House Human Services Committee

Department of Aging and Disability Services
Commissioner Chris Traylor
March 23, 2010
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Interim Charge One:
Senate Bill 643
Article II, Special Provisions, Section 48, SB 1
Department of Justice Settlement Agreement
81st Legislative Session

• The 81st Texas Legislature enacted a comprehensive package of legislation, appropriations, and budget riders in response to growing concerns about the quality of care at state supported living centers (SSLCs) and services for individuals with developmental or intellectual disabilities.

• In addition to the statutory guidance in legislation and budget riders, the 81st Legislature approved Senate Concurrent Resolution 77 which provided legislative approval of the state’s settlement agreement with the Department of Justice.

• This new statutory guidance and the settlement agreement included key initiatives providing the SSLCs and the related support systems with resources to meet the needs of the individuals they are charged to support. The key initiatives include:

  ➢ Senate Bill 643, 81st Legislature, Regular Session, 2009
  ➢ The 2010-11 General Appropriations Act (Article II, Special Provisions, Section 48, Senate Bill 1, 81st Legislature, Regular Session, 2009)
  ➢ The Department of Justice settlement agreement
Senate Bill 643

State Supported Living Centers

• Assistant Commissioner for State Supported Living Centers
  ➢ Chris Adams hired as Assistant Commissioner for State Supported Living Centers, effective November 16, 2009.

• Employee and volunteer fingerprint checks
  ➢ Fingerprinting of all current employees and volunteers was completed as of December 31, 2009 and will continue as new employees are hired and new volunteers begin service.

• Employee random drug testing
  ➢ Testing began statewide in October 2009.
  ➢ Each month, 2.1 percent of the employees at every center are selected at random and tested for illegal drugs.
  ➢ As of March 18, 2010, 1,328 employees have been tested; twenty employees tested positive and seven resigned in lieu of testing. Employees testing positive were terminated.
Senate Bill 643

- Video surveillance at State Supported Living Centers
  - The Corpus Christi SSLC video surveillance system was fully installed and operational on November 1, 2009.
  - The contract for installation of equipment at the remaining facilities was awarded in December 2009. The anticipated rollout schedule for the remaining facilities is as follows:
    - May 2010 – September 2010: Lufkin, Lubbock, El Paso, Abilene
    - September 2010 – January 2011: Richmond, Austin, Brenham, and Rio Grande
  - Approximately 3,200 cameras will be installed in 335 buildings.
Senate Bill 643

• Forensic Center For High-Risk Alleged Offenders – Mexia
  ➢ Assessment tools to identify high-risk alleged offenders have been identified and are currently being tested at three facilities.
  ➢ Needed modifications to the physical plant at the facility are being identified and plans are being developed to complete this work.
  ➢ A detailed plan that includes all required steps to prepare the facility to comply with the requirements set out in S.B. 643 is under development.
  ➢ The facility should be fully operational as the separate forensic state supported living facility by September 1, 2011.

• Serious Event Definition and Notification Protocol
  ➢ DADS is working to develop a draft definition and notification protocol in conjunction with SSLC residents and residents’ family members/legally authorized representatives.
  ➢ The procedure will be implemented by June 1, 2010.
Senate Bill 643

- Office of the Independent Ombudsman
  - On February 12, 2010, Governor Rick Perry appointed Dr. George Bithos as the Independent Ombudsman for SSLCs for a term to expire June 11, 2011.
  - The independent ombudsman will hire assistant ombudsman to be based at the centers by May 1, 2010.
SSLC and Community-based programs

- **Investigation Database**
  - Will allow analysis of abuse, neglect and exploitation data for state supported living centers, private ICFs/MR and home and community-based services group homes as well as regulatory investigations and surveys.
  - DADS and DFPS are developing the technical and program needs for the database.
Senate Bill 643

Community-based programs

• Annual Unannounced Inspections of Home and Community-based Services
  ➢ Reviews began mid-September 2009.
  ➢ 20 additional surveyors have been hired and assigned regionally across the state.
  ➢ In the first quarter of FY 2010, 841 annual reviews of home and community-based services homes were conducted, including 581 foster care homes and 260 three- or four-person group homes.

