Summary: CMS Issues Memo Outlining Revisions to the State Operations Manual – Chapters 5 & 7

On January 30, 2026, the Centers for Medicare and Medicaid Services (CMS) released a 300-page memo to state survey agencies outlining revisions to chapters 5 and 7 of the State Operations Manual. Below are highlights from the memo. CMS directs providers with questions to email DNH_TriageTeam@cms.hhs.gov. Members may also email the AHCA Regulatory Team.

Chapter 5 Highlights

- Additional examples were given to explain which complaint intakes warrant immediate jeopardy prioritization.
- Examples of complaint intakes that can be reviewed off-site were clarified.
- The terms *substantiated* and *unsubstantiated* were removed from LTC providers to align with current practices.

Chapter 7 Highlights

CMS has included information from Appendix P which had previously been removed in 2017, with the launch of the Long Term Care Survey Process (LTCSP). Othe revisions include:

1. **Nurse Staffing Waivers and Resident Room Variances:** CMS has moved the information about obtaining waivers from Appendix PP to Chapter 7 because CMS says this section of guidance simply provides a process for nursing homes to obtain a waiver and is not related to the survey process.

2. **On-Site vs. Off-Site Revisits:** CMS has clarified the procedures for conducting revisits after non-compliance has been found. CMS says the reason for the updates is to provide guidance and parameters for post survey revisits to assist state agencies in being more efficient.

3. **Immediate Jeopardy (IJ):** The guidance has been updated to include additional information on how to identify IJ, how to determine when to remove the IJ, and conditions for lowering the scope and severity once IJ has been removed. CMS says updates were made to align with Appendix Q, clarify guidance, and improve consistency.

4. **Acceptable Plan of Correction:** This update addresses an OIG recommendation to clarify areas related to acceptable plans of correction.

5. **Enforcement Guidance:** The guidance in Chapter 7 was updated to align with the use of the CMP Analytical Tool, as well as the Fiscal Year 2025 Skilled Nursing Facilities Prospective Payment System (SNF PPS) final rule. This expansion allows CMS to impose per instance and per day CMPs on the same survey, as appropriate.

6. **CMP Reinvestment Program (CMPRP):** CMS included the updated guidance about the recent changes to the CMPRP, which were released in September 2025.

7. **Informal Dispute Resolution (IDR):** The IDR process was revised to align with the Independent IDR (IIDR) process. CMS has directed States to begin uploading deficiencies pending IDR or IIDR. CMS notes that this is intended to improve record-keeping, as well as transparency.

8. These changes **take effect on March 30, 2026**.