

SPECIAL FOCUS FACILITIES

On November 29, 2007, the Centers for Medicare and Medicaid Services (CMS) released, for the first time, a list of the poorest performing nursing homes in the nation. The reason for this category of facilities, identified as Special Focus Facilities (SFF), is to offer consumers who are seeking long-term health care services new and useful information when choosing nursing homes. There were 54 nursing homes named in the first list, spanning 34 states. The list, available on CMS' Web Site, cms.hhs.gov/sff, is a key tool for promoting quality of care through transparent public reporting

Background

The Centers for Medicare & Medicaid Services (CMS) and State Survey Agencies visit nursing homes on a regular basis to determine if the nursing homes are providing the quality of care that Medicare and Medicaid requires. These "survey" or "inspection" teams will identify deficiencies in the quality of care that is provided. They also identify any deficiencies in meeting CMS safety requirements (such as protection from fire hazards). When deficiencies are identified, we require that the problems be corrected. If serious problems are not corrected, CMS may terminate the nursing home's participation in Medicare and Medicaid.

Most nursing homes have some deficiencies, with the average being 6-7 deficiencies per survey. Most nursing homes correct their problems within a reasonable period of time. However, we have found that a minority of nursing homes have:

1. More problems than other nursing homes (about twice the average number of deficiencies),
2. More serious problems than most other nursing homes (including harm or injury experienced by residents), and
3. A pattern of serious problems that has persisted over a long period of time (as measured over the three years before the date the nursing home was first put on the SFF list).

Although such nursing homes would periodically improve enough to avoid termination, significant problems would often re-surface by the time of the next survey. Such facilities with a "yo-yo" or "in and out" compliance history rarely addressed underlying systemic problems that were giving rise to repeated cycles of serious deficiencies. To address this problem CMS created the "Special Focus Facility" (SFF) initiative.

How the Special Focus Facility (SFF) Initiative Works

CMS requires that SFF nursing homes be visited in person by survey teams twice as frequently as other nursing homes (about twice per year). CMS requires the local Quality Assurance Organization (QIO) to work closely with the SFF nursing homes to correct systemic problems. The longer the problems persist, the more stringent we are in the enforcement actions that will be taken. Examples of such enforcement actions are civil monetary penalties ("fines"), educational requirements, or termination from Medicare and Medicaid. Within about 18-24 months after a facility is identified by CMS as an SFF nursing home, we expect that there will be one of 3 possible outcomes:

(a) Improvement & Graduation: The nursing home graduates from the SFF program because it has made significant improvements in quality of care - and those improvements are continued over time;

(b) Termination from Medicare: The nursing home is terminated from participation in the Medicare and Medicaid programs. While such a nursing home may continue to operate (depending on State law), usually it will close once Medicare and Medicaid funding is discontinued. In such a case the State Medicaid Agency (and others) will assist all nursing home residents to transition to another residence that can provide a better and acceptable quality of care. This may include a variety of possibilities, such as another nursing home, a community-based setting, or apartment with good support services.

(c) Extension of Time: The nursing home is provided with some additional time to continue in the SFF program because there has been very promising progress, such as the sale of the nursing home to another owner with a much better track record of providing quality care.

How Can You Use This Information:

If you are considering admission to a nursing home included on this list you may want to:

Above all, visit the nursing home. Talk to staff, residents, and other families. You may request to see the results from the last State or CMS survey (it should be in a place that is easily accessible.)

Before your visit, access the CMS site called Nursing Home Compare at cms.hhs.gov/nursing-home-compare and look at the survey history of the nursing home to see what areas may be problematic.

Ask the nursing home staff what they are doing to improve the quality of care for residents in the nursing home.

Call the State survey agency (link to Nursing Home Compare) to find out more about the nursing home. Review the last deficiency statement posted on the web site for the Alabama Department of Public Health: adph.org/deficiencies.

Look at the length of time that a nursing home has been on the SFF list. This is particularly important if the nursing home has been an SFF nursing home for more than 18-24 months, since such nursing homes are closer to either graduating (due to improvements) or ending their participation in Medicare and Medicaid.

Call your State Long Term Care Ombudsman or the local Administration on Aging at: 1-800-AGE-LINE (243-5463) to find out more about the nursing home.

If you currently reside in a SFF nursing home, please know that this home is being closely monitored (it is inspected twice as often as other nursing homes). You may also direct any questions you have to the contacts above. The good news is that about 50% of the nursing homes in the SFF program significantly improve their quality of care within 24-30 months after being selected for the SFF initiative, while about 16% tend to be terminated from Medicare and Medicaid.