



**Office of Clinical Standards and Quality/Survey & Certification Group**

**Admin Info: 13-02-ALL**

**REVISED 09.06.13**

**DATE:**       **October 19, 2012**

**TO:**           State Survey Agency Directors

**FROM:**       Director  
                  Survey and Certification Group

**SUBJECT:**   FY2013 State Performance Standards System (SPSS) Guidance

\*\*\*Revised to reflect the changes outlined in the  
Sequester Adjustment memorandum (S&C 13-23-ALL) \*\*\*

**Memorandum Summary**

**SPSS Framework-** The three Dimensions of Frequency, Quality, and Enforcement continue to serve as our organizing framework for the SPSS by which we can organize and measure the value associated with the survey process overall.

Attached are the following documents that comprise the final FY2013 SPSS Guidance:

- Attachment 1 - FY 2013 SPSS Guidance - **New changes**
- Attachment 2 - SPSS Dimensions Overview for FY 2013 - **Modified**
- Attachment 3 - FY 2013 Frequency Measures-Discussion of Data - **New changes**
- Attachment 4 - Q1 Worksheet
- Attachment 5 - Q1 Random Sample Procedure document
- Attachment 6 - Q7 ACTS Report procedures for FY 2013
- Attachment 7 - Q8 Worksheet - **Modified**
- Attachment 8 - Q9 Worksheet
- Attachment 9 - E2 Procedures document
- Attachment 10 - FY 2013 Summary Score Sheet - **Modified**
- Attachment 11- Rounding Issues
- Attachment 12 - Acronyms

The three-dimensional structure in the FY 2013 Guidance (frequency, quality and enforcement) provides a framework by which we can organize and measure the value associated with the survey process overall. In addition, these three dimensions structure our efforts to standardize, promote consistency and automate (as much as possible) the data that are used in the State performance evaluation process.

The following revisions have been made to the FY 2013 SPSS:

- F5: Timeliness of Upload of Complaint Surveys
- Q4 Accuracy of Identification of Deficiencies during Nursing Home Comparative Surveys was modified to introduce a new algorithm to evaluate SA performance of onsite identification of noncompliance. Furthermore both Health & LSC deficiencies are included in the overall analysis.
- Q7 Timeliness of Complaint and Incident Investigations was modified to incorporate the use of the 'received end date' in the threshold criterion for all IJ cases and Non-IJ High for Nursing Homes.
- Q8 Quality of EMTALA Investigations has been rewritten to more effectively evaluate & score the SAs processing of a random sample of EMTALA complaints.
- Incorporated numerous wording changes and or clarifications based upon received comments
- E4 Special Focus Facilities (SFFs) for Nursing Homes was modified to reflect restrictions on the replacement of SFF facilities when one SFF is removed either through termination or graduation.
- F3 Frequency of Non-Nursing Home Surveys – Tier 3 has been revised for Hospice from 6.5 years to 7.0 years and ESRD facilities from 3.5 years to 4.5 years.
- Q4 identification of health & Life Safety Code (LSC) Deficiencies – Updated Table 1 'Citation Accuracy Chart' to more accurately document how the SAs would be scored on this measure.

I appreciate your efforts to continuously improve the Medicare survey and certification program, in light of all resource and budget challenges that we have encountered in recent years and staffing challenges that states are facing now.

**Effective Date:** This memo and associated attachments are in effect for FY 2013. Please ensure that all appropriate staff is fully informed within 30 days of the date of this memorandum.

/s/

Thomas E. Hamilton

Attachments

cc: Survey and Certification Regional Office Management