



## Center for Clinical Standards and Quality

---

**Admin Info:** 21-08-ALL

**Date:** September 15, 2021

**To:** State Survey Agency Directors

**From:** Director  
Quality, Safety and Oversight Group  
Director  
Survey and Operations Group

**Subject:** Fiscal Year (FY) 2020 State Performance Standards System (SPSS) Findings,  
FY 2021 SPSS Guidance, and FY 2019 Results

---

### Memorandum Summary

- CMS SPSS FY 2020 Measures that were calculated for FY 2020 are identified and summarized; these were not scored. FY 2019 results are reported in a separate attachment.
- CMS Measures for SPSS FY 2021 that will be used to oversee state survey agency performance for ensuring Medicare/Medicaid certified providers and suppliers are compliant with federal requirements to improve and protect the health and safety of Americans are provided.

### Background

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

In addition, CMS this year shared specific metrics associated with the focused infection control survey in letters to each state in February 2021. We continue to explore opportunities to use data to identify areas where there may be state differences and where continued improvements can be made. We look forward to working with States on this in the coming years.

As noted in CMS memo QSO-20-31-All, the coronavirus has presented and continues to present a challenge for SAs, nursing homes and other providers. The public health emergency severely constrained the types of activities SAs could conduct and the types of activities CMS could assess during a normal performance review. The following provides an overview of those activities relevant to State performance and the SPSS for FY 2020 and FY 2021.

**Overview of FY 2020 Measures Calculated, Additions for FY 2021, and Other Considerations**

Measured in FY 2020 and FY 2021	Added for SPSS in FY 2021	Reported in FY 2021 but not Scored
<ul style="list-style-type: none"> <li>• COVID-relevant measures of survey completion from CMS memo QSO-20-31</li> <li>• Focused Infection Control (FIC) surveys for nursing homes                             <ul style="list-style-type: none"> <li>• 100% in FY2020</li> <li>• 20% in FY2021</li> </ul> </li> <li>• “3-to-5 day” survey completion measure<sup>a</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Conduct of Nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS Federal Comparative Survey (FCS) (referred to as Q2)<sup>b</sup></li> <li>• Identification of Health, Life safety code, and Emergency Preparedness Deficiencies on Nursing Homes Surveys as Measured by FCS Results (referred to as Q3)<sup>b</sup></li> <li>• Quality measure assessing if the IJ Template is attached to surveys (referred to as Q9 in FY 2020 Guidance)<sup>c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• COVID-relevant measures of time onsite, citation rates, IJ citation rates, and other measures</li> <li>• Non-COVID Frequency measures</li> <li>• Quality measure on the Timeliness of Complaint Surveys (referred to as Q5)</li> </ul>

Note: FY2020 measures were not scored.

<sup>a</sup> Completion of on-site focus infection control surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free.

<sup>b</sup> Because the number of Federal Comparative Surveys can sometimes be small for any given fiscal year, CMS will assess how to best score these measures on a State-by-State basis in FY 2021.

<sup>c</sup> CMS will also provide State Agencies with informal notes on findings for this measure from FY2020 data.

**FY 2020 SPSS Measures**

In FY2020, measurement for the SPSS was focused on assessing the conduct of COVID Focused Infection Control surveys and the use of the IJ Template by State Survey Agencies. In light of the COVID-19 pandemic and public health emergency, other previously planned SPSS measures for FY2020 were not assessed. With a primary focus in FY2020 on conducting Focused Infection Control surveys, ensuring the immediate health and safety of Americans was the priority.

**Conduct of COVID Focused Infection Control Surveys**

On March 4, 2020, CMS called for States to focus surveys on infection control and on March 23, 2020, provided a streamlined tool to facilitate these efforts. CMS also called for States to perform on-site FIC surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free. Every State conducted at least one focused infection control survey at least 94.5% of their nursing homes and 45 States achieved a 98% or higher completion rate. Forty-nine States completed the required “3-to-5 day” surveys based on NHSN reporting for 100% of their cases within the requisite 3-to-5 day period.

**CMS Plans for the FY 2021 SPSS**

As the coronavirus continues to have an impact on the operations of State Agencies and healthcare providers nationwide, CMS will evaluate fewer SPSS measures in FY 2021 than in previous years, with the exception of FY 2020, but continue to review most measures within the Frequency and Coordination

of Provider Noncompliance Domains and continue to review limited measures within the Quality Domain, on an ongoing basis. Attachment A describes the measures for FY 2021 in more detail.

### ***FY 2021 SPSS Evaluated Measures***

Beginning in FY 2021, States are required to perform annual Focused Infection Control (FIC) surveys of 20 percent of nursing homes based on State discretion or additional data that identifies facility and community risks. To count toward the required 20 percent, these FIC surveys can be stand-alone surveys not associated with a recertification survey or these FIC surveys can be conducted with a complaint survey. Additionally, FIC surveys conducted in FY 2021, triggered by meeting specific criteria set out in CMS memo QSO-20-31-All, may count toward meeting the State's 20 percent requirement. States that fail to perform these survey activities timely and completely could forfeit up to 5% of their CARES Act Allocation, annually.

Evaluated measures for FY 2021 include:

- **COVID-relevant measures** of survey completion from CMS memo QSO-20-31
  - Focused Infection Control surveys for nursing homes conducted for at least 20% of nursing homes
  - The “3-to-5 day” survey completion for 100% of cases<sup>1</sup>
- **Immediate Jeopardy Template all Provider Types** - This SPSS Quality measure assesses whether an IJ Template is attached to surveys (Q9) *for each IJ citation*. It is CMS's expectation that a State Agency will include the IJ Template for at least 90% of all IJ deficiencies cited in FY 2021 to be calculated separately for nursing homes and for non-nursing homes. In FY 2022, CMS will also begin assessing the completeness of the IJ template documentation as well as whether the template is attached to the survey documentation. CMS will provide informal findings from an analysis of this measure for FY2020 to States individually.
- **Directions for Completion and Attachment of IJ template.**
  - When using ASPEN to upload surveys, States should attach the IJ template under the Citation Manager Screen of the corresponding survey by using the “Attachment button” and label the IJ template “IJ Template-*AlphaNumericTag*-*YearMonthDay*” where
    - *AlphaNumericTag* is the tag cited for the IJ deficiency
    - *YearMonthDay* is the exit date of the survey

For example, for a nursing home survey for which an IJ deficiency for infection control (F880) is identified with an exit date of June 26, 2021, the IJ template should be named **IJ Template-F880-2021June26** and attached to the survey. For *Year*, use four digits. For *Month*, use the full month name. For *Day*, use two digits (indicate a single digit day [i.e., 1 through 9] with a leading 0 [i.e., 01 through 09]).

A separate IJ template should be attached for each IJ deficiency cited for any survey conducted.

- If the State is using iQIES to upload surveys, please see the process for uploading the IJ template in Attachment C

---

<sup>1</sup> Completion of on-site focus infection control surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free.

- **Nursing Home Federal Monitoring Surveys**

- The SPSS Quality measure on the Conduct of Nursing Home Health Surveys in Accordance with Federal Standards as Measured by FOSS FCS (referred to as Q2 in the FY 2020 SPSS Guidance)
- The SPSS Quality measure on the Identification of Health, life safety code, and Emergency Preparedness Deficiencies on Nursing Homes Surveys as Measured by Federal Comparative Survey Results (referred to as Q3 in the FY 2020 SPSS Guidance)

Because the number of Federal Comparative Surveys can sometimes be small for any given fiscal year and particularly as States are responding to the COVID-19 pandemic, CMS will assess how to best score these measures on a State-by-State basis in FY 2021.

***Measures Reported in FY 2021 but not Evaluated***

- CMS will review several metrics and measures related to SA performance but will not score them in FY 2021. Measures to be reviewed in FY 2021 include:
  - SPSS Frequency measures as reported in the FY2020 SPSS guidance, including
    - Off-Hour Surveys for Nursing Homes (F1)
    - Frequency of Nursing Home Surveys (F2)
    - Frequency of Non-Nursing Home Surveys – Tier 1, Tier 2, and Tier 3 (F3)
    - Timeliness of Upload into CASPER of Standard Surveys for Non-Deemed Hospitals and Nursing Homes (F4)
    - Special Focus Facilities for Nursing Homes (F5)
  - SPSS Quality measure on the Timeliness of Complaint Surveys (referred to as Q5 in the FY 2020 Guidance)
  - COVID survey-relevant measures of time on site, citation rates, IJ citation rates, and other measures
  - SPSS Coordination of Provider Noncompliance measures (CPN1 to CPN4)

***Not Measured in FY 2021***

There are several SPSS measures included in the FY 2020 Guidance that were not measured in FY 2020 and will also not be measured in FY 2021 as CMS and the States continue to respond to the COVID-19 pandemic. While CMS will not formally score these measures, CMS does acknowledge that these measures still represent important tenets of quality for State Survey Agencies to continue to promote in their day-to-day work of monitoring provider compliance. It is anticipated that some measures may continue to be a part of the SPSS and measured beginning again in FY 2022. The measures to be excluded from the FY 2021 SPSS include:

- SPSS Quality measure on the documentation of deficiencies on the CMS-2567 (referred to as Q1 in the FY 2020 Guidance)
- SPSS Quality measure on Intake Prioritization (referred to as Q4)
- SPSS Quality measure on EMTALA surveys (referred to as Q6)

- SPSS Quality measure on Complaint Survey Quality (referred to as Q7)
- SPSS State-specific Quality measure (referred to as Q8)

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

CMS is committed to supporting all State Survey Agencies 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. In February 2021, CMS sent letters to State Agencies describing their performance on Focused Infection Control surveys in nursing homes. The letters summarized the survey completion rate, the overall F880 and IJ citation rates, and the average time onsite for focused infection control surveys. Each letter also included a summary of findings and recommendations for the State to consider. These letters do not replace the official SPSS report of findings for the fiscal year and the State letters are meant to support data sharing on State performance.

CMS also plans to send States data on a more regular basis in the form of the State Performance Integrated Reporting and Intelligence Tool (SPIRIT) report which will provide information on standard and complaint surveys conducted for long-term care and non-long-term care providers. The SPIRIT report is a monthly report that includes some SPSS measures that can be calculated with available data but is separate from the end-of-year SPSS report of findings. The SPIRIT report will primarily use information available directly in the Certification and Survey Provider Enhanced Reporting (CASPER) system with supplemental information from the long-term care survey process for long-term care providers. The report will include documentation on all metrics and CMS plans informational webinars, no later than June 2021, and other opportunities for States to learn more about the report and ask questions.

