SFF SCORING METHODOLOGY

The scoring methodology for the Special Focus Facility (SFF) comprises two scores: the deficiency score and the revisit score. Results from the most recent surveys are weighted more heavily than results from earlier surveys. The SFF selection methodology may be understood as a five-step process:

(1) ***Health Deficiencies:*** Health Deficiencies are scored and weighted,
(2) ***Revisits***: If the facility required more than one revisit to demonstrate substantial compliance, additional points are added to the SFF score,
(3) ***Weighting by Year:*** Results are totaled and weights are assigned to each period, with more recent results weighted more heavily,
(4) ***List per State***: The facilities are grouped within each State and the 15 facilities with the highest SFF scores (i.e. most serious and persistent health care deficiency histories) are presented to the State for consideration as SFF facilities,
(5) ***State Recommendation and Selection***: Each State reviews the candidate list, brings its State-specific knowledge and information to bear (e.g. results of State licensure surveys), and recommends a final selection to CMS.

1. Health Care Deficiencies

Health care deficiencies identified during the most recent three standard survey cycles and during the last three years of complaint surveys represent the most significant factor in the identification of which facilities merit close attention in the SFF initiative. The more deficiencies, and the more serious or widespread those deficiencies, the higher the SFF deficiency score. A high SFF deficiency score indicates more serious quality of care problems compared to other facilities in the State.

The deficiency score includes deficiencies that are identified during (a) the last three standard (comprehensive) surveys, and (b) complaint surveys that occurred in each of the last three years and in which a deficiency was identified.

Each identified deficiency is evaluated according to two dimensions:

(a) The scope of the deficiency (such as whether the deficiency was isolated to one person or was widespread throughout the nursing home), and
(b) The severity of the deficiency (such as whether an individual suffered injury, harm, impairment, or death).

The Social Security Act and CMS regulations also identify certain deficiencies that are described as representing "substandard quality of care." If a deficiency is among those in the substandard quality of care category, higher points are assigned. This methodology may be more easily perceived in the form of CMS' well-known "scope and severity grid," shown as Table 1 below.

Table 1 Survey Deficiency Score: SFF Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	**Pattern**	**Widespread**
Immediate jeopardy to resident health or safety	J - 50 points (75 points)	K - 100 points (125 points)	L - 150 points (175 points)
Actual harm that is not immediate jeopardy	G - 10 points	H - 20 points (25 points)	I - 30 points (35 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D - 2 points	E - 4 points	F - 6 points (10 points)
No actual harm with potential for minimal harm	A - 0 point	B - 0 points	C - 0 points

The shaded cells in Table 1 denote deficiency scope/severity levels that constitute substandard quality of care if the requirement that is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices; 42 CFR 483.15, quality of life; 42 CFR 483.25, quality of care. Figures in parentheses in those shaded cells indicate points for deficiencies that are for substandard quality of care. For example, an "F-level) deficiency that is not considered part of substandard quality of care would be assigned 6 points, while an "F-level" deficiency that is within the substandard quality of care category would be assigned 10 points.

Complaint deficiency points are summed by provider for each annual period to produce three complaint survey scores. Standard deficiency points are summed by provider and by survey cycle to produce three standard survey scores.

2. Revisits Necessary to Confirm Restored Compliance

When a serious deficiency has been identified, CMS requires that a revisit be conducted to verify that the facility has been restored to substantial compliance with CMS quality of care and safety requirements. Usually the surveyors find that problems have been corrected and the surveys are able to verify substantial compliance in only one revisit. However, in some nursing homes the revisit survey finds that the facility remains out of compliance, and a second, third, or rarely a fourth revisit is necessary before the facility is able to demonstrate substantial compliance with federal nursing home requirements.

Facilities that require more than one revisit before being able to demonstrate substantial compliance have generally failed to make systemic changes in quality of care and quality of life and/or failed to monitor and re-evaluate care, treatment and services via the quality assessment and assurance process. Such facilities are more likely to exhibit a yo-yo pattern of non-compliance. The number of revisits that are conducted represents an indicator of more serious problems in achieving or sustaining compliance. We therefore assign additional SFF points to a facility for each additional revisit after the first revisit. As shown in Table 2 below, 50 points are assigned for the second revisit needed to demonstrate substantial compliance on the health certification portion of each standard survey, 75 for the third revisit, and 100 for a fourth revisit. Note that revisit points are added only for standard surveys, not for complaint surveys.

Table 2: Revisit Scoring

Revisit Number	Noncompliance Points
First	0
Second	50 points
Third	75 additional points
Fourth	100 additional points

3. Weighting by Period

For each provider, the deficiency score and revisit score are summed to create a total score for each of the three periods. In calculating the SFF score, more recent scores are weighted more heavily than results from earlier surveys. The most recent period is assigned a weighting factor of 1/2, the previous period has a weighting factor of 1/3 and the second prior survey has a weighting factor of 1/6. The weighted period scores are then summed to create the overall SFF score. Standard survey periods refer to the period in which the standard surveys are completed (generally from 9-15 months from the earlier standard period). Each nursing home therefore has three standard surveys included in its SFF scoring. Deficiency findings from complaint investigations are standardized in 12-month periods so all nursing homes are treated in the same way (for three 12-month periods).

4. Example calculation

On the most recent standard survey Nursing Home A had one deficiency at scope and severity "G." This deficiency required one revisit to correct. Nursing Home A had no complaint deficiencies during the most recent 12 months. Therefore Nursing Home A receives 10 points for the most recent period. In the prior period Nursing Home A had one standard survey and two complaint surveys. The standard survey had one "D" level deficiency and one "G" level deficiency. The "G" level deficiency required 2 revisits to correct, while the "D" level deficiency required one revisit. There were no deficiencies on the complaint surveys. Nursing Home A receives a total of 62 points for the second period: 12 points for the deficiencies and 50 points for the second revisit. During the third period, Nursing Home A had one standard and 1 complaint survey. The nursing home had one "D" level deficiency on each of those surveys. As a result, Nursing Home A receives 4 points for this period. Nursing Home A's total SFF score for the three periods equals 1/2*10 + 1/3*62 + 1/6*4, or 26 points.

5. List by State

Based on the deficiencies and weighting of those deficiencies, scores for each nursing home within each State are calculated and provided to each State. States are instructed to consider the 15 nursing homes with the highest SFF scores for SFF final selection. States and CMS Regional Offices work together to select the SFF nursing home. It is important to note that the SFF candidate list is pre-decisional. It is also a document that constantly changes as survey outcomes change.

6. SFF Final Selection

Each State reviews the candidate list, brings its State-specific knowledge and information to bear (e.g., results of State licensure surveys), and recommends a final selection to CMS. CMS accepts the State recommendation in almost all cases, but reserves the right to have a different selection made in unusual circumstances.