DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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**Center for Clinical Standards and Quality**

**Admin Info: 23-10-ALL**

**DATE:** **July 20, 2023**

**TO:** State Survey Agency Directors

**FROM:** Director
Quality, Safety & Oversight Group
Director
Survey and Operations Group

**SUBJECT:** Fiscal Year 2022 (FY22) State Performance Standards System (SPSS) Findings

**Memorandum Summary**

- Results for Fiscal Year 2022 State Performance Standards System (SPSS) measures are reported and summarized.

## Background

Every year, the Centers for Medicare & Medicaid Services (CMS) conducts an assessment of each State Agency's (SA's) performance relative to measures included in the State Performance Standards System (SPSS) program. Through this program and other oversight activities, CMS works with the SAs to ensure that the care provided across provider and supplier settings to patients and residents is of the highest quality.

Fiscal Year 2022 (FY22) SPSS findings must be taken in context of several challenges that influenced each individual State's performance. The COVID-19 Public Health Emergency (PHE) has resulted in many lingering and difficult-to-solve challenges for SAs such as ongoing staffing shortages, ongoing resource challenges, unprecedented numbers of retirements among experienced surveyors, and significantly fewer than normal applicants applying for open positions due to constrained availability of health care workers. These staffing and resource challenges have occurred in conjunction with a marked increase in the number of health care provider complaints received during the PHE, resulting in numerous SAs struggling to conduct surveys on open complaints, and revisits to ensure corrective action has occurred. CMS does not take these, and other, challenges lightly and will continue to work with SAs towards ensuring the highest quality of care and safest health care environments for all beneficiaries.

As additional background the FY21 State Performance Standards System was not released due to delays from COVID-19, but will be made available in the future. Given the complaint backlog and more recent data, corrective action plans for FY21 results will not benefit SAs. CMS has strengthened the corrective action plan process to proactively address areas of opportunity for SAs. The corrective action plans recognize mitigating factors for failures to meet state performance standards, such as shortages of staff or other resource challenges.

The following provides an overview of FY22 SPSS findings. Detailed findings by State are included in supporting tables.

## FY 2022 SPSS Measures

The SPSS is aligned with CMS expectations for State Survey Agency performance in accordance with the §1864 Agreement and all related regulations and policies intended to protect and improve the health and safety of Americans such as the State Operations Manual, the Mission and Priority Document, survey procedure guides, and other relevant documents. In FY22, measurement for the SPSS focused on three domains: (1) Standard and Complaint Survey Process, (2) COVID Infection Control Surveys, and (3) Quality of the Survey Process. The measures in these three domains included:

### Standard and Complaint Survey Process

S1. Surveys of Nursing Home Special Focus Facilities (SFF). CMS assessed the frequency of standard surveys conducted for SFFs and the addition of new facilities to the SFF list. State Survey Agencies must conduct a standard survey with each SFF at least once every six months; and a new SFF must replace a removed facility within 21 days.

S2. Timeliness of Upload of Recertification Surveys. The time from survey completion to successful data upload into the National Database for surveys uploaded should not exceed 70 calendar days.

S3. Use of the Immediate Jeopardy (IJ) Template. CMS will assess the mandatory use of the IJ template. State Survey Agencies should provide this template for at least 80% of all IJ deficiencies.

S4. Intakes Overdue for Investigation. The number of complaints/facility-reported incidents (FRIs) entered that have been triaged for investigation and are overdue for investigation. State Survey Agencies should reduce the number of complaints/FRIs overdue for investigation by at least 60%.

S5. Recertification Survey Completion Rate. The completion of past-due recertification surveys. State Survey Agencies should reduce the number of past-due recertification surveys by at least 50%.

### COVID Infection Control Surveys

C1. Conduct of COVID Focus Infection Control Surveys. Focused infection control surveys are conducted in at least 20% of all nursing homes.