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](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/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

Attachment(s):

- Attachment A: FY 2021 SPSS Measure Definition Details
- Attachment B: Conduct of Focused Infection Control Surveys in FY2020 for Nursing Homes
- Attachment C: Instructions for uploading the IJ Template

# **Attachment A. FY 2021 SPSS Measure Definition Details**

---

## **Percentage of Onsite Focused Infection Control surveys for nursing homes**

In FY 2021, QSOG memo 20-31-All directed states to perform annual focused infection control (FIC) surveys of 20 percent of nursing homes based on State discretion or additional data that identifies facility and community risks. To count toward the required 20 percent, these FIC surveys must be stand-alone surveys not associated with a recertification survey. Additionally, FIC surveys conducted in FY 2021 triggered by meeting the following criteria may count toward meeting the State's 20 percent requirement:

- Multiple weeks with new COVID-19 cases;
- Low staffing;
- Selection as a Special Focus Facility per Section 1819(f)(8)(B) of the Social Security Act;
- Concerns related to conducting outbreak testing per CMS requirements; or
- Allegations or complaints which pose a risk for harm or Immediate Jeopardy to the health or safety of residents which are related to certain areas, such as abuse or quality of care (e.g., pressure ulcers, weight loss, depression, and decline in functioning).

The SPSS measure will calculate the proportion of facilities for which a FIC survey is conducted in FY 2021. The numerator for this measure will be calculated based on the number of FIC surveys uploaded to the National Repository through ASPEN. The denominator is the total number of active nursing home providers during FY 2021. The numerator and denominator will exclude all FIC surveys conducted by CMS Locations. If more than one FIC survey was conducted for a facility and at least one of those surveys was conducted by a State Agency, that survey will be included in the numerator and denominator of this measure.

## **Completion of Onsite Focus Infection Control surveys within 3 to 5 days**

States will perform onsite FIC surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free, and other factors that may place residents' health and safety at risk. This measure will assess the proportion of such surveys completed within the required timeframe with the numerator being the number of completed surveys and the denominator being the number of eligible surveys. For the 3-5 day surveys with the Report Effective Date of 1/4/21 (report sent to the states 12/30/20), the numerator and denominator will be based on the number of surveys required based on the first four categories listed in QSO 20-31-ALL (Revised).

Facilities that meet the criteria above to trigger an FIC survey do not need to be re-surveyed if a FIC survey was conducted (as a stand-alone FIC survey or as part of another survey) within the previous three weeks. For example, if a facility is surveyed with a FIC survey within 3-5 days after meeting the criteria, and the same facility meets the criteria for being surveyed within 3-5 days in any of the next three weeks, the survey team does not need to conduct another survey within those three weeks. However, if the facility meets the criteria for a survey in the fourth week after a FIC survey was conducted, an additional FIC survey must be conducted within 3-5 days.

## **Q2. Conduct of nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS FCS**

### **1. Data Source(s)**

Federal Monitoring Survey (FMS) Access Database

### **2. Method**

For Health concerns, the following report is generated from the FMS Access Database:

- Pass/Partial/Fail Ratings Per Concern Area. This report shows the percentage of concerns per State that either Meet, Partially Meet, or Fail FCS criteria for each concern area and the percentage among all concerns investigated. One report is generated for Health concerns and one is generated for LSC concerns. For FY 2021, there are four Health survey concern areas that include: Infection Control, Nutrition/Hydration and Weight, Resident’s Rights and Visitation, and a fourth concern area specific to the particular survey. For FY 2021, there are five LSC concern areas that include General LSC Investigation, Life Safety Systems Investigation, Smoke Barriers, Fire Barriers, and Doors Investigation, Corridor Walls and Door Investigation, Decision Making and Deficiency Determination.
- A State Survey Agency will receive an overall FOSS FCS score which is a composite measure of all current FY concern areas.<sup>1</sup> A State Survey Agency meets this measure if it achieves an overall FOSS FCS score of 80 percent or more.
- The FOSS FCS score is calculated using the following method:
  - The State receives
    - 2 points per “Met” score
    - 1 point per “Partially Met” score
    - 0 points per “Not Met” score
  - The numerator is calculated by summing all points received across all concern areas
  - The denominator is calculated by summing the total number of concern areas and multiplying that by 2.
  - The overall score is the numerator divided by the denominator multiplied by 100.
- For example, if a State’s FOSS FCS includes the investigation of 10 concern areas, the total number of possible points that State could earn would be 20 (10 concern areas multiplied by a maximum of 2 points each).
  - If the State met 6 of 10 areas, partially met 3 of 10 areas, and did not meet 1 of 10 areas, its total points earned would be 15 (the 6 “Met” areas multiplied by 2 plus the 3 “Partially Met” areas multiplied by 1).
  - The State’s overall score would be 75 percent because 15 divided by 20 equals 0.75.

---

<sup>1</sup> State Survey Agencies will also receive a score for each individual concern area; however, only the overall composite score will be evaluated as part of the SPSS.

### Q3. Identification of Health, LSC, and Emergency Preparedness (EP) Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results

#### 1. Data Source(s)

FMS Access Database

#### 2. Method

##### *Citation Accuracy Chart*

RO Comparative Survey citations	Points in Denominator	Points in numerator: SA cites similar findings at same or different tag; same or higher severity	Points in numerator: SA cites similar findings at same or different tag; lower severity which was appropriate at time of its survey	Points in numerator: SA cites similar findings at same or different tag; lower severity that should have cited at same or higher severity level or SQC	Points in numerator: SA cites same tag, no similar findings	Points in numerator: SA does not cite tag at all SHF = yes
IJ/SQC	15	15	15	0	0	0
IJ/no SQC	12	12	12	0	0	0
AH/SQC	8	8	8	0	0	0
AH/no SQC	5	5	5	0	0	0
F SQC	3	3	3	0	0	0

The FMS Comparative Survey report identifies all the deficiencies cited from health and LSC comparative surveys that the CMS Locations identified at IJ, actual harm and/or SQC; at what severity/scope levels the deficiencies were cited by the CMS Location and the State Survey Agency; and whether the State Survey Agency should have found the deficiency(ies). For each such deficiency, based on what was written in the FMS analysis report regarding how the State Survey Agency cited the same findings, the above table is used to determine how many points go in the numerator and denominator.

Once points are determined for the numerator and denominator associated with each deficiency, all numerator points are summed and all denominator points are summed. The overall percent agreement rate is calculated by dividing the denominator into the numerator and multiplying the result by 100%.

$$\text{Numerator} = \text{Sum of numerator values for all deficiencies in the analysis}$$

$$\text{Denominator} = \text{Sum of denominator values for all deficiencies in the analysis}$$

$$\text{Percentage Agreement Rate} = (\text{Numerator}/\text{Denominator}) \times 100$$

## *Notes*

EP deficiencies are not evaluated in this measure.

The following circumstances are not considered in the scoring (i.e., do not count in the numerator or denominator):

- The State Survey Agency does not cite any tags and CMS Location determined the State Survey Agency should not have found the deficiency (Should Have Found (SHF) =No)
- The CMS Location was unable to determine if the deficiency should have been cited by State Survey Agency (SHF=unable to determine)
- The CMS Location was unable to determine if State Survey Agency understated the severity level (understatement=unable to determine)

For “F” SQC, the State Survey Agency had to cite the same findings at an “F” or higher to be scored as having cited at the same or higher severity

Points in numerator columns in priority order - the first column that fits the situation indicates the number of points

This analysis is done for each deficiency cited by the CMS Location at an IJ or Actual harm level for health and LSC deficiencies and for any health deficiencies that are cited at an F S/S level that is SQC. After adding up the numerator and denominator over all the deficiencies included in the analysis, calculate a percentage.

Lower Severity includes deficiencies the State Survey Agency cited at severity levels 1, 2 or 3 that are at a severity level less than what the CMS Location cited and deficiencies that were not cited at all.

Similar findings mean that both the Federal and State survey findings included similar issues around the same topic areas, such as falls, pressure ulcers, infection control, etc. For example, both the State Survey Agency and Regional Office may cite F689. However, the findings would not be similar if the Regional Office identified only failure to prevent elopements and the State Survey Agency identified only failure to prevent falls.

## **Q9. Implementation of IJ Template**

### **1. Data Source(s)**

ASPEN, Immediate Jeopardy Templates

### **2. Method**

#### *Sample Selection*

1. Sample will be selected and provided to the CMS Location. Sample will be based on the number of IJ deficiencies cited by a state. For nursing homes, if the number of IJ deficiencies is less than or equal to 20, all IJ deficiencies will be included in the sample. If the number of IJ deficiencies is greater than 20, a proportion of IJ deficiencies will be sampled based on the IJ deficiency count. For NLTC, all IJ deficiencies will be included in the sample.

### ***Immediate Jeopardy Template Review***

1. CMS location will determine if the IJ templates are attached to the survey using the following instruction:
  - a. Open ASPEN Central Office/ASPEN Regional Office (ACO/ARO) or iQIES if it is an HHA survey after iQIES release.
  - b. Find the survey using the survey event ID.
  - c. Review the survey specific attachments to determine if the IJ template is attached.
  - d. Record the results on the IJ Template Review Sample worksheet. If the IJ Template was found enter "Yes" under Was the IJ Template Attached? If the IJ Template was not found enter "No" under Was the IJ Template Attached?

### ***Calculation***

1. The total number of records in the sample represents the denominator. [call this (a)].
2. The total number of records in the sample where the Immediate Jeopardy Template was attached represents the numerator. [call this (b)].
3. To calculate this measure, divide [b] by [a] and multiply by 100

$$\text{Percentage Submitted} = [(b)/(a)] \times 100$$

### ***Notes***

SAs are now required to attach the IJ template for each instance of Immediate Jeopardy to the survey at which it was cited.

In ASPEN, States should attach the IJ template under the Citation Manager Screen of the corresponding survey by using the "Attachment button." For consistency, the IJ template should be labeled "IJ Template-AlphaNumericTag-YearMonthDay" where AlphaNumericTag is the tag cited for the IJ deficiency and YearMonthDay is the exit date of the survey. For example, for a nursing home survey for which an IJ deficiency for infection control (F880) is identified on June 26, 2021, the IJ template should be named IJ Template-F880-2021June26 and attached to the survey. Refer back to the memo for additional details.

