



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Admin Info: 16-34-ALL**

**DATE:** September 30, 2016

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Release of Fiscal Year (FY) 2015 State Performance Standards System (SPSS) Results

**Memorandum Summary**

**SPSS Results:** The Centers for Medicare & Medicaid Services (CMS) is releasing the SPSS results for FY2015. These results include three years of performance evaluations based on 18 measures for 50 States from FY2013 to FY2015.

**Background**

The three-dimensional structure in the FY2015 SPSS Guidance (frequency, quality and enforcement) provides a framework to organize and measure important aspects of State Survey Agency (SA) survey activities. In addition, these three dimensions structure our efforts to standardize, promote consistency, and automate the data used in the State performance evaluation process. Every year, CMS conducts a formal assessment of whether the SAs fulfill their responsibilities, as outlined under the 1864 Agreement.

**Results**

The attached SPSS results present the last three fiscal year performance results for 52 jurisdictions. The evaluations are based on 18 measures which are grouped under the three-dimensional structure. There are six frequency, four enforcement, and eight quality measures.

Below are summaries of key findings for FY 2015:

- 94 percent of States met the requirements for nursing home off-hour surveys;
- 62 percent of States met the requirements for timeliness of complaint and incident investigations for nursing homes with non-immediate jeopardy citations;
- 94 percent of States met the requirements for intermediate care facilities for individuals who are intellectually disabled;
- 92 percent of States met the requirements for hospital validation surveys;
- 86 percent of States met the requirements for processing of termination cases for non-nursing home providers and suppliers;

- 81 percent of States met the requirements for prioritizing Intakes for Home Health Agencies, End-Stage Renal Disease, and hospitals; and,
- 75 percent of States met the requirements for frequency of hospice surveys.

### **Acknowledgement**

There are multiple factors that affect survey performance such as training, staffing vacancies, volume of complaint surveys, staff tenure, and others. These results do not assess those factors. Also, while these measures are certainly indicators of State performance, there are other indicators, and CMS employs other methods, such as comparative and observational surveys, to evaluate State performance.

### **Follow-up**

Regional Offices (ROs) and States should follow up to ensure corrective actions are taken for failing measures. Corrective actions should include a root cause analysis of factors leading to performance issues, and urgent action to address the issues identified and improve performance.

We appreciate your efforts to continuously improve the Medicare and Medicaid 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](mailto: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/Regional Office training coordinators within 30 days of this memorandum.

/s/

David R. Wright

Attachment(s):

Attachment 1 – SPSS Measures Overview

Attachment 2 – SPSS FY2015 Results

cc: Survey and Certification Regional Office Management

*The contents of this letter support activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.*