### Quality of the Survey Process

Q1. Assessment of Survey Practice in Accordance with Federal Standards using Focused Concern Surveys. Nursing home health surveys are satisfactorily conducted based on a composite score of 80% or more.

Q2. Assessment of Deficiency Identification using Federal Comparative Surveys. Nursing home health surveys are satisfactorily conducted based on a composite score of 90% or more.

Q3. Nursing Home Tags Downgraded/Removed by informal dispute review (IDR) or independent IDR (IIDR). Tags cited on the CMS-2567 for nursing homes are downgraded or removed due to IDR or IIDR 50% or less of the time.

***Domain 1: Standard and Complaint Survey Process***

This domain included five measures on which CMS assessed SA performance. These measures included one Nursing Home-specific measure that assessed SA monitoring of Special Focus Facilities (SFFs). Forty-nine U.S. States have at least one SFF. In FY22, 45 States met SPSS criteria for SFFs which includes conducting a recertification survey once every six months and replacing a SFF with a new one if the previous facility is removed from the SFF list.

The remaining four measures in this domain assessed SA performance of survey and certification activities for all provider/supplier types (nursing homes and Acute and Continuing Care (ACC) providers). These measures examined the timeliness of survey upload for standard recertification surveys, the use of the Immediate Jeopardy (IJ) template, intakes overdue for investigation, and the recertification survey completion rate. Overall State performance on these measures was as follows:

- Most SAs successfully uploaded standard recertification surveys for Nursing Homes and for ACC providers within the required 70 days. Forty-one States achieved this mark for nursing homes while 44 States achieved it for ACC providers. Among the few States that did not meet this measure for either nursing homes or ACC providers, several were close to the 70 day threshold.
- CMS requires that when a surveyor identifies an IJ deficiency that the surveyor provide the facility with a document that summarizes the deficiency—the IJ template. Among the 46 States with at least one IJ cited for a nursing home in FY22, 35 States provided the IJ template at least 70 percent of the time to facilities and uploaded with their survey findings. Among the 43 States for which CMS assessed at least one IJ cited for ACC providers, 30 States provided the IJ template at least 70 percent of the time and uploaded with their survey findings.
- During the public health emergency, many SAs received a large volume of complaints for health care providers, resulting in unanticipated and unprecedented challenges with investigating these complaints. CMS required that SAs reduce their overdue complaint investigations by 60 percent in FY22. States with incomplete data entry for this measure (data that States were not able to enter completely before the end of FY22 for work that was nonetheless completed in FY22) were not assigned a score for FY22, but were still required to complete a corrective action plan due to the incomplete data.
  - Among States with overdue complaints for nursing homes, 15 States met the 60 percent threshold, and 13 other States reduced the number of overdue complaints but by less than 60 percent by the end of the fiscal year. Notably, 11 States had incomplete data entry by the end of the fiscal year and an accurate value for this measure was unavailable. In sum, more than two-thirds of States without data entry challenges achieved the desired reduction or decreased the number of overdue intakes in FY22. CMS continues to work with States on data entry considerations.

- Six States met the 60 percent threshold for ACC providers and 3 other States reduced the number of overdue complaints but by less than 60 percent by the end of the fiscal year. Notably, 16 States had incomplete data entry by the end of the fiscal year and an accurate value for this measure was unavailable. Thus, one quarter of States without data entry challenges achieved the desired reduction or decreased the number of overdue intakes in FY22.

- CMS required that SAs reduce the number of past-due recertification surveys by 50 percent in FY22.
  - Among States with past-due nursing home surveys, 34 States reduced their total by 50 percent or more while 12 other States also reduced their number of past-due recertification surveys by the end of the fiscal year. Notably, 3 States had incomplete data entry by the end of the fiscal year and an accurate value for this measure was unavailable. In sum, nearly all States without data entry challenges achieved the desired reduction or decreased the number of past-due recertification surveys in FY22.
  - Among States with past-due ACC provider surveys, 16 States reduced their total by 50 percent or more while 13 other States also reduced their number of past-due recertification surveys by the end of the fiscal year. Notably, 4 States had incomplete data entry by the end of the fiscal year and an accurate value for this measure was unavailable. In sum, three-fifths of States without data entry challenges achieved the desired reduction or decreased the number of past-due recertification surveys in FY22.