See Attachment C for instructions on attaching the survey in iQIES

## Attachment B. Conduct of Focused Infection Control Surveys in Nursing Homes

State	Number of Nursing Homes Active from March 2020 to July 2020	Percentage of Nursing Homes with at least 1 COVID Survey conducted by July 31, 2020	Percentage of 3-5 day surveys completed on time
Alabama	228	99.6%	100.0%
Alaska	19	78.9% <sup>1</sup>	88.9%
Arizona	145	100.0%	100.0%
Arkansas	221	100.0%	100.0%
California	1,187	99.7%	100.0%
Colorado	225	100.0%	100.0%
Connecticut	211	100.0%	100.0%
Delaware	45	100.0%	100.0%
District of Columbia	19	100.0%	100.0%
Florida	694	99.6%	100.0%
Georgia	357	100.0% <sup>2</sup>	100.0%
Hawaii	42	100.0%	100.0%
Idaho	82	100.0%	100.0%
Illinois	714	99.9%	100.0%
Indiana	533	100.0%	100.0%
Iowa	433	99.5% <sup>3</sup>	100.0%
Kansas	327	100.0%	100.0%
Kentucky	284	100.0%	100.0%
Louisiana	276	100.0%	100.0%
Maine	93	100.0%	100.0%
Maryland	226	69.9% <sup>1</sup>	100.0%
Massachusetts	373	100.0%	100.0%
Michigan	438	100.0%	100.0%
Minnesota	366	100.0%	100.0%
Mississippi	204	99.5% <sup>1</sup>	100.0%
Missouri	519	100.0%	100.0%
Montana	70	100.0%	100.0%
Nebraska	196	100.0%	100.0%
Nevada	66	100.0%	100.0%
New Hampshire	74	100.0%	100.0%
New Jersey	362	100.0%	100.0%
New Mexico	70	100.0%	100.0%
New York	617	100.0%	100.0%
North Carolina	427	98.8%	100.0%

State	Number of Nursing Homes Active from March 2020 to July 2020	Percentage of Nursing Homes with at least 1 COVID Survey conducted by July 31, 2020	Percentage of 3-5 day surveys completed on time
North Dakota	80	98.8% <sup>3</sup>	100.0%
Ohio	951	100.0%	100.0%
Oklahoma	297	99.7%	100.0%
Oregon	129	100.0%	100.0%
Pennsylvania	689	99.7%	100.0%
Puerto Rico	6	100.0%	50.0%
Rhode Island	80	100.0%	100.0%
South Carolina	189	100.0%	100.0%
South Dakota	104	100.0%	100.0%
Tennessee	316	99.7%	100.0%
Texas	1,205	99.6% <sup>1</sup>	100.0%
Utah	97	99.0% <sup>3</sup>	100.0%
Vermont	35	100.0%	100.0%
Virginia	286	100.0%	100.0%
Washington	202	98.0%	100.0%
West Virginia	122	100.0%	100.0%
Wisconsin	352	100.0%	100.0%
Wyoming	36	100.0%	100.0%

The “percentage of 3-5 day surveys completed on time” measure is based on the data received for the week of 9/28/2020 and also from data retrieved from the National database in July 2021. The “percentage of nursing homes with at least 1 COVID Survey” measure is calculated from the number of nursing homes active for the entire period beginning on March 1, 2020 and ending on July 31, 2020. The “percentage of nursing homes with at least 1 COVID Survey” measure and the “Number of active nursing homes between March 1, 2020 and July 31, 2020” count is based on data retrieved from the National survey database on May 21, 2021.

<sup>1</sup> This State completed their remaining FIC surveys in the subsequent 60 days after July 31, 2020.

<sup>2</sup> Georgia completed an initial focused infection control survey with all facilities by July 31, 2020. One case was reopened in early August 2020, resulting in the National database showing that this facility did not have a completed survey through July 2020. In subsequent discussions with CMS Atlanta, it was determined that Georgia was in compliance with this measure.

<sup>3</sup> Certain facilities in this State were not accessible during the March 1, 2020 through July 31, 2020 period for a focused infection control survey because of fire, remodeling, or construction.

## Attachment C. Instructions for uploading the IJ Template

---

If the State is using ASPEN to upload surveys

- States should attach the IJ template under the Citation Manager Screen of the corresponding survey by using the “Attachment button” and label the IJ template “IJ Template-*AlphaNumericTag-YearMonthDay*” where
  - *AlphaNumericTag* is the tag cited for the IJ deficiency
  - *YearMonthDay* is the exit date of the survey

For example, for a nursing home survey for which an IJ deficiency for infection control (F880) is identified on June 26, 2021, the IJ template should be named **IJ Template-F880-2021June26** and attached to the survey. For *Year*, use four digits. For *Month*, use the full month name. For *Day*, use two digits (indicate a single digit day [i.e., 1 through 9] with a leading 0 [i.e., 01 through 09]).

If the State is using iQIES to upload surveys, please use the following steps

- Select Survey & Certification
- Select Search
- Search for the Provider or Survey to which you want to add the IJ Template
- Select the survey under Recent Surveys by clicking on the Survey ID
- Under Basic Information, select Attachments
- Click on Select File to open the File Manager on your computer
- Choose the IJ template file
- Click on open to save

Please use the same filename labeling convention as noted above.

# CMS SPSS FY2019 Results

## Tier 1 Surveys

Requirements	F1: Nursing Home off-Hour Surveys			F2: Nursing Homes-12.9-Mo Avg/15.9 Month Max Interval			F3: HHA- 36.9-Month Max Interval			F3: ICF/IID-15.9-Month Max Interval			Hospice			F3: Hospital Validation		
	Percentage of all surveys			Statewide Average Interval/No. of Facilities that exceeded Maximum Survey Interval			Highest % surveyed			Highest % surveyed			Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded			Highest % surveyed		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	10%	10%	10%	12.9/15.9	12.9/15.9	12.9/15.9	100%	100%	100%	100%	100%	100%	Tier 1 33%	Tier 1 33.3% or 100% Cum Last 3 Yrs or <36months	Tier 1 33.3% or 100% Cum Last 3 Yrs or <36months	100%	100%	100%
<b>Region 1</b>																		
Connecticut	15%	14%	19%	11.1/0	11.4/0	12.7/0	100%	100%	100%	100%	100%	100%	36%	N.A.	48%	100%	100%	100%
Maine	12%	11%	10%	11.5/0	11.5/0	11.5/0	96%*	100%	100%	100%	100%	100%	50%	N.A.	33%	100%	100%	100%
Massachusetts	14%	12%	29%	13.0/9*	14/13*	13.5/17*	98%*	100%	96%	100%	100%	100%	28%	55%	30%	100%	100%	100%
New Hampshire	11%	17%	16%	11.4/0	12.5/0	11.6/0	100%	100%	100%	100%	100%	100%	26%	43%	47%	100%	100%	100%
Rhode Island	12%	13%	11%	10.8/0	12.8/0	10.6/0	100%	100%	100%	100%	100%	100%	25%	100%	75%	100%	100%	100%
Vermont	11%	11%	11%	11.2/0	11.9/0	11.2/0	100%	100%	100%	100%	100%	100%	33%	100%	33%	100%	N.A.	N.A.
<b>Region 2</b>																		
New York	13%	13%	13%	13.3/0*	13.9/21*	17.2/383*	96%*	100%	100%	100%	99%*	100%	4%	38%	32%*	100%	80%*	100%
New Jersey	12%	15%	16%	11.9/0	12.2/2*	12.3/1*	100%	100%	100%	100%	100%	100%	4%	12%	37%	100%	100%	100%
Puerto Rico	17%	17%	17%	14.3/0*	15.1/0*	8.2/0	100%	100%	100%*	N.A.	N.A.	N.A.	23%	43%	33%	100%	100%	100%
<b>Region 3</b>																		
Delaware	14%	17%	17%	11.6/0	13/0*	11.4/0	100%	100%	100%	100%	100%	100%	33%	33%	33%	100%	100%	N.A.
District of Columbia	11%	6%*	11%	11.3/0	12.1/0	11.5/0	100%	100%	88%	100%	100%	97%	50%	50%	N.A.	100%	N.A.	100%
Maryland	23%	27%	27%	12.8/0	13.3/0*	15.0/42*	100%	91%*	91%	50%*	100%	100%	29%*	27%	33%	100%	100%	100%
Pennsylvania	11%	13%	13%	11.4/0	11.7/0	11.5/0	98%*	98%*	99%*	100%	100%	100%	8%	50%	30%	100%	100%	100%
Virginia	19%	13%	13%	11.6/0	13.1/6*	14.4/47*	99%*	100%	100%	100%	92%*	100%	53%	42%	11%	100%	100%	67%*
West Virginia	13%	13%	15%	13.6/4*	13.4/10*	12.1/1*	100%	100%	100%	100%	100%	100%	56%	44%	7%	100%	100%	100%
<b>Region 4</b>																		
Alabama	13%	22%	24%	11.7/0	12.3/0	11.6/0	100%	100%	96%*	100%	100%	100%	24%	40%	35%	100%	100%	100%
Florida	12%	15%	15%	12.6/0	12.2/0	12.9/0	100%	100%	100%	100%	100%	100%	39%	37%	39%	100%	100%	100%

