

UPDATED: CMS Validation Survey Process

Recently, the US Centers for Medicare & Medicaid Services (CMS) announced that its validation survey process for evaluating accrediting organizations (AOs) will be done by directly observing the AO survey team during triennial deemed status surveys. This new process applies to the following Joint Commission deemed programs **beginning October 1, 2023**:

- **Ambulatory surgery centers**
- **Critical access hospital**
- **Home health**
- **Hospice**
- **Hospital**
- **Psychiatric hospital**

Historically, state agencies conducted “look back” validation surveys within 60 calendar days following AO surveys. Moving forward, CMS contracted with two national organizations to conduct validation surveys, sending their surveyor(s) to directly observe the AO surveyor(s). The new approach is designed to prevent the need for a separate survey of the health care organization, and to focus on evaluating The Joint Commission’s ability to assess compliance with the Conditions of Participation. CMS expects to do fewer of these direct observation validation surveys compared to the previous historical validation surveys.

The national contracted organizations will send the same number of surveyors as the Joint Commission survey team to ensure that each Joint Commission surveyor is observed throughout the triennial deemed survey. The CMS–contracted surveyors **will not** conduct a separate survey or issue a CMS 2567 survey report. All survey findings will be identified by the Joint Commission survey team and captured in the Joint Commission survey report, and health care organizations will respond to The Joint Commission for any identified findings.

For questions or more information, contact your account executive. 