***Conduct of COVID Focused Infection Control Surveys***

In March 2020, CMS provided a streamlined tool to facilitate COVID focused infection control surveys. In FY21, CMS required States to conduct at least one focused infection control survey for each nursing home in their State. In FY22, CMS required that States conduct a focused infection control survey in at least 20 percent of all nursing homes. CMS had previously suspended certain routine inspections as part of its response to the COVID-19 PHE to prioritize infection control and immediate jeopardy situations (QSO-20- 20-All). CMS later advised states to resume surveys based on the availability of PPE and surveyor staffing (QSO-20-31-All and QSO-20-35-All). In November 2021, CMS allowed States to more fully resume recertification surveys (QSO-22-02-ALL).

This domain included one measure to assess if States conducted a focused infection control survey with at least 20 percent of their nursing homes.

CMS found that 39 States conducted a focused infection control survey in at least 20 percent of nursing homes in FY22. Among the 13 States or districts not reaching 20 percent, 9 conducted a focused infection control survey in at least 15 percent of nursing homes.

***Quality of the Survey Process***

This domain included three nursing home measures on which CMS assessed SA performance: (1) a measure of State performance on identifying Federal focus concern areas, (2) a measure of State performance on Federal Monitoring Surveys, and (3) a measure of the extent to which Nursing Home deficiency tags were downgraded or removed by either the informal dispute

resolution (IDR) or independent informal dispute resolution (IIDR) process. State performance on these measures was as follows:

- CMS Locations conduct focus concern surveys each year to assess SA performance on identifying specific areas of concern in nursing homes identified in advance by CMS. Nearly every State, with the exception of one, met this measure in FY22, indicating a very high compliance across the nation on the part of States in investigating focus concern areas in nursing homes.
- CMS Locations identify a sample of State surveys each year for which to conduct a comparative survey to confirm the appropriate identification of serious deficiencies and the appropriate scope and severity of deficiencies cited in nursing homes. Among the 28 States with qualifying deficiency tags in FY22, 16 States (57 percent) met this measure.[1]
- In FY22, States were assessed for tags downgraded or removed in the IDR or IIDR process if they had at least 5 nursing home deficiency tags reviewed. Among the 43 States with at least 5 deficiency tags reviewed by the IDR or IIDR process, 37 States, or more than 85 percent, met the threshold criterion of fewer than half of their deficiencies being downgraded or removed.

***Ongoing Communications on Quality and State Performance***

CMS is committed to supporting all SAs in their efforts to ensure compliance with the health and safety standards at healthcare facilities that serve Medicare and Medicaid beneficiaries. In its oversight role, CMS reviews data on quality and State performance on an ongoing basis and is committed to sharing these data with States.

On behalf of CMS, we truly appreciate all the endless efforts to improve the health, safety, and dignity of all Medicare and Medicaid enrollees.

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

**Effective Date:** Immediately. This information should be communicated to all survey and certification staff, their managers and the State/CMS Location training coordinators within 30 days of this memorandum.

/s/

Karen L. Tritz
Director, Survey & Operations Group

David R. Wright
Director, Quality, Safety & Oversight Group

cc: Survey and Operations Group

[1] CMS revised this measure for FY23 to include deficiencies of lower scope and severity (D or higher) compared to the more restrictive set of deficiencies previously included (F substandard of care or higher). As a result, more States will have qualifying deficiencies to review for this measure in FY23.

## Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- Understand survey or evaluation criteria
- Recognize deficiencies
- Incorporate solutions into your facility's standards of care

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus.