Requirements	F1: Nursing Home off-Hour Surveys			F2: Nursing Homes- 12.9-Mo Avg/15.9 Month Max Interval			F3: HHA- 36.9-Month Max Interval			F3: ICF/IID-15.9-Month Max Interval			Hospice			F3: Hospital Validation		
	Percentage of all surveys			Statewide Average Interval/No. of Facilities that exceeded Maximum Survey Interval			Highest % surveyed			Highest % surveyed			Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded			Highest % surveyed		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	10%	10%	10%	12.9/15.9	12.9/15.9	12.9/15.9	100%	100%	100%	100%	100%	100%	Tier 1 33%	Tier 1 33.3% or 100% Cum Last 3 Yrs or <36months	Tier 1 33.3% or 100% Cum Last 3 Yrs or <36months	100%	100%	100%
Georgia	9%*	13%	12%	18.6/286*	11/5*	12.4/0	100%	100%	99%*	100%	100%	100%	29%*	36%	36%	100%	100%	100%
Kentucky	14%	14%	14%	12.3/0	12.8/0	13.1/0*	96%*	98%	98%*	100%	100%	100%	40%	55%	15%	100%	100%	100%
Mississippi	14%	20%	12%	11.6/0	13.6/16*	15.1/55*	100%	100%	100%	100%	100%	100%	30%*	43%	35%	100%	100%	100%
North Carolina	12%	11%	14%	11.7/0	11.9/1*	11.8/1*	100%	85%*	92%*	100%	100%	99%	21%*	37%	37%	100%	100%	100%
South Carolina	12%	11%	13%	10.7/0	13.9/0*	12.9/3*	100%	100%	100%	100%	100%	100%	50%	19%	39%	100%	100%	100%
Tennessee	15%	14%	18%	12.7/0	12.3/0	11.0/0	100%	100%	99%*	100%	100%	100%	42%	37%	24%	100%	100%	100%
<b>Region 5</b>																		
Illinois	12%	14%	17%	11.7/1*	11.6/0	11.6/0	100%	99.5%*	100%	100%	100%	99.5%*	34%	38%	100%	100%	100%	100%
Indiana	13%	11%	13%	12.8/0	11.9/0	11.9/0	78%*	50%*	59%*	100%	100%	100%	30%	38%	100%	100%	100%	100%
Michigan	13%	12%	13%	11.5/0	12.8/0	12.0/0	100%	98%*	100%	N.A.	N.A.	N.A.	33%	36%	100%	100%	100%	100%
Minnesota	14%	13%	15%	11.5/0	11.6/0	11.5/0	100%	100%	99%*	100%	100%	100%	28%	41%	100%	100%	100%	100%
Ohio	16%	19%	18%	13.7/0*	13.5/0*	12.9/0	100%	100%	100%	100%	100%	100%	31%	33%	100%	100%	100%	100%
Wisconsin	12%	12%	12%	12.7/0	13.1/1*	13.1/0*	100%	100%	100%	100%	100%	100%	23%	36%	100%	100%	100%	100%
<b>Region 6</b>																		
Arkansas	12%	14%	13%	11.6/0	13.9/15*	11.0/0	100%	100%	100%	100%	100%	100%	35%	36%	32%	100%	100%	100%
Louisiana	10%	12%	13%	12.8/0	11.7/0	11.5/0	100%	99%	100%	100%	100%	100%	41%	33%	35%	100%	100%	100%
New Mexico	12%	12%	12%	12.1/0	12.1/0	12.2/1*	95%*	97%*	97%*	100%	100%	100%	33%	42%	29%	100%	100%	100%
Oklahoma	15%	12%	13%	12.8/0	13.2/4*	12.8/0	100%	100%	96%*	100%	100%	100%	41%	37%	31%	100%	100%	100%
Texas	14%	14%	14%	11.9/0	12/0	11.8/0	99.9%*	99%*	99%*	100%	100%	100%	37%	36%	33%	90%*	100%	100%
<b>Region 7</b>																		
Missouri	10%	10%	11%	11.6/0	11.7/1*	11.4/0	100%	100%	100%	100%	100%	100%	42%	31%	32%	100%	100%	100%
Nebraska	16%	13%	11%	12.8/0	13/0*	13.8/2*	100%	100%	100%	100%	100%	100%	37%	28%	36%	100%	100%	100%
Iowa	22%	16%	29%	12.1/0	13.7/1*	14.7/11*	100%	100%	100%	100%	99%*	100%	34%	32%	33%	50%*	100%	100%
Kansas	23%	11%	15%	16.3/168*	19.4/35*	11.9/57	100%	100%	94%*	100%	96%*	71%*	33%	37%	33%	50%*	100%	100%

Requirements	F1: Nursing Home off-Hour Surveys			F2: Nursing Homes- 12.9-Mo Avg/15.9 Month Max Interval			F3: HHA- 36.9-Month Max Interval			F3: ICF/IID-15.9-Month Max Interval			Hospice			F3: Hospital Validation		
	Percentage of all surveys			Statewide Average Interval/No. of Facilities that exceeded Maximum Survey Interval			Highest % surveyed			Highest % surveyed			Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded			Highest % surveyed		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	10%	10%	10%	12.9/15.9	12.9/15.9	12.9/15.9	100%	100%	100%	100%	100%	100%	Tier 1	Tier 1	Tier 1	100%	100%	100%
													33%	33.3% or 100% Cum Last 3 Yrs or <36months	33.3% or 100% Cum Last 3 Yrs or <36months			
<b>Region 8</b>																		
Colorado	14%	14%	12%	13.0/0*	15.7/98*	14.5/87*	99%*	100%	99%*	100%	100%	100%	27%	33%	47%	100%	100%	100%
Montana	20%	16%	10%	12.8/0	14.3/5*	13.1/0*	100%	100%	100%	100%	100%	N.A.	28%	36%	38%	100%	100%	N.A.
North Dakota	12%	12%	13%	11.6/0	12.3/0	11.5/0	100%	100%	100%	100%	100%	100%	9%	46%	46%	100%	100%	N.A.
South Dakota	17%	18%	21%	12.7/0	13/0*	13.9/1*	100%	100%	100%	100%	100%	100%	33%	42%	33%	100%	100%	100%
Utah	13%	19%	12%	14.3/0*	14.9/11*	13.1/0*	100%	100%	100%	100%	100%	100%	36%	39%	32%	100%	100%	100%
Wyoming	11%	11%	10%	11.5/0	11.7/0	12.0/0	100%	100%	100%	100%	100%	100%	43%	29%	43%	100%	100%	N.A.
<b>Region 9</b>																		
Arizona	13%	13%	12%	12.8/0	13/0*	14.2/0*	100%	100%	100%	100%	100%	100%	55%	39%	36%	100%	100%	100%
California	21%	21%	25%	11.9/0	11.9/0	11.6/0	100%	100%	96%*	100%	100%	99%*	36%	34%	32%	100%	100%	100%
Hawaii	12%	16%	14%	12.6/0	13.5/8*	10.7/0	63%*	50%*	57%*	53%*	35%*	94%*	0%*	43%	57%	100%	0%*	N.A.
Nevada	14%	12%	23%	11.2/0	11.4/0	11.9/0	55%*	93%*	83%*	100%	100%	100%	100%	60%	18%	100%	100%	100%
<b>Region 10</b>																		
Alaska	22%	19%	13%	12.5/0	12.6/0	12.9/0	100%	100%	90%*	N.A.	N.A.	N.A.	N.A.	67%	50%	100%	100%	100%
Idaho	17%	9%*	16%	14.0/9*	16.2/17*	16.7/45*	94%*	100%	100%	100%	100%	100	19%*	33%	55%	100%	100%	100%
Oregon	12%	13%	20%	13.1/0*	13.6/0*	15.7/0*	98%*	100%	100%	N.A.	N.A.	N.A.	68%	19%	21%	100%	100%	100%
Washington	26%	28%	34%	12.5/0	12.5/0	12.3/0	100%	100%	100%	100%	N.A.	100%	32%	28%	48%	100%	100%	100%

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.

## Tier 2 and 3 Surveys

Requirements	Outpatient Physical Therapy						Comprehensive Outpatient Rehabilitation Facilities						Rural Health Clinics					
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded					
	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019	
Fiscal Years	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3
	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs
Thresholds																		
<b>Region 1</b>																		
Connecticut	24%	0	0%*	1*	15%	0	33%	0	N.A.	0	33%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Maine	20%	0	20%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	21%	0	5%	0	6%	N.A.
Massachusetts	14%	0	0%*	0	15%	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	100%	0	N.A.	N.A.	N.A.	N.A.
New Hampshire	20%	0	N.A.	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	14%	0	23%	0	14%	0
Rhode Island	N.A.	0	100%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Vermont	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	22%	0	9%	0	11%	0
<b>Region 2</b>																		
New York	7%	0	8%	0	8%	0	N.A.	0	20%	0	N.A.	0	14%	0	75%	0	N.A.	0
New Jersey	6%	16*	7%	18*	7%	23*	25%	1*	9%	1*	9%	1*	N.A.	N.A.	N.A.	N.A.	N.A.	0
Puerto Rico	N.A.	2*	50%	1*	50%	0	N.A.	1*	100%	0	N.A.	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
<b>Region 3</b>																		
Delaware	33%	0	11%	0	N.A.	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
District of Columbia	N.A.	0	N.A.	N.A.	13%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Maryland	11%	0	21%	0	25%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Pennsylvania	6%	1*	15%	1*	23%	0	18%	0	8%	0	23%	0	13%	0	14%	1*	18%	0
Virginia	35%	1*	8%	1*	3%*	0	50%	0	N.A.	0	N.A.	0	11%	0	11%	0	3%*	0
West Virginia	18%	0	9%	0	8%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	21%	0	13%	0	37%	0
<b>Region 4</b>																		
Alabama	7%	0	23%	0	7%	0	N.A.	0	100%	0	N.A.	0	12%	0	28%	0	6%	0
Florida	21%	0	18%	0	17%	0	18%	0	19%	0	21%	0	19%	0	18%	0	17%	0
Georgia	10%	0	12%	0	16%	0	N.A.	0	N.A.	0	50%	0	7%	0	10%	0	16%	9*
Kentucky	5%*	0	6%	1*	25%	2*	14%	0	29%	0	N.A.	0	21%	0	8%	0	13%	0
Mississippi	12%	0	7%	0	8%	0	N.A.	0	N.A.	0	N.A.	N.A.	9%	0	11%	0	8%	0
North Carolina	16%	0	22%	0	25%	0	N.A.	0	N.A.	0	N.A.	N.A.	24%	0	22%	0	9%	0
South Carolina	30%	0	19%	0	38%	0	100%	0	N.A.	0	N.A.	0	22%	0	18%	0	29%	0
Tennessee	13%	0	22%	0	19%	0	25%	0	100%	0	33%	0	20%	0	11%	0	14%	0

