



Center for Clinical Standards and Quality

Admin Info: 25-04-ALL

DATE: August 6, 2025
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group
Director
Survey and Operations Group
SUBJECT: Fiscal Year 2024 (FY24) State Performance Standards System (SPSS) Findings

Memorandum Summary

- **Results for CMS SPSS FY24 SPSS Measures.** CMS is releasing the updated performance measures for States. Each measure is identified and summarized with States receiving a score of Met, Partially Met, or Not Met. States must develop a corrective action plan to address identified issues for each measure scored as “Not Met” in FY24 and each measure scored as “Partially Met” in both FY23 and FY24. CMS Locations monitor the implementation of corrective action plans to ensure States are making progress to improve performance.

Background

The Centers for Medicare & Medicaid Services (CMS) annually assesses each State Survey Agency’s (SA’s) performance on measures included in the State Performance Standards System (SPSS) program. Through the SPSS program and other oversight activities, CMS works with SAs to ensure that care provided across provider and supplier settings to patients and residents is of the highest quality and ensures patient safety across thousands of providers nationwide.

CMS evaluates Fiscal Year 2024 (FY24) SPSS findings in the context of unchanged SA funding levels since FY15, despite continued resource and workload challenges in the last five years. Since FY19, the number of complaints requiring investigation has increased by 31.3% nationally.¹ Most complaints were related to nursing homes, with over 107,000 complaints filed in FY24. There has also been a 79% increase in complaints directed against hospitals in the past five years, with over 14,500 complaints in FY24. CMS continues to work with SAs on ensuring safe and high quality health care for all who access care in CMS-certified facilities.

SA Performance Trends

¹ Includes complaints regarding nursing homes, hospitals, home health agencies, dialysis facilities, intermediate care facilities for individuals with intellectual disabilities, ambulatory surgical centers, and hospices.

FY24 SPSS results indicate an improvement in SA performance in survey and certification oversight. Across all SAs, there were fewer instances of *Not Met* scores in FY24 compared to FY23. Specifically, in FY23, about 17.7% of scored instances were *Not Met*. In contrast, in FY24, 16.3% of scored instances were *Not Met*. This trend in overall improvement has continued for two consecutive fiscal years. Eight SAs increased their number of *Met* measures in SPSS for FY24 while also keeping their *Not Met* measures at zero. Three SAs increased their number of *Met* measures in FY24, while also decreasing their number of *Not Met* measures, despite the SPSS adding several measures in FY24. Four SAs maintained their strong SPSS performance in FY24, despite the addition of several new measures; they increased their number of *Met* measures without losing ground overall.

Corrective Action Plan Requirement

CMS commends the work of SAs and their diligence in using and understanding the SPSS performance data to drive improvement. States also continue to address issues identified in current and previous corrective action plans. SAs must submit a corrective action plan for each SPSS measure that they did not meet in FY24 or partially met for the second consecutive year. The following provides an overview of FY24 SPSS findings. Supporting tables at the end of this document provide detailed findings by SA.²

FY 2024 SPSS Measures

The SPSS is aligned with CMS expectations for SA performance in accordance with the §1864 Agreement (referencing that Section of the Social Security Act) 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 FY24, measurement for the SPSS focused on three domains: (1) Survey and Intake Process, (2) Survey and Intake Quality, and (3) Noncompliance Resolution. The measures in these three domains included:

Survey and Intake Process Measures

S1. Surveys of Nursing Home Special Focus Facilities (SFFs). This measure includes two sub-measures: (1) SAs must conduct a standard survey at each SFF at least once every six months, and (2) SAs must select a new SFF to replace a removed facility within 21 days.

S2. Timeliness of Upload of Recertification Surveys (nursing homes [NHs] and acute and continuing care [ACC] providers). SAs' average time from survey completion to successful data upload into the National Survey Database must be 70 calendar days or less.

S3. Use of the Immediate Jeopardy (IJ) Template (NH and ACC). SAs must provide this template for at least 80% of all IJ deficiencies.