**Table 1. Standard and Complaint Survey Process Domain SPSS Measures**

| State | S1 NH | S2 NH | S2 ACC | S3 NH | S3 ACC | S4 NH | S4 ACC | S5 NH | S5 ACC |
|---|---|---|---|---|---|---|---|---|---|
| Alabama | Not Met | Met | Met | Not Met | Met | Not Met | Not Met | Not Met | Not Met |
| Alaska | n.a. | Met | Met | Met | Met | Met | Met | Met | Met |
| Arizona | Met | Met | Met | Met | Met | Not Met | Not Met | Met | Not Met |
| Arkansas | Met | Met | Met | Not Met | Not Met | ** | ** | n.a. | Not Met |
| California | Met | Met | Met | Not Met | Not Met | Not Met | Not Met | Not Met | Not Met |
| Colorado | Met | Met | Met | Not Met | Met | Met | ** | Not Met | Not Met |
| Connecticut | Met | Not Met | Not Met | Met | Met | Not Met | Not Met | Met | Met |
| Delaware | Met | Met | Met | Met | n.a. | Not Met | Not Met | Not Met | Not Met |
| District of Columbia | n.a. | Not Met | Not Met | n.a. | Not Met | Not Met | Not Met | Met | Not Met |
| Florida | Met | Met | Met | Met | Met | Not Met | Not Met | Not Met | Not Met |
| Georgia | Met | Met | Met | Met | Met | Not Met | Not Met | Met | Not Met |
| Hawaii | Met | Met | Met | Not Met | Not Met | Met | Not Met | Met | Not Met |
| Idaho | Met | Met | Met | n.a. | Not Met | ** | ** | Not Met | Not Met |
| Illinois | Met | Met | Met | Met | Met | Met | ** | Met | Met |
| Indiana | Met | Met | Met | Met | Not Met | Met | ** | Met | Met |
| Iowa | Met | Met | Not Met | Met | Met | ** | Met | Met | Met |
| Kansas | Not Met | Not Met | Met | Met | Not Met | Not Met | Not Met | Not Met | Not Met |
| Kentucky | Met | Not Met | Met | Met | Met | Not Met | Not Met | Not Met | Not Met |
| Louisiana | Met | Met | Met | Met | Met | Met | ** | Met | Met |
| Maine | Met | Met | Met | n.a. | Met | Met | Not Met | Met | Not Met |
| Maryland | Not Met | Not Met | Not Met | Met | n.a. | Not Met | Not Met | Not Met | Not Met |
| Massachusetts | Met | Met | Met | Met | Met | ** | ** | Met | ** |
| Michigan | Met | Met | Met | Met | Met | ** | ** | Met | Not Met |
| Minnesota | Met | Met | Not Met | Met | Not Met | Met | Not Met | Met | Not Met |
| Mississippi | Met | Met | Met | Met | Met | Not Met | Not Met | ** | Met |
| Missouri | Met | Met | Met | Met | Not Met | ** | ** | Not Met | Met |
| Montana | Met | Not Met | Met | Met | Met | Not Met | Met | Met | ** |