Requirements	Outpatient Physical Therapy						Comprehensive Outpatient Rehabilitation Facilities						Rural Health Clinics					
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded					
Fiscal Years	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019	
Thresholds	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3
	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs
<b>Region 5</b>																		
Illinois	19%	0	17%	0	14%	0	N.A.	0	N.A.	0	N.A.	0	14%	0	14%	0	15%	0
Indiana	5%	0	8%	0	29%	0	N.A.	N.A.	N.A.	0	N.A.	N.A.	2%*	5*	8%	8*	29%	0
Michigan	16%	0	5%	0	37%	0	N.A.	0	16%	0	20%	0	32%	0	25%	0	17%	0
Minnesota	12%	0	6%	0	6%	2*	100%	0	N.A.	0	N.A.	0	6%	0	8%	0	6%	7*
Ohio	12%	0	24%	0	8%	0	N.A.	0	N.A.	0	N.A.	0	25%	0	26%	0	25%	0
Wisconsin	9%	0	27%	0	7%	0	N.A.	N.A.	N.A.	0	N.A.	N.A.	8%	0	31%	0	22%	0
<b>Region 6</b>																		
Arkansas	11%	0	16%	0	11%	0	N.A.	0	N.A.	0	50%	0	17%	0	16%	0	18%	0
Louisiana	15%	0	15%	0	15%	0	N.A.	0	N.A.	0	50%	1*	31%	0	31%	0	16%	1*
New Mexico	7%	0	14%	0	8%	0	N.A.	0	N.A.	0	N.A.	0	14%	0	25%	0	14%	0
Oklahoma	12%	0	8%	0	17%	0	N.A.	0	N.A.	0	N.A.	0	8%	0	5%	0	17%	0
Texas	6%	0	20%	0	7%	1*	6%	0	21%	0	21%	0	15%	0	28%	0	10%	0
<b>Region 7</b>																		
Missouri	12%	0	8%	0	8%	0	N.A.	0	N.A.	0	N.A.	0	11%	0	13%	0	14%	0
Nebraska	N.A.	1*	N.A.	0	N.A.	0	N.A.	0	N.A.	0	N.A.	N.A.	16%	1*	20%	0	21%	0
Iowa	8%	11*	17%	7*	29%	0	N.A.	0	N.A.	0	N.A.	0	12%	50*	8%	55*	58%	2*
Kansas	7%	6*	8%	3*	8%	2*	N.A.	0	N.A.	0	N.A.	0	7%	52*	5%	75*	8%	76*
<b>Region 8</b>																		
Colorado	7%	0	10%	0	2%*	0	N.A.	0	N.A.	0	N.A.	0	6%	0	4%*	4*	11%	8*
Montana	N.A.	0	N.A.	0	N.A.	0	N.A.	0	N.A.	0	N.A.	0	4%*	2*	15%	0	6%	2*
North Dakota	N.A.	0	N.A.	0	N.A.	0	N.A.	0	N.A.	0	N.A.	0	6%	0	17%	0	24%	N.A.
South Dakota	N.A.	0	N.A.	0	N.A.	N.A.	N.A.	0	N.A.	0	N.A.	N.A.	16%	0	20%	0	13%	N.A.
Utah	50%	1*	N.A.	0	N.A.	1*	25%	0	N.A.	0	N.A.	N.A.	50%	2*	7%	2*	7%	4*
Wyoming	N.A.	0	N.A.	0	N.A.	N.A.	N.A.	N.A.	N.A.	0	N.A.	N.A.	31%	0	18%	0	29%	N.A.

Requirements	Outpatient Physical Therapy						Comprehensive Outpatient Rehabilitation Facilities						Rural Health Clinics					
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded					
Fiscal Years	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019	
Thresholds	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3
	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs	5%	7 yrs
<b>Region 9</b>																		
Arizona	7%	0	23%	0	55%	0	25%	0	N.A.	0	N.A.	0	14%	0	39%	0	31%	0
California	7%	0	7%	0	7%	0	25%	0	13%	0	14%	0	13%	75*	13%	58*	24%	17*
Hawaii	N.A.	2*	N.A.	2*	50%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	0	N.A.	1*	50%	1*
Nevada	9%	0	0%*	0	7%	0	17%	0	N.A.	0	17%	0	8%	0	17%	0	8%	0
<b>Region 10</b>																		
Alaska	0%*	0	9%	0	27%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Idaho	0%*	7*	0%*	7*	7%	7*	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	0%*	35*	0%*	35*	3%*	36*
Oregon	25%	0	N.A.	0	0%*	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	4%*	0	9%	1*	7%	6*
Washington	7%	0	8%	0	8%	5*	N.A.	0	N.A.	0	N.A.	0	14%	2*	6%	0	6%	2*

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.

## Tier 2 and 3 Surveys (continued)

Requirements	Ambulatory Surgical Centers						End-Stage Renal Disease (ESRD)						Non-Accredited Hospitals								
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded								
Fiscal Years	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019				
Thresholds	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3			
	25%	6 yrs	25%	6 yrs	25%	6 yrs	10%	3.5 yrs	10%	3.5 yrs	10%	3.5 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs
<b>Region 1</b>																					
Connecticut	33%	0	27%	0	22%*	0	49%	0	45%	0	49%	0	100%	0	0	N.A.	0	0	N.A.	0	0
Maine	42%	0	31%	0	33%	0	63%	0	35%	0	11%	0	100%	0	0	N.A.	0	0	44%	0	N.A.
Massachusetts	21%*	0	30%	0	N.A.	N.A.	27%	0	36%	1*	27%	0	100%	0	0	N.A.	0	0	N.A.	0	N.A.
New Hampshire	25%	0	33%	0	27%	0	33%	0	39%	0	25%	0	100%	0	0	N.A.	0	0	23%	0	0
Rhode Island	0%*	0	N.A.	0	29%	0	47%	4*	33%	0	13%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Vermont	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	50%	0	25%	0	13%	0	N.A.	0	0	N.A.	0	0	100%	0	0
<b>Region 2</b>																					
New York	18%*	3*	21%*	2*	N.A.	N.A.	24%	93*	11%	42*	8%*	39*	18%	2*	3*	10%	1*	4*	38%	0	1*
New Jersey	9%*	7*	28%	7*	27%	N.A.	14%	37*	11%	44*	11%	51*	N.A.	0	2*	N.A.	0	0	N.A.	0	1*
Puerto Rico	21%*	5*	83%	0	N.A.	N.A.	18%	18*	0%*	20*	30%	27*	6%	14*	14*	0%*	12*	12*	0%*	12*	12*
<b>Region 3</b>																					
Delaware	27%	0	39%	0	25%	0	8%	0	11%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
District of Columbia	33%	0	0%*	0	33%	0	29%	0	24%	0	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Maryland	46%	0	29%	0	31%	0	10%*	1*	10%*	0	10%	0	N.A.	0	0	N.A.	0	0	N.A.	N.A.	N.A.
Pennsylvania	28%	1*	31%	0	24.5%*	0	33%	0	12%	1*	5%*	0	80%	0	0	16%	0	0	39%	0	0
Virginia	27%	0	21%*	0	22%*	0	5%*	0	10%	0	4%*	0	N.A.	0	0	N.A.	0	0	N.A.	N.A.	N.A.
West Virginia	25%	0	33%	0	43%	0	13%	0	12%	0	9%	0	100%	0	0	N.A.	0	0	100%	0	0
<b>Region 4</b>																					
Alabama	35%	0	27%	0	27%	0	51%	0	24%	0	18%	0	21%	0	0	42%	0	0	24%	0	0
Florida	30%	0	32%	0	26%	0	10%	0	33%	0	100%	0	33%	0	0	33%	0	0	45%	0	0
Georgia	29%	0	30%	1*	28%	0	33%	0	12%	0	34%	0	N.A.	0	0	33%	0	0	100%	0	0
Kentucky	27%	0	29%	0	27%	0	11%	0	10%	0	29%	0	N.A.	0	0	100%	0	0	50%	0	0
Mississippi	22%*	0	22%*	0	26%	0	24%	0	33%	0	30%	0	25%	0	0	24%	0	0	24%	0	0
North Carolina	22%*	19*	35%	0	13%*	0	10%	0	10%	0	42%	0	N.A.	0	0	N.A.	0	0	N.A.	0	0
South Carolina	25%	0	32%	0	41%	0	46%	0	20%	1	43%	0	50%	0	0	50%	0	0	50%	0	0
Tennessee	24.8%*	0	28%	0	31%	0	12%	0	36%	0	100%	0	40%	0	0	50%	0	0	38%	0	0

Requirements	Ambulatory Surgical Centers						End-Stage Renal Disease (ESRD)						Non-Accredited Hospitals								
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded								
Fiscal Years	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019				
Thresholds	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3			
	25%	6 yrs	25%	6 yrs	25%	6 yrs	10%	3.5 yrs	10%	3.5 yrs	10%	3.5 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs
<b>Region 5</b>																					
Illinois	27%	0	28%	0	29%	0	12%	0	12%	0	100%	0	N.A.	0	0	33%	0	0	N.A.	0	0
Indiana	26%	0	32%	0	29%	0	5%*	39*	11%	67*	100%	73*	100%	0	0	N.A.	0	0	N.A.	0	0
Michigan	26%	0	10%*	0	26%	0	10%	0	10%	0	100%	0	N.A.	0	0	33%	0	0	N.A.	0	0
Minnesota	28%	0	27%	0	26%	0	10%	0	10%	0	100%	13*	N.A.	0	0	N.A.	0	0	N.A.	0	3*
Ohio	33%	0	32%	0	27%	0	9%*	0	10%	0	100%	0	N.A.	0	0	100%	0	0	N.A.	0	0
Wisconsin	24%*	0	30%	0	36%	0	10%	0	11%	0	100%	0	50%	0	0	100%	0	0	N.A.	0	0
<b>Region 6</b>																					
Arkansas	25%	0	26%	0	26%	0	37%	0	33%	0	27%	0	33%	0	0	35%	0	0	20%	0	0
Louisiana	26%	0	26%	0	27%	0	36%	0	36%	0	34%	0	41%	0	0	35%	0	0	32%	0	0
New Mexico	44%	0	0%*	0	10%*	0	27%	0	23%	0	29%	0	25%	0	0	23%	0	0	13%	0	0
Oklahoma	27%	0	26%	0	23%*	0	50%	0	41%	0	30%	0	20%	0	0	4%	0	3*	33%	9*	14*
Texas	33%	1*	26%	3*	20%*	1*	19%	115*	18%	135*	13%	206*	23%	0	2*	6%	1*	6*	14%	2	13*
<b>Region 7</b>																					
Missouri	26%	0	24%*	0	30%	0	11%	0	11%	0	3%*	0	9%	0	4*	11%	0	7*	0%*	0	1*
Nebraska	25%	0	22%*	0	32%	0	11%	6*	13%	0	100%	3*	33%	0	2*	4.6%*	0	2*	N.A.	0	0
Iowa	33%	0	33%	0	33%	0	10%	16*	10%	15*	6%*	19*	N.A.	11*	11*	60%	6*	14*	N.A.	0	11*
Kansas	25%	0	28%	0	26%	0	11%	19*	11%	10*	3%*	18*	29%	0	15*	20%	0	7*	20%	0	2*
<b>Region 8</b>																					
Colorado	29%	0	27%	0	14%*	2*	15%	5*	7%*	40*	0%*	35*	N.A.	0	6*	N.A.	0	6*	N.A.	0	7*
Montana	25%	0	0%*	0	25%	0	15%	1*	0%*	2*	N.A.	0	14%	10*	10*	7%	3*	4*	33%	20*	20*
North Dakota	33%	0	33%	0	30%	N.A.	25%	0	13%	0	N.A.	N.A.	N.A.	0	0	N.A.	0	0	N.A.	N.A.	N.A.
South Dakota	25%	0	29%	0	33%	N.A.	29%	0	11%	0	100%	N.A.	25%	0	0	18%	0	0	10%	2*	0
Utah	32%	0	29%	0	34%	N.A.	42%	6*	14%	4*	N.A.	N.A.	N.A.	0	0	N.A.	0	1*	100%	4*	5*
Wyoming	33%	0	27%	0	34%	0	22%	0	10%	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	0	0	N.A.	N.A.	N.A.