S4. IJ Intakes Overdue for Investigation (NH and ACC). The number of IJ-prioritized complaints/facility-reported incidents (FRIs) entered that are overdue for investigation. SAs must reduce the number of IJ complaints/FRIs overdue for investigation by at least 35% between October 1, 2023 and September 30, 2024.

² Includes 50 U.S. States, the District of Columbia, and Puerto Rico.

S5. Emergency Medical Treatment & Labor Act (EMTALA) intakes prioritized as IJ and Non-IJ High conducted within the required time period (hospitals [ACC]). This measure includes two sub-measures: (1) at least 95% of SAs' investigations of EMTALA IJ intakes must be started within the required time period, and (2) at least 95% of non-IJ high EMTALA intakes must be started within the required time period.

S6. Intakes prioritized as IJ started within the required time period (NH and ACC). At least 80% of SAs' investigations of IJ intakes must be started within the required time period.

S7. Off-Hour Surveys for Nursing Homes. This measure includes three sub-measures: (1) at least 10% of nursing home health recertification surveys must begin off-hours; (2) at least 50% of off-hour surveys must begin on weekends; and (3) at least 80% of off-hour weekend surveys must be conducted among facilities with potential staffing issues.

S8. Frequency of Nursing Home Recertification Surveys. SAs must conduct a health recertification survey at each active nursing home at least once every 15.9 months.

S9. Frequency of Tier 1 Acute and Continuing Care Recertification Surveys. This measure includes three sub-measures. SAs must conduct a health recertification survey at: (1) each active intermediate care facility for individuals with intellectual disabilities (ICF-IIDs) at least once every 15.9 months; (2) each active non-deemed hospice at least once every 36.9 months; and (3) each active, non-deemed home health agency at least once every 36.9 months.

Survey and Intake Quality Measures

Q1. Assessment of Survey Practice in Accordance with Federal Standards using Focused Concern Surveys (NH). SAs satisfactorily conduct nursing home surveys based on a composite score of 80% or more.

Q2. Nursing Home Tags Downgraded/Removed by informal dispute review (IDR) or independent IDR (IIDR) (NH). This measure includes two sub-measures: (1) tags cited on the CMS-2567 from surveys conducted in FY24 for nursing homes are downgraded or removed due to IDR or IIDR 40% or less of the time; and (2) surveys with unresolved IDRs or IIDRs may not exceed five percent of all surveys with a requested IDR or IIDR conducted between FY2022 and FY2024.

Q3. Data Submission (NH). This measure includes two sub-measures: (1) nursing home surveys that have not been uploaded to the National Database may not exceed five percent of all surveys conducted between FY2022 and FY2024; and (2) nursing homes surveys missing CMS-2567 text uploaded to the National Database may not exceed one percent of all surveys conducted between FY2022 and FY2024.

Noncompliance Resolution Measure

N1. Timeliness of Revisits (NH and ACC). States must conduct at least 70% of onsite revisits within the required timeframes.

Summary of FY2024 SPSS Performance

Domain 1: Survey and Intake Process (Nine Measures: S1-S9)

This domain included three nursing home-specific measures that assessed SA monitoring of Special Focus Facilities (SFFs), off-hours surveys, and frequency of health recertification surveys. These measures play a critical role in ensuring resident safety. Overall State performance on these measures was as follows:

Measure	Number of SAs scored	Number of SAs scored <i>Met</i>	Number of SAs scored <i>Partially Met</i>	Tier 1³ CMS Priority
S1. Surveys of Nursing Home Special Focus Facilities (SFFs).	49	43	4	No
S7. Off-Hour Surveys for Nursing Homes.	52	38	3	No
S8. Frequency of Nursing Home Recertification Surveys.	52	14	12	Yes

The Survey and Intake Process domain also included two ACC-specific measures that assessed EMTALA intakes prioritized as IJ and non-IJ high started within the required time period, and frequency of Tier 1 ACC recertification surveys. Overall State performance on these measures was as follows:

Measure	Number of SAs scored	Number of SAs scored <i>Met</i>	Number of SAs scored <i>Partially Met</i>	Tier 1³ CMS Priority
S5. EMTALA Prioritized as IJ and Non-IJ High Conducted Within the Required Time Period.	47	26	10	Yes
S9. Frequency of Tier 1 Acute and Continuing Care Recertification Surveys.	52	21	20	Yes

The remaining four measures in this domain assessed SA survey and certification activities for all provider/supplier types (nursing homes and ACC providers). These measures examined the timeliness of survey upload for standard recertification surveys, the use of the IJ template, IJ intakes overdue for investigation, and intakes prioritized as IJ started within the required time period. Overall State performance on these measures was as follows:

³ Tier 1 CMS priorities reflect the highest priority survey and certification activities as outlined in the FY2024 CMS Mission and Priorities Document.

Measure	Number of SAs scored	Number of SAs scored <i>Met</i>	Number of SAs scored <i>Partially Met</i>	Tier 1³ CMS Priority
S2. Timeliness of Upload of Recertification Surveys- Nursing Homes.	52	43	1	No
S2. Timeliness of Upload of Recertification Surveys- ACCs.	50	45	2	No
S3. Use of the IJ Template- Nursing Homes.	49	45	1	No
S3. Use of the IJ Template- ACCs.	40	33	1	No
S4. IJ Intakes Overdue for Investigation- Nursing Homes.	6	2	1	Yes
S4. IJ Intakes Overdue for Investigation- ACCs.	6	1	0	Yes
S6. Intakes Prioritized as IJ Started Within the Required Time Period- Nursing Homes.	49	39	1	Yes
S6. Intakes Prioritized as IJ Started Within the Required Time Period- Non-Deemed ACCs.	45	40	0	Yes
S6. Intakes Prioritized as IJ Started Within the Required Time Period- Deemed ACCs.	47	40	1	Yes

Domain 2: Survey and Intake Quality (Three Measures: Q1-Q3)

This domain included three nursing home measures on which CMS assessed SA performance on: (1) identifying Federal focus concern areas; (2) IDR/IIDR resolution and the extent to which Nursing Home deficiency tags were downgraded or removed; and (3) data submission, which assesses missing surveys and surveys missing CMS-2567 text. State performance on measures in this domain was as follows:

Measure	Number of SAs scored	Number of SAs scored <i>Met</i>	Number of SAs scored <i>Partially Met</i>	Tier 1³ CMS Priority
Q1. Assessment of Survey Practice in Accordance with Federal Standards using Focused Concern Surveys.	52	50	0	No
Q2. Nursing Home Tags Downgraded/Removed by IDR or IIDR and Unresolved IDRs/IIDRs.	49	35	9	No
Q3. Data Submission.	52	44	3	No

Domain 3: Noncompliance Resolution (One Measure: N1)

This domain included one measure on which CMS assessed SA performance on onsite revisits conducted within the required timeframes for Nursing Homes and Tier 1 ACC providers. CMS measured nursing home revisits separately from ACC revisits. Timely revisits are important to ensure that mandatory enforcement remedies are carried out efficiently for providers that are not in substantial compliance. State performance was as follows:

Measure	Number of SAs scored	Number of SAs scored <i>Met</i>	Number of SAs scored <i>Partially Met</i>	Tier 1³ CMS Priority
N1. Timeliness of Revisits- Nursing Homes.	43	34	2	No
N1. Timeliness of Revisits- ACCs.	16	12	0	No

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 CMS-certified facilities. 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 who receive care at CMS-certified facilities.

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/

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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 surveyor 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](#)

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov](#) [page](#) and entering your email to sign up. Check the box next to “CCSQ Policy, Administrative, and Safety Special Alert Memorandums” to be notified when we release a memo.