• Investigation of Abuse, Neglect and Exploitation
  ➢ DFPS is required to receive and investigate reports of abuse, neglect and exploitation at private ICFs/MR.
  ➢ At the January meeting, the DADS and DFPS councils recommended the rules move forward. The rules were published in the Texas Register on February 26. The 30-day public comment period ends March 28.
  ➢ DADS and DFPS will conduct joint trainings throughout the Spring of 2010 to educate providers on the new rules.
  ➢ It is anticipated that these rules will be effective June 1, 2010.
Senate Bill 643

• Training Needs at Private ICFs/MR and in the Home and Community-based Services (HCS) Program
  ➢ Based on research of best practices, DADS is reviewing all current mandatory training and identifying areas where additional or new training is needed within the various programs.
  ➢ Once the review is completed, DADS will make recommendations and implement changes where needed to fill any training gaps within the various programs.
  ➢ The report will be completed by December 2010.
• Census Management
  ➢ DADS staff is reviewing current population at each facility and historical trends in the number of residents. Issues being reviewed include:
    • The number of individuals placed in the community.
    • The number who return to SSLCs from the community.
    • The factors and events that impact census levels.
  ➢ This information will be used to:
    • Create a long range action plan.
    • Develop guidelines for how to reduce expenditures.

• Community Living Options Information Process
  ➢ MR Authorities continue to ensure that appropriate information is shared with individuals and their families or legally authorized representatives regarding available community placement alternatives, and help identify individuals who may be interested in moving to the community.
• Additional Waiver Slots for Persons at Risk of Institutionalization in ICFs/MR
  ➢ 196 HCS slots for children/adults at imminent risk of institutionalization.
  ➢ DADS obtained stakeholder input and finalized a process for distributing the waiver slots in November 2009.
  ➢ As of March 16, 2010, seven individuals have been enrolled into these slots and thirteen are in the enrollment process.

• Study of Managed Health Care for persons with intellectual and developmental disabilities
  ➢ HHSC awarded the contract to Health Management Associates on February 17, 2010.
  ➢ Health Management Associates will complete the study and submit their report to HHSC by October 15, 2010.

• Transfer of Case Management Functions
  ➢ Directs the transfer of case management functions for persons enrolled in the Home and Community-based Services (HCS) program from HCS providers to MR Authorities (MRAs).
  ➢ Training for local authorities and HCS providers is scheduled for April and early May.
  ➢ Transfer of case management functions to the MRAs will occur on June 1, 2010.
Department of Justice Settlement Agreement

The settlement agreement included twenty substantive provisions to be addressed in the improvement plan section.

- Protection from Harm – Restraints
- Protection from Harm – Abuse, Neglect, and Incident Management
- Quality Assurance
- Integrated Protections, Services, Treatments and Supports
- Integrated Clinical Services
- Minimum Common Elements of Clinical Care
- At-Risk Individuals
- Psychiatric Care and Services
- Psychological Care and Services
- Medical Care
- Nursing Care
- Pharmacy Services and Safe Medication Practices
- Minimum Common Elements of Physical and Nutritional Management
- Physical and Occupational Therapy
- Dental Services
- Communication
- Habilitation, Training, Education, and Skill Acquisition Programs
- Serving Institutionalized Persons in the Most Integrated Setting Appropriate to Their Needs
- Consent
- Recordkeeping and General Plan Implementation
Department of Justice Settlement Agreement

- Under the settlement agreement, three monitors were selected and each monitor has established a team. The monitors and their teams will:
  - Conduct a baseline review to give the monitors and the state an accurate picture of the starting point for each facility and identify areas where service delivery improvements are required.
  - Conduct compliance reviews every six months to ensure compliance with the elements of the settlement agreement.