Requirements	Ambulatory Surgical Centers						End-Stage Renal Disease (ESRD)						Non-Accredited Hospitals								
	Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded						Percentage of surveys meeting the standard and number of surveys for which the interval was exceeded								
Fiscal Years	FY2017		FY2018		FY2019		FY2017		FY2018		FY2019		FY2017		FY2018		FY2019				
Thresholds	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3	Tier 2	Tier 3			
	25%	6 yrs	25%	6 yrs	25%	6 yrs	10%	3.5 yrs	10%	3.5 yrs	10%	3.5 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs	5%	5 yrs	4 yrs
<b>Region 9</b>																					
Arizona	32%	0	30%	0	39%	0	13%	0	13%	0	100%	0	29%	0	0	25%	0	0	N.A.	0	0
California	25%	3*	25%	6*	24%*	10*	10%	149*	10%*	135*	100%	116*	20%	0	3*	25%	0	0	0%*	4*	5*
Hawaii	0%*	5*	0%*	7*	57%	2*	0%*	3*	7%*	3*	0%*	1*	N.A.	1*	1*	N.A.	1*	2*	N.A.	2*	3*
Nevada	10%*	16*	9%*	16*	40%	2*	0%*	17*	2%*	15*	4%*	1*	N.A.	7*	8*	N.A.	5*	5*	0%*	9*	3*
<b>Region 10</b>																					
Alaska	18%*	1*	18%*	1*	20%*	0	0%*	0	11%	0	N.A.	0	14%	0	0	N.A.	0	0	N.A.	0	1*
Idaho	21%*	0	25%	0	31%	0	11%	0	11%	0	100%	0	100%	2*	5*	N.A.	0	1*	N.A.	2*	0
Oregon	28%	0	24.6%*	1*	27%	0	11%	0	10%	0	N.A.	0	8%	4*	6*	N.A.	0	0	N.A.	0	3*
Washington	25%	2*	26%	0	29%	5*	19%	3*	11%	0	100%	42*	21%	0	0	N.A.	0	0	N.A.	0	1*

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.

## Other Frequency Measures

Requirements	F4: Data Entry-Nursing Homes			F4: Data Entry- Non-Accredited Hospitals		
	Average number of days			Average number of days		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days
<b>Region 1</b>						
Connecticut	106*	84*	50	86*	N.A.	N.A.
Maine	58	62	51	94*	42	60
Massachusetts	64	58	69	48	68	N.A.
New Hampshire	37	39	35	63	N.A.	63
Rhode Island	35	41	34	N.A.	N.A.	N.A.
Vermont	100*	55	33	N.A.	44	33
<b>Region 2</b>						
New York	49	47	54	58	34	37
New Jersey	23	29	33	62	60	N.A.
Puerto Rico	37	62	51	45	119*	2247*
<b>Region 3</b>						
Delaware	110*	58	62	N.A.	N.A.	N.A.
District of Columbia	62	56	77*	105*	N.A.	N.A.
Maryland	103*	104*	87	N.A.	N.A.	N.A.
Pennsylvania	52	60	69	58	68	78*
Virginia	65	91*	87*	81*	49	N.A.
West Virginia	57	71*	77*	30	46	16
<b>Region 4</b>						
Alabama	33	36	35	25	39	38
Florida	32	36	33	43	22	55
Georgia	46	44	36	230*	107*	68
Kentucky	58	50	59	48	55	48
Mississippi	52	52	41	20	51	0
North Carolina	41	46	45	71*	N.A.	90*
South Carolina	53	52	66	N.A.	51	61
Tennessee	30	20	20	61	22	26

Requirements	F4: Data Entry-Nursing Homes			F4: Data Entry- Non-Accredited Hospitals		
	Average number of days			Average number of days		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days
<b>Region 5</b>						
Illinois	35	44	43	55	N.A.	N.A.
Indiana	62	52	49	85	N.A.	47
Michigan	34	27	27	26	40	67
Minnesota	53	50	51	63	59	70
Ohio	48	47	45	N.A.	N.A.	N.A.
Wisconsin	28	29	30	N.A.	N.A.	N.A.
<b>Region 6</b>						
Arkansas	66	48	34	42	37	45
Louisiana	56	52	48	33	34	35
New Mexico	38	57	55	17	41	30
Oklahoma	42	40	40	52	46	48
Texas	49	54	54	118*	57	204*
<b>Region 7</b>						
Missouri	46	46	46	32	39	35
Nebraska	36	40	74	88*	39	36
Iowa	47	49	52	49	156*	54
Kansas	22	71*	30	54	61	68
<b>Region 8</b>						
Colorado	59	67	53	98*	57	N.A.
Montana	50	35	35	85*	27	41
North Dakota	32	29	29	53	54	39
South Dakota	39	35	37	14	50	41
Utah	62	67	64	51	58	78*
Wyoming	52	47	45	57	63	46
<b>Region 9</b>						
Arizona	75*	57	66	51	30	39
California	54	57	77*	65	596*	291*
Hawaii	57	56	48	67	14	N.A.
Nevada	27	42	38	N.A.	85*	244*

Requirements	F4: Data Entry-Nursing Homes			F4: Data Entry- Non-Accredited Hospitals		
	Average number of days			Average number of days		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days	Avg: 70 days
<b>Region 10</b>						
Alaska	65	67	40	N.A.	80*	89*
Idaho	57	34	29	74*	42	75*
Oregon	35	37	30	126*	372*	322*
Washington	37	31	28	75*	91*	M

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.



Quality Measures	Q1- Adequacy of Documentation of Deficiencies			Q2-FOSS Measures			NH's - Q3: FOSS-Task 6 and 2567 Discrepancies			Q4: Identification of Health and Life Safety Code (LSC) Deficiencies on Nursing Home Surveys		
	A passing score is 85% or higher			A passing score is 100%			A passing score is an agreement rate of 80% or higher			As Measured by Federal Comparative Survey Results.		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY2018	FY2019	FY 2017	FY 2018	FY 2018	FY 2017	FY 2018	FY 2019
Thresholds	13 Criteria Met	13 Criteria Met	13 Criteria Met	100%	100%	100%	80% Agreement	80% Agreement	80% Agreement	Criteria Met	Criteria Met	Criteria Met
Tennessee	M	M	N.A.	N.A.	N.A.	NA	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
<b>Region 5</b>												
Illinois	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Indiana	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Michigan	NM*	NM*	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	M	N.A.	N.A.
Minnesota	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Ohio	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Wisconsin	M	NM*	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
<b>Region 6</b>												
Arkansas	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
Louisiana	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
New Mexico	NM*	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Oklahoma	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	M	N.A.	N.A.
Texas	NM*	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM	N.A.	N.A.
<b>Region 7</b>												
Missouri	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
Nebraska	M	NM*	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Iowa	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Kansas	M	NM*	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
<b>Region 8</b>												
Colorado	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
Montana	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
North Dakota	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
South Dakota	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Utah	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Wyoming	NM*	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.

Quality Measures	Q1- Adequacy of Documentation of Deficiencies			Q2-FOSS Measures			NH's - Q3: FOSS-Task 6 and 2567 Discrepancies			Q4: Identification of Health and Life Safety Code (LSC) Deficiencies on Nursing Home Surveys		
	A passing score is 85% or higher			A passing score is 100%			A passing score is an agreement rate of 80% or higher			As Measured by Federal Comparative Survey Results.		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY2018	FY2019	FY 2017	FY 2018	FY 2018	FY 2017	FY 2018	FY 2019
Thresholds	13 Criteria Met	13 Criteria Met	13 Criteria Met	100%	100%	100%	80% Agreement	80% Agreement	80% Agreement	Criteria Met	Criteria Met	Criteria Met
<b>Region 9</b>												
Arizona	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
California	M	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Hawaii	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Nevada	NM*	NM*	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	N.A.	N.A.	N.A.
<b>Region 10</b>												
Alaska	NM*	NM*	N.A.	NM*	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Idaho	NM*	M	N.A.	M	N.A.	N.A.	M	N.A.	N.A.	NM*	N.A.	N.A.
Oregon	NM*	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Washington	M	M	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.