Attachment 1 - Survey and Intake Process Domain SPSS Measures

Table 1. Survey and Intake Process Domain SPSS Measures

State	S1 NH	S2 NH	S2 ACC	S3 NH	S3 ACC	S4 NH	S4 ACC	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non-deemed	S7 NH	S8 NH	S9 ACC
Alabama	Met	Met	Met	Met	Met	Not Met	n.a.	Met	Not Met	Met	Met	Met	Not Met	Met
Alaska	n.a.	Met	n.a.	n.a.	n.a.	n.a.	n.a.	Met	n.a.	Not Met	n.a.	Met	Partially Met	Met
Arizona	Met	Not Met	Met	Met	Not Met	n.a.	n.a.	Not Met	Met	Met	Met	Not Met	Not Met-On Track*	Not Met
Arkansas	Met	Met	Met	Met	Met	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Met	Partially Met
California	Met	Met	Met	Met	Not Met	Met	Not Met	Partially Met	Met	Met	Met	Not Met	Not Met	Not Met
Colorado	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Partially Met	Not Met-On Track*	Partially Met
Connecticut	Met	Not Met	Not Met	Met	Met	n.a.	n.a.	n.a.	Met	Met	Met	Met	Not Met	Partially Met
Delaware	Not Met	Not Met	Met	Met	Met	Partially Met	n.a.	Not Met	Met	Met	Met	Not Met	Not Met-On Track*	Not Met
District of Columbia	n.a.	Not Met	Not Met	n.a.	n.a.	n.a.	n.a.	Met	Met	Met	Met	Not Met	Not Met	Partially Met
Florida	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Not Met-On Track*	Partially Met
Georgia	Partially Met	Met	Met	Met	Met	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Not Met	Partially Met
Hawaii	Met	Not Met	Not Met	Not Met	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	Not Met	Met	Partially Met
Idaho	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	n.a.	Met	Met	Not Met	Met
Illinois	Met	Met	Met	Met	Met	n.a.	n.a.	Not Met	Met	Met	Not Met	Met	Partially Met	Not Met

State	S1 NH	S2 NH	S2 ACC	S3 NH	S3 ACC	S4 NH	S4 ACC	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non-deemed	S7 NH	S8 NH	S9 ACC
Indiana	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Partially Met	Partially Met
Iowa	Met	Met	Met	Met	Not Met	n.a.	n.a.	Not Met	Met	Met	Met	Not Met	Met	Met
Kansas	Met	Met	Partially Met	Met	Met	n.a.	Not Met	Not Met	Met	Partially Met	Met	Not Met	Not Met	Not Met
Kentucky	Met	Met	Met	Met	n.a.	Met	Not Met	Met	Not Met	Not Met	Not Met	Met	Not Met	Not Met
Louisiana	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Met	Met
Maine	Met	Met	Met	Met	Met	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Not Met	Not Met
Maryland	Not Met	Not Met	Met	Partially Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Not Met	Partially Met
Massachusetts	Partially Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Not Met-On Track*	Met
Michigan	Met	Met	Met	Met	Met	n.a.	n.a.	Not Met	Not Met	Met	Met	Met	Partially Met	Met
Minnesota	Met	Met	Met	Met	Met	n.a.	n.a.	Not Met	Met	Not Met	Not Met	Met	Partially Met	Partially Met
Mississippi	Met	Met	Met	Met	n.a.	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Not Met-On Track*	Met
Missouri	Met	Met	Met	Met	Met	n.a.	n.a.	Not Met	Met	Met	Met	Met	Not Met-On Track*	Met
Montana	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	n.a.	Met	Met	Met
Nebraska	Met	Met	Met	Met	Met	n.a.	n.a.	Partially Met	Met	Met	Met	Partially Met	Partially Met	Met
Nevada	Met	Met	Met	Met	n.a.	n.a.	n.a.	Met	Met	n.a.	Met	Not Met	Partially Met	Not Met
New Hampshire	Met	Met	Met	Met	n.a.	n.a.	n.a.	n.a.	Met	Met	n.a.	Partially Met	Met	Met
New Jersey	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Not Met	Not Met	Not Met