**Table 1. Standard and Complaint Survey Process Domain SPSS Measures (*continued*)**

| State | S1 NH | S2 NH | S2 ACC | S3 NH | S3 ACC | S4 NH | S4 ACC | S5 NH | S5 ACC |
|---|---|---|---|---|---|---|---|---|---|
| Nebraska | Met | Met | Met | Met | n.a. | Not Met | Met | Met | Not Met |
| Nevada | Met | Met | Met | Met | n.a. | Met | Not Met | ** | ** |
| New Hampshire | Met | Met | Met | Met | n.a. | n.a. | n.a. | Met | Met |
| New Jersey | Met | Not Met | Not Met | Not Met | Met | ** | ** | ** | ** |
| New Mexico | Met | Met | Met | Met | n.a. | ** | ** | Met | Met |
| New York | Met | Met | Not Met | Not Met | Not Met | Not Met | Not Met | Not Met | Not Met |
| North Carolina | Met | Met | Not Met | Met | Met | Met | ** | Met | Not Met |
| North Dakota | Met | Met | Met | n.a. | n.a. | n.a. | Not Met | Met | Met |
| Ohio | Met | Met | Met | Met | Met | Met | Not Met | Not Met | Not Met |
| Oklahoma | Met | Not Met | Met | Met | Met | Met | Not Met | Met | Not Met |
| Oregon | Met | Met | Met | Met | Met | Not Met | Not Met | Met | Not Met |
| Pennsylvania | Met | Met | Met | Met | Met | Met | ** | Met | Met |
| Puerto Rico | n.a. | Met | Met | n.a. | Met | n.a. | Met | n.a. | Not Met |
| Rhode Island | Met | Met | Met | Met | Met | Met | n.a. | Met | Met |
| South Carolina | Met | Met | Met | Met | Met | ** | ** | Met | Met |
| South Dakota | Met | Met | Met | Not Met | Met | Not Met | Met | Met | Not Met |
| Tennessee | Met | Met | Met | Met | Met | Not Met | Not Met | Met | Not Met |
| Texas | Met | Met | Met | Not Met | Met | Not Met | Not Met | Met | Not Met |
| Utah | Met | Not Met | Met | Not Met | n.a. | ** | ** | Met | Not Met |
| Vermont | Met | Met | Met | n.a. | n.a. | Met | ** | Met | Not Met |
| Virginia | Met | Not Met | Met | Met | Met | Not Met | Not Met | Not Met | Not Met |
| Washington | Not Met | Met | Met | Met | Not Met | Not Met | Not Met | Met | Not Met |
| West Virginia | Met | Not Met | Met | Not Met | Not Met | Not Met | Not Met | Met | Met |
| Wisconsin | Met | Met | Met | Met | Met | Not Met | Not Met | Met | Not Met |
| Wyoming | Met | Met | Met | Met | n.a. | ** | n.a. | Met | Met |

Note: The Fiscal Year 2022 measures each had a distinct shorthand naming convention. S1 refers to Surveys of Nursing Home Special Focus Facilities (SFF). S2 refers to Timeliness of upload into CASPER of Standard Surveys. S3 refers to Use of the IJ template. S4 refers to Intakes Overdue for Investigation. S5 refers to Recertification Survey Completion Rate. A score of n.a. (or not applicable) is assigned to a State when there is not enough data to conduct the review for the fiscal year.
** indicates that data entry for this State Agency was not complete at the time of data extraction and some information was not publicly available to determine an accurate value for this measure for FY22. The States must still complete a corrective action plan for these measures.
SPSS = State Performance Standards System, NH = Nursing Home, ACC = Acute and Continuing Care Providers

**Table 2. COVID Infection Control Surveys SPSS Measure**

| State | C1 NH |
|---|---|
| Alabama | Met |
| Alaska | Not Met |
| Arizona | Met |
| Arkansas | Met |
| California | Met |
| Colorado | Met |
| Connecticut | Met |
| Delaware | Not Met |
| District of Columbia | Not Met |
| Florida | Met |
| Georgia | Met |
| Hawaii | Met |
| Idaho | Not Met |
| Illinois | Met |
| Indiana | Met |
| Iowa | Not Met |
| Kansas | Met |
| Kentucky | Met |
| Louisiana | Met |
| Maine | Met |
| Maryland | Met |
| Massachusetts | Met |
| Michigan | Not Met |
| Minnesota | Not Met |
| Mississippi | Met |
| Missouri | Met |
| Montana | Not Met |
| Nebraska | Met |