- The baseline and first compliance review visits to the SSLCs by the monitoring teams have been scheduled for 2010 as follows:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Date of Baseline Review</th>
<th>Date of First Compliance Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Christi SSLC</td>
<td>January 4</td>
<td>July 12</td>
</tr>
<tr>
<td>El Paso SSLC</td>
<td>January 11</td>
<td>July 19</td>
</tr>
<tr>
<td>Brenham SSLC</td>
<td>January 11</td>
<td>July 26</td>
</tr>
<tr>
<td>San Antonio SSLC</td>
<td>February 8</td>
<td>August 16</td>
</tr>
<tr>
<td>Abilene SSLC</td>
<td>February 22</td>
<td>August 2</td>
</tr>
<tr>
<td>Rio Grande State Center</td>
<td>March 1</td>
<td>August 23</td>
</tr>
<tr>
<td>Lubbock SSLC</td>
<td>March 15</td>
<td>September 13</td>
</tr>
<tr>
<td>Mexia SSLC</td>
<td>March 22</td>
<td>September 13</td>
</tr>
<tr>
<td>Denton SSLC</td>
<td>March 29</td>
<td>September 27</td>
</tr>
<tr>
<td>Austin SSLC</td>
<td>April 5</td>
<td>October 4</td>
</tr>
<tr>
<td>Lufkin SSLC</td>
<td>April 19</td>
<td>October 18</td>
</tr>
<tr>
<td>Richmond SSLC</td>
<td>April 26</td>
<td>October 25</td>
</tr>
<tr>
<td>San Angelo SSLC</td>
<td>May 10</td>
<td>November 15</td>
</tr>
</tbody>
</table>
The monitors will produce a written report of each baseline review within approximately 60 days of the visit and a written report of each compliance review within approximately 45 days of the visit.

As monitor reports become available, they will be posted on the DADS website.
- The Corpus Christi baseline report was posted on the DADS website on March 15, 2010.
- DADS anticipates posting the baseline reports for Brenham and El Paso the week of March 22, 2010.

When a SSLC has achieved substantial compliance for any substantive provision for one year, the monitoring will cease for that provision.

The settlement agreement may be terminated for any center, once the center reaches substantial compliance for one year with all substantive provisions of the agreement.

60 days prior to the fourth anniversary of the effective date of the settlement agreement (June 2013), the monitors are to provide parties and the court with an assessment of the compliance status for each center.
Department of Justice Settlement Agreement

• SSLC Staffing
  ➢ HB 4586, 81st Legislature, Regular Session, 2009, provided DADS with an additional 1,160 staff at the SSLCs to aid in compliance with the Department of Justice settlement agreement.
  ➢ Total budgeted staff for Fiscal Year 2010 – 14,112.31
    • 12,660.99 (89.72 percent) of the total budgeted staff were filled as of February 28, 2010.
  ➢ DADS is actively recruiting and interviewing to fully staff the SSLCs.
Nursing Facility Complaint Backlog
Nursing Facilities

- Nursing Facilities (NF) provide nursing care for individuals of any age whose medical condition requires the skills of a licensed nurse on a regular basis.

- The nursing facility must provide for the medical, nursing, and psychosocial needs of each individual, to include room and board, social services, over-the-counter drugs, medical supplies and equipment, personal needs items, and rehabilitative therapies.

- Nursing facility admission requires a determination of medical necessity. The individual must have a medical condition that requires medical or nursing services that: are ordered by a physician and require the skills of a registered or licensed vocational nurse on a regular basis. Someone needing only custodial care (assistance with ADLs) would not meet medical necessity.
Nursing Facilities

• Examples of typical nursing facility residents

- An 87-year-old woman enrolled in both Medicare and Medicaid, who experiences dementia and has memory impairments. She needs assistance with basic activities of daily living, such as dressing and grooming, and bathing. She is also diabetic and needs multiple insulin injections daily.

- A 68-year old man enrolled in Medicare recuperating and receiving rehabilitation after a stroke. He will most likely return to his home or to a lesser level of care in the community. Currently, he needs assistance with dressing and grooming, bathing, toileting, getting into and out of bed, and eating.
Long-Term Services and Supports

• The State of Texas requires that all providers of long-term services and supports be licensed and/or certified and in compliance with all licensure or certification rules and regulations.