State	S1 NH	S2 NH	S2 ACC	S3 NH	S3 ACC	S4 NH	S4 ACC	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non-deemed	S7 NH	S8 NH	S9 ACC
New Mexico	Met	Met	Met	Not Met	Met	n.a.	n.a.	Met	Not Met	n.a.	Met	Met	Met	Partially Met
New York	Met	Partially Met	Met	Met	Partially Met	n.a.	n.a.	Not Met	Met	Not Met	Met	Not Met	Not Met	Partially Met
North Carolina	Met	Met	Met	Met	Met	n.a.	Not Met	Not Met	Met	Not Met	Met	Met	Not Met-On Track*	Partially Met
North Dakota	Met	Met	Met	Met	n.a.	n.a.	n.a.	n.a.	Met	Met	Met	Met	Met	Met
Ohio	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Not Met	Not Met
Oklahoma	Met	Met	Met	Met	Not Met	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Partially Met	Partially Met
Oregon	Met	Met	Met	Met	n.a.	n.a.	n.a.	Met	Met	Met	Met	Met	Partially Met	Partially Met
Pennsylvania	Partially Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Met	Partially Met
Puerto Rico	n.a.	Met	Met	n.a.	Not Met	n.a.	n.a.	Not Met	n.a.	n.a.	n.a.	Met	Met	Met
Rhode Island	Met	Met	n.a.	Met	Met	n.a.	n.a.	Met	Met	Met	n.a.	Met	Met	Met
South Carolina	Met	Met	Met	Met	n.a.	n.a.	n.a.	Met	Partially Met	Met	Not Met	Met	Not Met	Met
South Dakota	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Partially Met	Met
Tennessee	Met	Met	Met	Met	Met	Not Met	Not Met	Partially Met	Not Met	Not Met	Not Met	Met	Not Met	Partially Met
Texas	Met	Met	Met	Met	Met	n.a.	Met	Partially Met	Met	Met	Met	Met	Met	Partially Met
Utah	Met	Met	Met	Not Met	Met	n.a.	n.a.	n.a.	Not Met	Met	Met	Not Met	Not Met-On Track*	Partially Met
Vermont	Met	Not Met	Partially Met	Met	n.a.	n.a.	n.a.	Met	Not Met	Met	n.a.	Met	Met	Met
Virginia	Met	Not Met	Met	Met	Met	n.a.	n.a.	Met	Not Met	Met	Met	Met	Not Met	Not Met
Washington	Partially Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Partially Met	Met

State	S1 NH	S2 NH	S2 ACC	S3 NH	S3 ACC	S4 NH	S4 ACC	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non-deemed	S7 NH	S8 NH	S9 ACC
West Virginia	Met	Met	Met	Met	Not Met	Not Met	n.a.	Met	Not Met	Met	Met	Met	Not Met	Partially Met
Wisconsin	Met	Met	Met	Met	Met	n.a.	n.a.	Met	Met	Met	Met	Met	Partially Met	Met
Wyoming	Met	Met	Met	Met	n.a.	n.a.	n.a.	Partially Met	Met	Met	Met	Met	Met	Met

Note: The Fiscal Year 2024 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 EMTALA intakes prioritized as IJ and Non-IJ High conducted within the required time period. S6 refers to intakes prioritized as IJ with Survey Started within the Required Time Period. S7 refers to Off-Hour Surveys for Nursing Homes. S8 refers to Frequency of Nursing Home Recertification Surveys. S9 refers to Frequency of Tier 1 ACC Recertification Surveys 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. For S8 NH, States with a score of 'Not Met-On Track*' will not be required to address S8 in their Corrective Action Plans because at least 80% of nursing homes in the State have received a recertification survey in the last 15.9 months, as of September 30, 2024.

SPSS = State Performance Standards System, NH = Nursing Home, ACC = Acute and Continuing Care Providers