**Table 2. COVID Infection Control Surveys SPSS Measure (*continued*)**

| State | C1 NH |
|---|---|
| Nevada | Met |
| New Hampshire | Not Met |
| New Jersey | Met |
| New Mexico | Met |
| New York | Met |
| North Carolina | Met |
| North Dakota | Not Met |
| Ohio | Met |
| Oklahoma | Not Met |
| Oregon | Met |
| Pennsylvania | Met |
| Puerto Rico | Met |
| Rhode Island | Met |
| South Carolina | Met |
| South Dakota | Met |
| Tennessee | Met |
| Texas | Met |
| Utah | Met |
| Vermont | Met |
| Virginia | Met |
| Washington | Met |
| West Virginia | Not Met |
| Wisconsin | Not Met |
| Wyoming | Met |

Note: The Fiscal Year 2022 measures each had a distinct shorthand naming convention. C1 refers to Conduct COVID focused infection surveys in Nursing Homes.
SPSS = State Performance Standards System, NH = Nursing Home

**Table 3. Quality of the Survey Process SPSS Measures**

| State | Q1 NH | Q2 NH | Q3 NH |
|---|---|---|---|
| Alabama | Met | n.a. | n.a. |
| Alaska | Not Met | n.a. | Not Met |
| Arizona | Met | Not Met | n.a. |
| Arkansas | Met | n.a. | Met |
| California | Met | Not Met | Met |
| Colorado | Met | Met | Met |
| Connecticut | Met | Met | Met |
| Delaware | Met | Not Met | n.a. |
| District of Columbia | Met | n.a. | n.a. |
| Florida | Met | n.a. | Met |
| Georgia | Met | n.a. | Met |
| Hawaii | Met | Met | n.a. |
| Idaho | Met | n.a. | n.a. |
| Illinois | Met | Not Met | Met |
| Indiana | Met | Met | Met |
| Iowa | Met | Not Met | Met |
| Kansas | Met | Met | Met |
| Kentucky | Met | Met | Met |
| Louisiana | Met | n.a. | Met |
| Maine | Met | Met | Met |
| Maryland | Met | Met | Not Met |
| Massachusetts | Met | Not Met | Met |
| Michigan | Met | Met | Met |
| Minnesota | Met | n.a. | Not Met |
| Mississippi | Met | Not Met | n.a. |
| Missouri | Met | Met | Met |
| Montana | Met | n.a. | Met |
| Nebraska | Met | n.a. | Met |

**Table 3. Quality of the Survey Process SPSS Measures (*continued*)**

| State | Q1 NH | Q2 NH | Q3 NH |
|---|---|---|---|
| Nevada | Met | n.a. | Not Met |
| New Hampshire | Met | n.a. | Met |
| New Jersey | Met | n.a. | Met |
| New Mexico | Met | n.a. | Met |
| New York | Met | n.a. | Met |
| North Carolina | Met | Met | Met |
| North Dakota | Met | Met | Met |
| Ohio | Met | Met | Met |
| Oklahoma | Met | n.a. | Met |
| Oregon | Met | n.a. | Met |
| Pennsylvania | Met | Not Met | Met |
| Puerto Rico | Met | n.a. | n.a. |
| Rhode Island | Met | n.a. | Met |
| South Carolina | Met | n.a. | Not Met |
| South Dakota | Met | Not Met | Met |
| Tennessee | Met | Met | Met |
| Texas | Met | Not Met | Met |
| Utah | Met | n.a. | Met |
| Vermont | Met | n.a. | Met |
| Virginia | Met | Not Met | n.a. |
| Washington | Met | Met | Met |
| West Virginia | Met | Not Met | Met |
| Wisconsin | Met | Met | Met |
| Wyoming | Met | n.a. | Not Met |

Note: The Fiscal Year 2022 measures each had a distinct shorthand naming convention. Q1 refers to Conduct of Nursing Home Health Surveys in Accordance with Federal Standards. Q2 refers to Identification of Health, LSC, and EP Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results. Q3 refers to Nursing Home Tags Downgraded/Removed by IDR or IIDR.
A score of n.a. (or not applicable) is assigned to a State when there is not enough data to conduct the review for the fiscal year.
SPSS = State Performance Standards System, NH = Nursing Home, ACC = Acute and Continuing Care Providers