• DADS is responsible for regulating the following providers of long-term services and supports.
  ➢ 1,200 Nursing Facilities (NF) (licensure and certification)
  ➢ 869 ICFs/MR or related conditions (licensure and certification)
  ➢ 1,580 Assisted Living Facilities (ALF) (licensure)
  ➢ 450 Adult Day Care Facilities some of which may provide Day Activity and Health Services (DAHS) (licensure)
  ➢ 5,037 Home and Community Support Services Agencies (HCSSA), including home health, hospice, and personal attendant services (licensure and certification)

*Numbers as of December 2009
• In addition to licensure and certification activities, regulatory services includes three additional processes: Survey; Enforcement; and Appeals (information on surveys, enforcement and appeals may be found in the appendix)

• The Survey Process includes:
  - **Annual surveys** of long-term services and supports facilities to ensure that they are in compliance with state licensure and federal certification regulations for both Medicare and Medicaid; and
  - **Complaint investigations** including self-reported incidents from facilities and complaints from residents, family members, friends and others.
    - **Incident** – An abnormal event, including accidents or injury to staff or residents, which are documented in facility reports. An occurrence in which a resident may have been subject to abuse, neglect, or exploitation must also be reported to DADS.
    - **Complaint** – Any allegation received by DADS other than an incident reported by the facility. Such allegations include, but are not limited to, abuse, neglect, exploitation, or violation of state or federal standards.
• In most cases, DADS conducts on-site investigations for complaints received.

• DADS does not notify facilities before conducting surveys or investigations.
  ➢ Informing a facility of an upcoming survey or investigation is a third degree state felony. Additionally, the federal government may subject a person that notifies a facility in advance to a civil monetary penalty not to exceed $2,000.
Nursing Facility Complaints

- Surveyors initiate investigation of complaints and incidents in facilities within 24 hours, 14 days, 30 days or 45 days, depending on the priority assigned by the intake program specialist who receives the complaint or incident report.
  - The priority is based on the immediacy and seriousness of the allegation.
  - Texas standards are more stringent than federal standards.
Nursing Facility Complaints

PRIORITY ONE – on or before 24 hours

• **Priority 1 Complaint Definition** – A provider allegedly created or allowed a present and ongoing situation in which the provider’s noncompliance with licensure or certification requirements failed to protect consumers/residents from abuse, neglect, or mistreatment, or death or is likely to cause, serious injury, harm, impairment, or death to a consumer or resident.

• **Priority 1 Example** – Physician orders were not properly transcribed, thus a resident was not given steroid and diabetic medication for an entire week. The medication errors were not discovered until the resident was hospitalized. Other medication errors involving other residents is suspected.
PRIORITIY TWO – On or before 14 days

- **Priority 2 Complaint Definition** – Residents are not in imminent danger; however, a provider’s alleged noncompliance with licensure certification requirements may have or has a high potential to cause harm that impacts a consumer's/resident's mental, physical, or psychosocial status.

- **Priority 2 Example** – A family reports their mother's call light is not answered in a timely manner because there is not enough staff and thus their mother has fallen several times. This last fall she had to go to the hospital for stitches.
Nursing Facility Complaints

PRIORITY THREE – on or before 30 days

• **Priority 3 Complaint Definition** – The provider’s alleged noncompliance with licensure or certification requirements has caused or may cause harm that is of limited consequence and does not significantly impair residents’ mental, physical, or psychosocial status.

• **Priority 3 Example** – A resident's daughter complained that the physician had ordered Pepto-Bismol as needed for indigestion, but the facility was using a store-brand milk of magnesia for digestive issues. The resident has always taken the pink Pepto-Bismol, and so she tends to refuse the white milk of magnesia when offered.
Nursing Facility Complaints

PRIORITY FOUR – on or before 45 days

• **Priority 4 Complaint Definition** – The provider’s alleged noncompliance with licensure or certification requirements has a low potential for more than minimal harm or that may result in physical, mental, or psychosocial harm that would not directly impact residents’ health and safety and functional status.