## Complaint Survey Measures

Requirements	Q6: Prioritizing Intakes - Nursing Homes			Q6: Prioritizing Intakes-HHAs, ESRDs, Hospitals			Q7: Nursing Homes, HHAs, ESRDs, Non-Accredited Hospitals- IJ			Q7: Accredited Providers- IJ Intakes			Q7: Nursing Homes- Non-IJ High			Q7: Accredited Providers- IJ Intakes			Q8:EMTALA Complaints			Q9: Quality of Complaint Investigation			
	Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 10 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 45 days. A passing grade is 95%			A passing score is at least 90%			A passing score is at least 85%			
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	
Thresholds	90%	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	
<b>Region 1</b>																									
Connecticut	90%	98%	N.A.	100%	100%	N.A.	95%*	100%	100%	100%	100%	100%	91%*	89%*	98%	100%	100%	100%	M	M	N.A.	N.A.	N.A.	N.A.	
Maine	95%	100%	N.A.	100%	100%	N.A.	100%	93%*	100%	100%	100%	N.A.	98%	100%	100%	100%	100%	89%*	M	M	100%	N.A.	N.A.	N.A.	
Massachusetts	95%	93%	N.A.	95%	100%	N.A.	100%	100%	N.A.	100%	N.A.	N.A.	36%*	19%*	16%*	77%*	75%*	89%*	M	M	100%	N.A.	N.A.	N.A.	
New Hampshire	82%*	100%	N.A.	100%	100%	N.A.	N.A.	100%	100%	N.A.	100%	N.A.	100%	100%	N.A.	100%	100%	N.A.	M	M	100%	N.A.	N.A.	N.A.	
Rhode Island	81%*	83%*	N.A.	N.A.	N.A.	N.A.	100%	100%	100%	N.A.	100%	100%	75%*	90%*	0%*	100%	100%	100%	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
Vermont	100%	100%	N.A.	100%	100%	N.A.	100%	100%	N.A.	N.A.	N.A.	N.A.	100%	98%	N.A.	100%	100%	87%*	N.A.	N.A.	N.A.	M	M	N.A.	
<b>Region 2</b>																									
New York	93%	98%	N.A.	100%	48%*	N.A.	94%*	95%	100%	100%	100%	100%	17%*	20%*	20%*	83%*	96%	85%*	M	M	98%	N.A.	N.A.	N.A.	
New Jersey	98%	95%	N.A.	94%	100%	N.A.	77%*	9%*	99%	100%	100%	100%	1%*	14%*	18%*	100%	100%	100%	M	M	100%	N.A.	N.A.	N.A.	
Puerto Rico	N.A.	N.A.	N.A.	100%	N.A.	N.A.	100%	100%	N.A.	100%	N.A.	N.A.	N.A.	N.A.	N.A.	100%	N.A.	100%	M	M	100%	N.A.	N.A.	N.A.	
<b>Region 3</b>																									
Delaware	100%	80%*	N.A.	100%	100%	N.A.	75%*	83%*	56%*	100%	N.A.	100%	36%*	31%*	30%*	95%	100%	100%	M	N.A.	N.A.	N.A.	N.A.	N.A.	
District of Columbia	95%	95%	N.A.	0%*	100%	N.A.	100%	100%	100%	100%	100%	100%	85%*	100%	75%*	100%	69%*	100%	M	M	99%	N.A.	N.A.	N.A.	
Maryland	MET	100%	N.A.	MET	100%	N.A.	89%*	100%	97%	100%	100%	N.A.	26%*	29%*	33%*	48%*	50%*	54%*	M	M	100%	N.A.	N.A.	N.A.	
Pennsylvania	98%	95%	N.A.	100%	100%	N.A.	97%	99%	100%	100%	100%	100%	99%	100%	94.5%*	90%	85%*	99%	M	M	91%	N.A.	N.A.	N.A.	
Virginia	97%	100%	N.A.	96%	100%	N.A.	86%*	100%	100%	100%	100%	100%	93%*	91%*	79%*	97%	97%	72%*	M	M	93%	N.A.	N.A.	N.A.	
West Virginia	84%*	60%*	N.A.	80%*	94%	N.A.	100%	100%	100%	100%	100%	100%	90%*	62%*	90%*	100%	100%	100%	M	M	94%	N.A.	N.A.	N.A.	
<b>Region 4</b>																									
Alabama	95%	80%*	N.A.	100%	88%*	N.A.	97%	100%	97%	100%	100%	100%	95%	96%	97%	100%	100%	100%	M	M	100%	N.A.	N.A.	N.A.	
Florida	90%	72%*	N.A.	100%	100%	N.A.	100%	100%	97%	100%	100%	100%	98%	95%	99%	97%	97%	97%	M	M	98%	N.A.	N.A.	N.A.	
Georgia	73%*	78%*	N.A.	100%	90%	N.A.	54%*	86%*	78%*	100%	96%	100%	51%*	56%*	64%*	100%	96%	100%	M	M	100%	N.A.	N.A.	N.A.	
Kentucky	93%	88%*	N.A.	100%	90%	N.A.	97%	95%	79%*	100%	100%	99%	100%	89%*	70%*	100%	100%	100%	M	M	100%	N.A.	N.A.	N.A.	
Mississippi	90%	93%	N.A.	100%	85%*	N.A.	88%*	100%	46%*	100%	100%	93%*	100%	91%*	37%*	100%	100%	88%*	M	M	83%*	N.A.	N.A.	N.A.	
North Carolina	95%	85%*	N.A.	95%	90%	N.A.	100%	92%*	98%	100%	96%	100%	99%	95%	100%	99%	96%	94.7%*	M	M	100%	N.A.	N.A.	N.A.	

Requirements	Q6: Prioritizing Intakes - Nursing Homes			Q6: Prioritizing Intakes-HHAs, ESRDs, Hospitals			Q7: Nursing Homes, HHAs, ESRDs, Non-Accredited Hospitals- IJ			Q7: Accredited Providers- IJ Intakes			Q7: Nursing Homes- Non-IJ High			Q7: Accredited Providers- IJ Intakes			Q8:EMTALA Complaints			Q9: Quality of Complaint Investigation			
	Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 10 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 45 days. A passing grade is 95%			A passing score is at least 90%			A passing score is at least 85%			
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	
Thresholds	90%	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	5 Criteria Met	
South Carolina	90%	92%	N.A.	N.A.	100%	N.A.	100%	100%	54%*	100%	100%	100%	20%*	51%*	41%*	100%	100%	100%	M	M	100%	N.A.	N.A.	N.A.	
Tennessee	100%	95%	N.A.	100%	100%	N.A.	22%*	35%*	65%*	43%*	24%*	36%*	37%*	78%*	77%*	74%*	65%*	72%*	M	M	100%	N.A.	N.A.	N.A.	
<b>Region 5</b>																									
Illinois	98%	100%	N.A.	100%	90%	N.A.	98%	98%	99%	100%	100%	100%	89%*	78%*	89%*	98%	100%	100%	M	M	M	N.A.	N.A.	N.A.	
Indiana	100%	95%	N.A.	70%	100%	N.A.	98%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	M	M	M	N.A.	N.A.	N.A.	
Michigan	93%	83%*	N.A.	70%*	90%	N.A.	99%	96%	96%	100%	100%	100%	98%	92%*	96%	100%	98%	100%	M	M	M	N.A.	N.A.	N.A.	
Minnesota	98%	68%*	N.A.	90%	60%*	N.A.	48%*	34%*	67%*	100%	86%*	50%*	59%*	39%*	18%*	100%	95%	41%*	M	M	M	N.A.	N.A.	N.A.	
Ohio	98%	100%	N.A.	100%	100%	N.A.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	M	M	M	N.A.	N.A.	N.A.	
Wisconsin	100%	95%	N.A.	90%	90%	N.A.	100%	97%	100%	100%	100%	100%	98%	94%*	97%	100%	97%	100%	M	M	NM*	N.A.	N.A.	N.A.	
<b>Region 6</b>																									
Arkansas	98%	93%	N.A.	94%	100%	N.A.	97%	98%	97%	100%	100%	100%	97%	97%	98%	100%	100%	100%	M	M	100%	N.A.	N.A.	N.A.	
Louisiana	90%	98%	N.A.	100%	95%	N.A.	100%	99%	96%	100%	100%	100%	98%	96%	97%	97%	100%	100%	M	M	99%	N.A.	N.A.	N.A.	
New Mexico	83%	83%	N.A.	100%	100%	N.A.	100%	100%	100%	100%	100%	100%	96%	98%	74%*	95%	100%	100%	M	M	90%	N.A.	N.A.	N.A.	
Oklahoma	93%	90%	N.A.	87%*	100%	N.A.	100%	98%	87%*	100%	71%*	86%*	99%	99%	100%	100%	100%	96%	M	M	100%	N.A.	N.A.	N.A.	
Texas	100%	95%	N.A.	98%	85%*	N.A.	96%	95%	96%	98%	97%	96%	89%*	59%*	46%*	99%	98%	76%*	M	M	96%	N.A.	N.A.	N.A.	
<b>Region 7</b>																									
Missouri	95%	88%*	N.A.	80%*	90%	N.A.	100%	99%	100%	100%	100%	100%	97%	96%	96%	100%	98%	100%	M	M	M	N.A.	N.A.	N.A.	
Nebraska	80%*	88%*	N.A.	75%*	80%*	N.A.	97%	96%	100%	100%	100%	100%	97%	98%	95%	100%	100%	100%	M	M	M	N.A.	N.A.	N.A.	
Iowa	95%	90%	N.A.	80%*	60%*	N.A.	97%	98%	96%	93%*	100%	100%	44%*	38%*	34%*	67%*	63%*	100%	M	NM*	M	N.A.	N.A.	N.A.	
Kansas	85%*	90%	N.A.	70%*	40%*	N.A.	98%	96%	96%	100%	94%*	88%*	97%	85%*	89%	100%	87%*	82%*	NM*	NM*	NM*	N.A.	N.A.	N.A.	
<b>Region 8</b>																									
Colorado	100%	100%	N.A.	100%	90%	N.A.	100%	97%	84%*	88%*	71%*	100%	100%	85%*	86%*	87%*	94%*	96%	M	M	100%	N.A.	N.A.	N.A.	
Montana	90%	72%	N.A.	100%	100%	N.A.	100%	67%*	100%	N.A.	100%	100%	90%*	53%*	59%*	100%	50%*	50%*	M	N.A.	100%	N.A.	N.A.	N.A.	
North Dakota	100%	90%	N.A.	100%	100%	N.A.	N.A.	100%	N.A.	100%	N.A.	100%	100%	N.A.	100%	100%	N.A.	100%	N.A.	M	100%	N.A.	N.A.	N.A.	
South Dakota	100%	100%	N.A.	100%	67%*	N.A.	100%	100%	100%	100%	100%	N.A.	100%	100%	100%	100%	100%	100%	M	M	N.A.	N.A.	N.A.	N.A.	
Utah	81%*	85%*	N.A.	86%*	100%	N.A.	100%	86%*	100%	100%	100%	100%	95%	88%*	98%	100%	100%	100%	N.A.	M	100%	N.A.	N.A.	N.A.	
Wyoming	85%	100%	N.A.	100%	80%*	N.A.	100%	N/A	100%	100%	N.A.	N.A.	100%	100%	100%	95%	100%	78%*	M	M	100%	N.A.	N.A.	N.A.	