Table 2. Survey and Intake Quality SPSS Measures

State	Q1 NH	Q2 NH	Q3 NH	State	Q1 NH	Q2 NH	Q3 NH
Alabama	Met	Met	Met	New Hampshire	Met	Partially Met	Met
Alaska	Met	Partially Met	Met	New Jersey	Met	Met	Partially Met
Arizona	Met	Met	Met	New Mexico	Met	Partially Met	Met
Arkansas	Met	Not Met	Met	New York	Met	Partially Met	Partially Met
California	Met	Met	Met	North Carolina	Met	Met	Met
Colorado	Met	Met	Met	North Dakota	Met	Met	Met
Connecticut	Met	Partially Met	Not Met	Ohio	Met	Met	Met
Delaware	Met	Met	Not Met	Oklahoma	Met	Met	Met
District of Columbia	Not Met	Met	Not Met	Oregon	Met	Met	Met
Florida	Met	Met	Met	Pennsylvania	Met	Met	Met
Georgia	Met	Not Met	Met	Puerto Rico	Met	n.a.	Partially Met
Hawaii	Met	Not Met	Met	Rhode Island	Met	Met	Met
Idaho	Met	Met	Met	South Carolina	Met	Met	Met
Illinois	Met	Met	Met	South Dakota	Met	Met	Met
Indiana	Met	Met	Met	Tennessee	Met	Met	Met
Iowa	Met	Met	Met	Texas	Met	Met	Met
Kansas	Met	Met	Met	Utah	Met	Met	Met
Kentucky	Met	Met	Met	Vermont	Met	Met	Met
Louisiana	Met	Met	Met	Virginia	Met	n.a.	Not Met
Maine	Met	Met	Met	Washington	Met	Met	Met
Maryland	Not Met	Partially Met	Met	West Virginia	Met	Partially Met	Not Met
Massachusetts	Met	Met	Met	Wisconsin	Met	Met	Met
Michigan	Met	Met	Met	Wyoming	Met	Partially Met	Met
Minnesota	Met	Partially Met	Met				
Mississippi	Met	n.a.	Met				
Missouri	Met	Met	Met				
Montana	Met	Met	Met				
Nebraska	Met	Not Met	Met				
Nevada	Met	Not Met	Met				

Note: The Fiscal Year 2024 measures each had a distinct shorthand naming convention. Q1 refers to Assessment of Survey Practice in Accordance with Federal Standards using Focused Concern Surveys. Q2 refers to Nursing Home Tags

Downgraded/Removed by IDR or IIDR. Q3 refers to Data Submission.

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

Table 3. Noncompliance Resolution SPSS Measure

State	N1 NH	N1 ACC	State	N1 NH	N1 ACC
Alabama	Met	n.a.	New Hampshire	n.a.	n.a.
Alaska	n.a.	n.a.	New Jersey	Met	n.a.
Arizona	Not Met	n.a.	New Mexico	Not Met	n.a.
Arkansas	Met	n.a.	New York	Met	Not Met
California	Met	Not Met	North Carolina	Met	Not Met
Colorado	Not Met	n.a.	North Dakota	Met	n.a.
Connecticut	Met	n.a.	Ohio	Met	Met
Delaware	n.a.	n.a.	Oklahoma	Not Met	Not Met
District of Columbia	n.a.	n.a.	Oregon	Met	n.a.
Florida	Met	Met	Pennsylvania	Met	Met
Georgia	Met	n.a.	Puerto Rico	n.a.	n.a.
Hawaii	n.a.	n.a.	Rhode Island	Met	n.a.
Idaho	Partially Met	n.a.	South Carolina	Met	n.a.
Illinois	Met	Met	South Dakota	Met	n.a.
Indiana	Met	Met	Tennessee	Met	Met
Iowa	Met	Met	Texas	Met	Met
Kansas	Met	n.a.	Utah	Met	n.a.
Kentucky	Met	n.a.	Vermont	Not Met	n.a.
Louisiana	Met	Met	Virginia	Not Met	n.a.
Maine	n.a.	n.a.	Washington	Met	n.a.
Maryland	Not Met	n.a.	West Virginia	Partially Met	n.a.
Massachusetts	Met	n.a.	Wisconsin	Met	n.a.
Michigan	Met	Met	Wyoming	n.a.	n.a.
Minnesota	Met	Met			
Mississippi	Met	n.a.			
Missouri	Met	Met			
Montana	Met	n.a.			
Nebraska	Met	n.a.			
Nevada	n.a.	n.a.			

Note: The Fiscal Year 2024 measures each had a distinct shorthand naming convention. N1 refers to Timeliness of Revisits. 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