• **Priority 4 Example** — A resident calls the complaint hotline reporting that the facility's “residents only” phone is already in use by another resident at the same time she prefers to use it. She feels the phone is not "accessible" as intended.
## Nursing Facility Complaints Backlog

<table>
<thead>
<tr>
<th>Priorities</th>
<th>24 hours</th>
<th>14 days</th>
<th>30 days</th>
<th>45 days</th>
<th>Other**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FISCAL YEAR 2009</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes Received</td>
<td>1,071</td>
<td>6,406</td>
<td>1,202</td>
<td>3,766</td>
<td>3,755</td>
<td>16,200</td>
</tr>
<tr>
<td>Percent Initiated Timely</td>
<td>99.20%</td>
<td>33.40%</td>
<td>45.40%</td>
<td>55.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL YEAR 2008</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes Received</td>
<td>867</td>
<td>6,201</td>
<td>1,411</td>
<td>3,840</td>
<td>3,540</td>
<td>15,859</td>
</tr>
<tr>
<td>Percent Initiated Timely</td>
<td>99.30%</td>
<td>38.80%</td>
<td>52.00%</td>
<td>64.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL YEAR 2007</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intakes Received</td>
<td>948</td>
<td>6,428</td>
<td>1,730</td>
<td>3,792</td>
<td>4,424</td>
<td>17,322</td>
</tr>
<tr>
<td>Percent Initiated Timely</td>
<td>99.30%</td>
<td>42.30%</td>
<td>61.90%</td>
<td>73.10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL YEAR 2006</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes Received</td>
<td>901</td>
<td>5,711</td>
<td>1,874</td>
<td>3,486</td>
<td>2,801</td>
<td>14,773</td>
</tr>
<tr>
<td>Percent Initiated Timely</td>
<td>99.20%</td>
<td>35.60%</td>
<td>53.00%</td>
<td>66.60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL YEAR 2005</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes Received</td>
<td>706</td>
<td>5,790</td>
<td>2,173</td>
<td>3,315</td>
<td>2,802</td>
<td>14,786</td>
</tr>
<tr>
<td>Percent Initiated Timely</td>
<td>98.70%</td>
<td>40.00%</td>
<td>59.10%</td>
<td>72.20%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** "Other" includes withdrawn complaints, complaints investigated through professional review and financial-related complaints.**
Surveyor Resources

• Maintaining a fully staffed and well-trained workforce is critical to the effective operation of the Regulatory Services Division. The ability to recruit and retain a qualified workforce is imperative to fulfilling survey and complaint investigation requirements.

• DADS surveyors come from a number of professional disciplines, including registered nurses, social workers, nutritionists, pharmacists, architects, engineers and Life Safety Code specialists. A team of specialists conducts the annual facility survey.

• DADS assigns one or more surveyors from specific areas of expertise to investigate complaints and incidents based on the nature of the complaint or incident and facility size.

• Surveyor recruitment and retention challenges include:
  ➢ A shortage of nurses, and of other professionals.
  ➢ Properly training a surveyor is time and resource intensive. This training is scheduled at an out-of-state location by CMS, and it can take from six months to a year for a surveyor to be fully prepared to assume all job responsibilities.
Correction Plan

DADS has identified short-term and long-term action plans to address the challenges of timely complaint investigations. Based on the following actions, the goal is to be current with all pending nursing facility complaints by December 2010.

• As an immediate response a complaint blitz was conducted.

• Long-term Action Plans
  ➢ Complaint Investigation Structure
  ➢ Deploy New Staffing Resources Made Available for Investigations
  ➢ Cross Train Existing Staff for Other Provider Types for Investigations
Correction Plan – Immediate Response

Complaint Blitz

• Instituted a “blitz” to investigate overdue complaints
• Suspended survey schedules for two weeks
• Utilized all qualified DADS survey staff to conduct surveys or investigations.
• Assigned survey teams across regions
• During the two week blitz period:
  ➢ DADS investigated 2,637 complaints, of which 1,494 were late.
    • Approximately 78 percent of nursing facility complaints were unsubstantiated
    • Approximately 22 percent of the nursing facility complaints were substantiated

• **Timeline:** The complaint blitz was completed on March 5. As of March 17, all complaints investigations are current with no late complaints pending.
Correction Plan – Long Term Actions

Standardization of Complaint Investigation Structure
• Review the various models for complaint investigation that have been implemented across the state to identify best practices and develop a standardized model.
• **Timeline:** Best practices and other recommendations were identified and documented as of March 15. Develop source material for complaint handbook update by April 15.

Deploy New Staffing Resources Made Available for Investigations
• Recruit, hire and train 35 additional staff provided to Regulatory Services for complaint investigations. CMS has agreed to provide an additional training in Dallas in June.
• **Timeline:** DADS will begin the hiring process for additional staff as soon as possible and training for new staff will be conducted as soon as they are hired.