Requirements	Q6: Prioritizing Intakes - Nursing Homes			Q6: Prioritizing Intakes-HHAs, ESRDs, Hospitals			Q7: Nursing Homes, HHAs, ESRDs, Non-Accredited Hospitals- IJ			Q7: Accredited Providers- IJ Intakes			Q7: Nursing Homes- Non-IJ High			Q7: Accredited Providers- IJ Intakes			Q8:EMTALA Complaints			Q9: Quality of Complaint Investigation			
	Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of surveys in which the SA follows CMS guidelines. A passing grade is 90%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 2 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 10 days. A passing grade is 95%			Percentage of complaints for which the survey begins in 45 days. A passing grade is 95%			A passing score is at least 90%			A passing score is at least 85%			
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	
Thresholds	90%	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	5	5	5	5	5	5	
																			Criteria Met	Criteria Met	Criteria Met	Criteria Met	Criteria Met	Criteria Met	
<b>Region 9</b>																									
Arizona	83%*	98%	N.A.	100%	90%	N.A.	80%*	100%	73%*	N.A.	N.A.	100%	26%*	31%*	40%*	100%	100%	100%	N.A.	M	100%	N.A.	N.A.	N.A.	
California	85%*	90%	N.A.	84%*	82%*	N.A.	98%	99%	98%	100%	95%	96%	98%	98%	97%	98%	97%	95%	M	NM*	100%	N.A.	N.A.	N.A.	
Hawaii	100%	N.A.	N.A.	0%*	N.A.	N.A.	50%*	70%*	67%*	N.A.	100%	100%	67%*	75%*	83%*	N.A.	100%	0%*	M	NM*	N.A.	N.A.	N.A.	N.A.	
Nevada	40%*	84%*	N.A.	100%	78%*	N.A.	100%	75%*	82%*	N.A.	N.A.	N.A.	50%*	46%*	50%*	100%	N.A.	100%	M	NM*	100%	N.A.	N.A.	N.A.	
<b>Region 10</b>																									
Alaska	50%	85%*	N.A.	57%*	80%*	N.A.	50%*	N.A.	66%*	50%*	100%	79%*	100%	75%*	90%*	100%	74%*	87%*	NM*	M	100%	N.A.	N.A.	N.A.	
Idaho	81%*	91%	N.A.	100%	100%	N.A.	93%*	100%	75%*	75%*	100%	100%	52%*	N.A.	85%*	100%	94%*	100%	M	M	100%	N.A.	N.A.	N.A.	
Oregon	83%*	98%	N.A.	30%*	100%	N.A.	0%*	96%	95%	25%*	100%	50%*	67%*	32%*	90%*	67%*	83%*	75%*	NM*	NM*	81%*	N.A.	N.A.	N.A.	
Washington	93%	100%	N.A.	90%	100%	N.A.	95%	100%	100%	100%	100%	100%	98%	99%	99%	96%	100%	96%	M	M	99%	N.A.	N.A.	N.A.	

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.

## Enforcement Measures

Enforcement Measures	E1: IJ Processing			E2: DPNA Processing			E3: COP Processing			E4: SFF Survey Frequency		
	Percentage of cases			Percentage of cases			Percentage of cases			A passing score is 100%		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	95%	95%	95%	80%	80%	80%	80%	80%	80%	100%	100%	100%
<b>Region 1</b>												
Connecticut	100%	95%	100%	78%*	76%*	100%	100%	100%	100%	M	NM*	M
Maine	100%	100%	100%	91%	100%	100%	0%*	N.A.	89%	M	M	M
Massachusetts	100%	100%	100%	98%	98%	99%	100%	78%*	100%	M	M	M
New Hampshire	100%	100%	100%	100%	100%	100%	N.A.	100%	100%	M	M	M
Rhode Island	N.A.	100%	100%	100%	0%*	100%	N.A.	100%	100%	M	M	M
Vermont	N.A.	100%	100%	100%	100%	90%	67%*	25%*	100%	M	M	M
<b>Region 2</b>												
New York	N.A.	N.A.	100%	84%	82%	87%	33%*	52%*	82%	M	M	M
New Jersey	N.A.	N.A.	100%	83%	100%	88%	4%*	48%*	87%	M	M	M
Puerto Rico	N.A.	N.A.	N.A.	N.A.	N.A.	100%	44%*	69%*	100%	N.A.	N.A.	N.A.
<b>Region 3</b>												
Delaware	N.A.	N.A.	N.A.	77%*	69%*	88%	100%	100%	100%	M	M	M
District of Columbia	N.A.	N.A.	N.A.	93%	88%	75%*	100%	33%*	100%	N.A.	N.A.	N.A.
Maryland	100%	M	100%	62%*	60%*	75%*	100%	99%	83%	M	M	M
Pennsylvania	N.A.	N.A.	100%	100%	100%	100%	97%	96%	96%	M	M	M
Virginia	N.A.	N.A.	N.A.	76%*	61%*	48%*	100%	100%	100%	M	M	M
West Virginia	N.A.	N.A.	N.A.	83%	46%*	78%*	100%	100%	100%	M	M	NM*
<b>Region 4</b>												
Alabama	100%	100%	100%	97%	87%	82%	100%	100%	NA	M	M	M
Florida	100%	100%	100%	94%	88%	94%	100%	100%	NA	M	M	M
Georgia	75%*	100%	100%	86%	100%	93%	100%	100%	100%	M	M	M
Kentucky	100%	100%	88%*	94%	97%	92%	N.A.	100%	100%	M	M	M
Mississippi	N.A.	N.A.	NA	88%	88%	94%	100%	N.A.	NA	M	M	M
North Carolina	100%	100%	100%	97%	95%	91%	100%	100%	100%	M	M	M
South Carolina	100%	100%	100%	94%	84%	91%	N.A.	N.A.	NA	M	M	M
Tennessee	100%	100%	100%	97%	97%	95%	100%	100%	NA	M	M	M

Enforcement Measures	E1: IJ Processing			E2: DPNA Processing			E3: COP Processing			E4: SFF Survey Frequency		
	Percentage of cases			Percentage of cases			Percentage of cases			A passing score is 100%		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	95%	95%	95%	80%	80%	80%	80%	80%	80%	100%	100%	100%
<b>Region 5</b>												
Illinois	100%	100%	100%	98%	100%	100%	88%	99%	100%	M	M	M
Indiana	33%*	60%*	100%	97%	94%	94%	83%	88%	81%	M	M	M
Michigan	0%*	50%*	0%*	90%	98%	97%	100%	97%	94%	M	M	M
Minnesota	N.A.	N.A.	N.A.	100%	100%	100%	100%	100%	95%	M	M	M
Ohio	100%	100%	100%	98%	99%	100%	97%	100%	99%	M	NM*	M
Wisconsin	50%*	100%	100%	100%	100%	96%	83%	91%	76%*	M	M	M
<b>Region 6</b>												
Arkansas	N.A.	N.A.	N.A.	75%*	100%	100%	100%	84%	93%	M	M	M
Louisiana	N.A.	N.A.	N.A.	100%	100%	N.A.	100%	98%	81%	M	M	M
New Mexico	N.A.	N.A.	N.A.	100%	99%	100%	100%	27%*	40%*	M	M	M
Oklahoma	N.A.	N.A.	N.A.	100%	94%	94%	100%	100%	83%	M	M	M
Texas	N.A.	N.A.	100%	90%	100%	97%	100%	67%*	55%*	M	M	M
<b>Region 7</b>												
Missouri	N.A.	M	100%	100%	98%	100%	81%	87%	93%	M	M	M
Nebraska	N.A.	N.A.	N.A.	96%	92%	0%*	100%	100%	100%	M	M	M
Iowa	N.A.	100%	N.A.	86%	50%*	29%*	90%	96%	100%	M	M	M
Kansas	N.A.	0%*	0%*	100%	33%*	33%*	61%*	10%*	17%*	NM*	NM*	M
<b>Region 8</b>												
Colorado	100%	100%	100%	62%*	91%	88%	100%	100%	96%	M	M	M
Montana	100%	100%	100%	57%*	85%	100%	100%	100%	100%	M	NM*	M
North Dakota	100%	100%	N.A.	43%*	60%*	100%	N.A.	100%	N.A.	M	NM*	M
South Dakota	N.A.	100%	N.A.	100%	100%	100%	100%	100%	100%	NM*	M	M
Utah	100%	100%	100%	94%	100%	45%	100%	100%	100%	M	M	M
Wyoming	N.A.	100%	100%	96%	80%	100%	100%	100%	93%	M	M	M
<b>Region 9</b>												
Arizona	N.A.	100%	N.A.	11%*	40%*	96%	97%	85%	89%	M	M	NM*
California	100%	100%	100%	89%	80%	91%	90%	80%	84%	M	M	M
Hawaii	N.A.	N.A.	100%	63%*	91%	100%	N.A.	N.A.	N.A.	M	M	M
Nevada	N.A.	N.A.	N.A.	83%	44%*	52%	N.A.	0%*	0%*	M	M	M

Enforcement Measures	E1: IJ Processing			E2: DPNA Processing			E3: COP Processing			E4: SFF Survey Frequency		
	Percentage of cases			Percentage of cases			Percentage of cases			A passing score is 100%		
Fiscal Years	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
Thresholds	95%	95%	95%	80%	80%	80%	80%	80%	80%	100%	100%	100%
<b>Region 10</b>												
Alaska	100%	100%	100%	33%*	0%*	75%*	100%	100%	N.A.	N.A.	M	N.A.
Idaho	100%	100%	100%	82%	81%	90%	100%	100%	N.A.	NM*	M	NM*
Oregon	100%	0%*	100%	73%*	35%*	71%*	100%	100%	N.A.	M	M	NM*
Washington	100%	100%	100%	91%	88%	90%	100%	96%	N.A.	M	M	M

Notes: State Performance Standard System (SPSS) results for Fiscal Years (FY) 2017 through 2019 as reported by CMS Regional Offices.

\* Indicates that a measure was below the threshold.