



Center for Clinical Standards and Quality/Survey & Certification Group

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DATE: January 22, 2016

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: FY 2016 State Performance Standards System (SPSS) Guidance

***** Revised to correct who may conduct the review and memo referenced on Attachment 3 *****

Memorandum Summary

SPSS Framework: The three dimensions of frequency, quality, and enforcement continue to serve as the for Medicare & Medicaid Services' (CMS') organizing framework for the SPSS by which to organize and measure the value associated with the survey process overall. **The Regional Office (RO), not the State, may conduct the review of tags.**

Background

The three-dimensional structure in the FY 2016 SPSS Guidance (frequency, quality and enforcement) provides a framework by which we can organize and measure the value associated with the survey process. In addition, these three dimensions structure our efforts to standardize, promote consistency and automate the data that used in the State performance evaluation process.

Every year, CMS conducts a formal assessment of whether the State Survey Agencies (SAs) fulfill their responsibilities, as outlined under the 1864 Agreement. In an effort to improve SPSS efficiency, CMS assembled an SPSS workgroup that consisted of CMS Survey & Certification RO and Central Office staff. The SPSS workgroup met monthly to prioritize and discuss proposed revisions to the SPSS guidance for FY2016. The guidance has undergone its standard annual review in an effort to assure maximum consistency within the existing language itself, provide any required clarifications, and address any outstanding issues raised from the previous year's processing.

Revisions to the SPSS Guidance

Based on recommendations from the SPSS workgroup and CMS ROs, CMS is revising the protocol guidance for FY 2016. Below is a summary of the changes:

- General Instruction:
 - The ROs should not request information that is already available in CMS systems from States. If more information is needed, it should be transmitted in an electronic format that is usable by the RO whenever possible.
- F3.1: Frequency of Non-Nursing Home Surveys method of evaluation was modified:
 - State Agencies may provide documentation of a home health agency or hospice that dropped accredited status 60 days or less before the maximum 36 month survey interval so that CMS will not issue a non-delivery notice or other penalty.
- Q1: Documentation of Deficiencies for Nursing Homes, ESRD Facilities, ICFs/IID and Non-Deemed HHAs and Hospitals was modified and additional guidance added:

Conducting the Review:

 - We addressed the number of tags that ROs should review. ROs may review four tags for each survey if there are at least that number of tags or review all the tags if there are fewer than four tags cited.

Sample Selection:

 - The RO should include contractor surveys that are arranged by the State, but exclude Federal contractor surveys from the sample.

Review Requirements:

 - We added clarifying guidance for scoring State performance related to the requirements for the Principles of Documentation.
- Health or Life Safety Code Statement of Deficiencies Date:
 - If the health or Life Safety Code Statement of Deficiencies (SOD) has a completion date outside the fiscal year of the review, no deficiencies should be reviewed from that component of the SOD.
- Q1 Documentation of Deficiencies; Q6 Prioritizing Complaints and Facility Self-reported Incidents; and Q9 Quality of Complaint/Facility Self-reported Incident Investigations method of evaluation was modified:
 - In addition to the samples generated by CMS Central office, the RO's may randomly select up to 25% of enforcement cases that are referred to the RO

for review and up to 25% of State surveys that lead to comparative surveys (LTC Only).

We appreciate your efforts to continuously improve the Medicare survey and certification program, in light of the many challenges that States and ROs face.

Contact: Please contact the SPSS team at SPSS_Team@cms.hhs.gov with any questions or concerns.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachment(s)

Attachment 1 – FY 2016 SPSS Guidance

Attachment 2 – SPSS Dimensions Overview for FY 2016

Attachment 3 – FY 2016 Frequency Measures-Discussion of Data Revised

Attachment 4 – Q1 Worksheet

Attachment 5 – Q1 Random Sample Procedure document

Attachment 6 – Q7 ACTS Report procedures for FY 2016

Attachment 7 – Q8 Worksheet

Attachment 8 – Q9 Worksheet

Attachment 9 – E2 Procedures document

Attachment 10 – E3 Report Procedure document

Attachment 11 – Summary Score Sheet

Attachment 12 – Rounding Issues

Attachment 13 – Acronyms

cc: Survey and Certification Regional Office Management