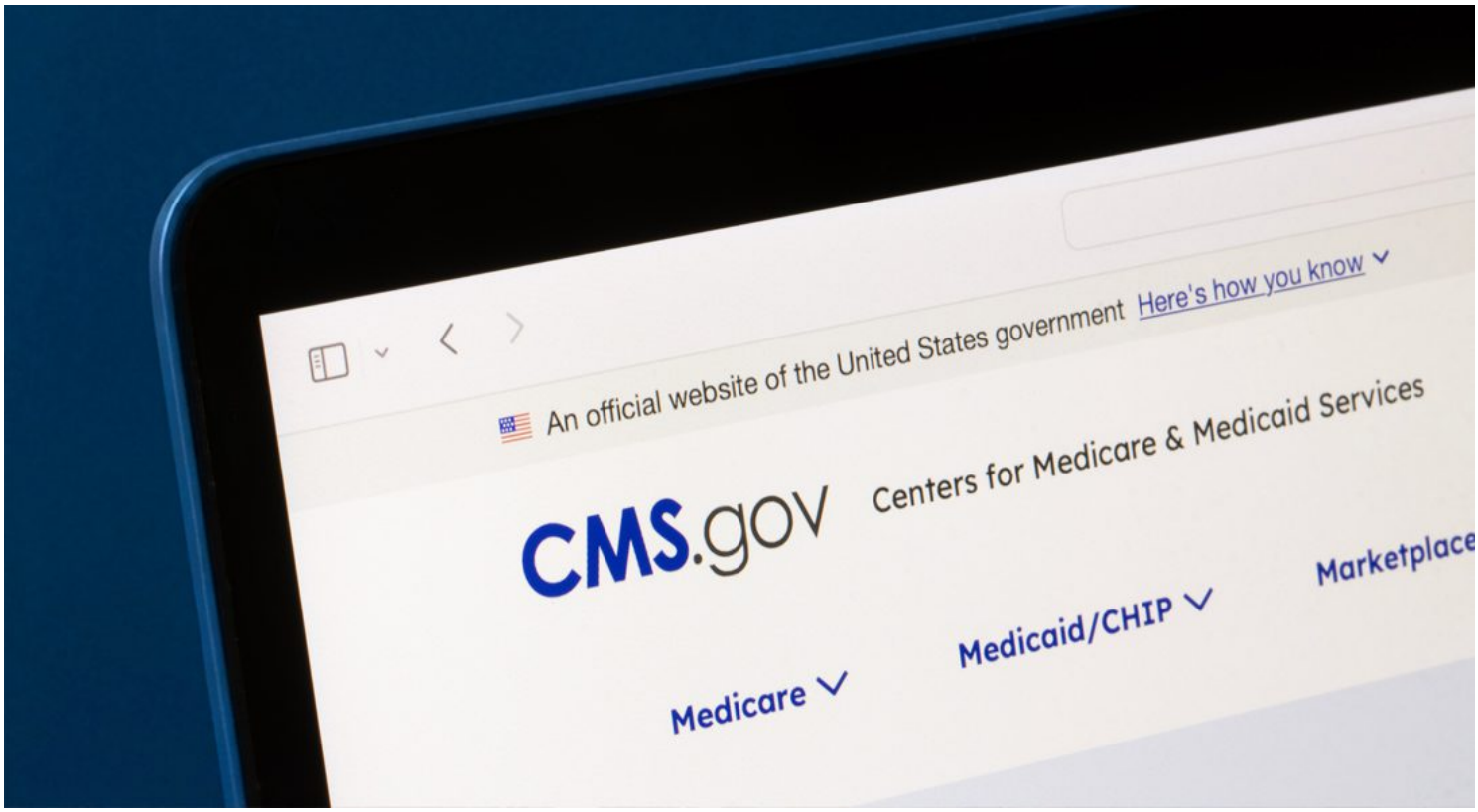

The Centers for Medicare and Medicaid Services (CMS) has issued a memo announcing the national implementation of a new Risk-Based Survey (RBS) approach for nursing homes. The new survey process is designed to streamline standard recertification surveys for certain higher-performing facilities while allowing State Survey Agencies to focus more resources on facilities where resident health and safety are at greater risk.

Key takeaways

- The Risk-Based Survey (RBS) launches nationwide on September 8, 2026.
- CMS will identify qualifying facilities with an icon on the Nursing Home Care Compare website, indicating a higher level of performance.

- CMS estimates approximately 12% of nursing homes nationwide will initially qualify.

- Qualification can be lost if a facility triggers a disqualifying event.

What is the Risk-Based Survey process?

The Risk-Based Survey process is a modified version of the standard Long-Term Care Survey Process used for nursing home recertification surveys. While qualifying facilities will still be reviewed for compliance, the RBS process will entail a streamlined review of the required areas and fewer activities, and will involve a smaller resident sample, reduced onsite time and fewer surveyors.

CMS has stated that all nursing homes will continue to be surveyed at least every 15 months. In addition, State Survey Agencies and CMS may still require the traditional survey process for an RBS-qualifying facility if concerns arise related to resident health and safety, such as complaint reports.

Which nursing homes may qualify?

CMS estimates that approximately 12% of nursing homes nationwide will initially qualify for the Risk-Based Survey process. To qualify, a facility must meet several criteria, including:

- A five-star overall rating on Nursing Home Care Compare
- At least a three-star staffing rating
- No citations for actual harm, immediate jeopardy or substandard quality of care in the last survey cycle
- No staffing waivers in effect
- No failed Payroll-Based Journal (PBJ) staffing data audit
- No failed resident assessment Minimum Data Set (MDS) audit
- No change in ownership since the last standard survey
- No Special Focus Facility Candidate designation
- No more than 18 months without a standard survey
- No health inspection score higher than the 50^{th} percentile in the state
- No more than 1 resident aged 65 or older that is coded with diagnosis of schizophrenia after being admitted without this diagnosis

RBS Facility Disqualifying Criteria

CMS will provide State Survey Agencies with quarterly lists of facilities that qualify for the RBS process. However, facilities may be disqualified if certain issues arise before an RBS survey begins, including any of the following:

- Citations involving actual harm, immediate jeopardy (IJ), abuse, substandard quality of care that occurred on an intake investigation while listed as a qualifying facility
- Pending intake investigations triaged at IJ
- More than 3 pending non-IJ active intakes (complaints/facility reported incidents) triaged as non-IJ medium or higher
- CMS-approved nursing waivers
- Change in ownership since last standard survey

Impact on nursing home providers

The new RBS process will benefit those nursing home providers that meet the qualifying criteria and result in increased public recognition once CMS begins identifying these high-performing facilities via the use of the icon designation on the Nursing Home Care Compare website. Nursing home providers should review the RBS qualifying and disqualifying criteria in determining which criteria is applicable to their facilities. If a nursing home provider does not meet the qualifying criteria, such provider should assess how they can improve the quality of care they provide to residents such as ensuring sufficient staffing levels, the submission of accurate data to CMS, and ensuring compliance with the federal requirements of participation to avoid deficiencies resulting in harm, IJ or substandard quality of care.

You can read the full CMS memo here to review the complete list of qualifying and disqualifying criteria. If you have questions about the new Risk-Based Survey process and/or need assistance with any regulatory and compliance matters or would like guidance to ensure that your facility is survey ready, please feel free to contact me.

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