Cross Train Existing Staff for Other Provider Type Investigations
• Increase the depth and flexibility of our surveyor workforce by training surveyors across program areas.
• **Timeline:** DADS has identified eligible staff and is developing a plan for training. DADS will continue to plan for cross training as new staff are hired.
Appendix
Other Providers

- **Intermediate Care Facilities for Persons with MR or a Related Condition (ICFs/MR)** are residential facilities serving four or more individuals of any age with developmental disabilities or a related condition with services such as: adaptive aids, nursing and prescription services, and physical therapy.

- **Assisted Living Facilities (ALFs)** provide food, shelter and personal care services to four or more persons unrelated to the owner.

- **Adult Day Care** provides an array of services in a congregate, non-residential setting to dependent adults who need supervision but do not require institutionalization. These services may include any combination of social or recreational activities, health maintenance, transportation, meals, and other supportive services.

- **Home and Community Support Service Agencies (HCSSAs)** provide one or more home health services, including home health, hospice, and personal assistance services to individuals in a residence or independent living environment.
Regulatory Services – Survey Reports

• If surveyors find a state licensure violation or federal deficiency during a visit, survey staff cite the facility for the violation. Survey staff make a follow-up visit to ensure that the facility has corrected the violation or deficiency and is in compliance with the regulations.

• When the survey team completes the survey, inspection, investigation, follow-up or other visit, it writes a report of the findings that details any failures to comply with state or federal regulations.
  ➢ A state licensure violation can result in penalties ranging from administrative penalties or civil penalties up to license revocation.
  ➢ A federal deficiency can result in penalties ranging from denial of payment for new admissions or civil monetary penalties up to decertification from Medicare and cancellation of the Medicare provider agreement.

• The facility must make survey reports available to all facility residents and visitors upon request.
Regulatory Services - Enforcement

Appropriate enforcement actions are based on the scope and severity of identified problem areas and may include:

• Appointment of a trustee
• Suspension of admissions
• Temporary management agreement
• Denial of a license
• Civil monetary penalties
• Denial of payment for new admissions, all Medicare and/or Medicaid residents
• Amelioration of violations (violation of all or part of the administrative penalty to cover cost of correction)
• Emergency suspension and closing order
• Termination of provider agreement
• Revocation of a license
The following appeals processes are available to provide due process review if a nursing facility provider disagrees with findings and/or recommendations made by a survey team:

- Informal Dispute Resolution
- Opportunity to Show Compliance
- Informal Reconsideration
QRS/CMS Rating Systems

To assist the consumer in decision making, both the QRS and CMS rating systems are available.

- **Quality Reporting System (QRS)** is a web-based resource that provides consistent, accessible, and convenient information about providers of long-term services and supports. For nursing facilities, four components make up the overall rating, each contributing 25% of the total:

  - 1) **Investigation Score**: based on the nature, scope, and severity of the deficiencies cited in the nursing facility by DADS Regulatory Services during the preceding six months.
  - 2) **Inspection Score**: based on the results of the most recent routine inspection by DADS.
  - 3) **PDS (Potential Disadvantage Score)**: The Centers for Medicare and Medicaid (CMS) advises nursing facilities to look for quality problems whenever an indicator condition is more common in that facility than in 90% of all other facilities. The PDS rates each facility based on the number of indicator conditions that suggest potential performance problems.
  - 4) **PAS (Potential Advantage Score)**: QRS also uses quality indicators to identify potentially superior performance. QRS recognizes those facilities in which indicator conditions are less common than in 90% of all other facilities. The PAS rates each facility based on the number of indicator conditions that suggest potentially superior performance.
QRS/CMS Rating Systems

• CMS created the Five-Star Quality Rating System

  ➢ The system designed to help consumers, their families, and caregivers compare nursing facilities more easily features a quality rating system that gives each nursing facility a rating of between one and five stars.

  ➢ Nursing homes with five stars are considered to have much above average quality and nursing homes with one star are considered to have quality much below average.

  ➢ There is one Overall five-star rating for each nursing home, and a separate rating for each of the following three sources of information: Health Inspections, Staffing and Quality Measures.