



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

October 24, 2024

AL TSA: NH #2024-050
REVISED: UPDATES TO NURSING HOME CARE COMPARE
STAFFING AND QUALITY MEASURES

Dear Nursing Facility/Home Administrator:

We are writing to inform providers of changes to the Five Star Rating System Quality Measures for nursing homes related to precise staffing data.

In 2008, the Centers for Medicare and Medicaid Services (CMS) added the Five-Star Quality Rating System to the **CMS Nursing Home Compare website** (now known as [Care Compare](#)). Over the years CMS has continued to make improvements to the website and rating system. These updates include guidance related to staffing and the connection with payroll based journal and quality measures derived from the Minimum Data Set (MDS).

In October 2023, items in the MDS (Section G) were removed and replaced by new (Section GG) items. This required changes to be made to the staffing case-mix adjustment method and some of the QMs on **Nursing Home Care Compare** that used Section G items. CMS changed the staffing case-mix adjustment methodology to a model based on the Skilled Nursing Facility payment, Patient-Driven Payment Model (PDPM), that was implemented in 2019.

CMS finalized the minimum staffing standards for Medicare and Medicaid certified long-term care facilities effective June 21, 2024. The actions outlined in this memorandum are separate from the final rule.

On **October 4, 2024**, CMS issued [QSO-25-01-NH](#). The guidance in the memorandum is **effective immediately** and supersedes the previous guidance provided in QSO-23-21-NH. The memorandum focuses on the following areas:

1. Adjustment to Staffing and QMs:

- CMS updated the staffing and QMs to align with changes in the MDS. Starting in April 2024, CMS “froze” four (4) of the 15 QMs used in the Nursing Home Five Star Rating System. The following QMs will remain frozen until January 2025:
 - Percentage of Residents Who Made Improvements in Function (short stay)
 - Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay)
 - Percent of Residents Whose Ability to Move Independently Worsened (long stay)
 - Percent of High-Risk Residents with Pressure Ulcers (long stay)

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2. Updating the CMS forms 671 and 672

- On October 22, 2023, the CMS-672 form was discontinued as Section G MDS data was eliminated. The census, medication error rate, and ombudsman information fields were relocated from the CMS-672 form to the [CMS-671](#) form.

3. Assigning Lowest Turnover Score Possible to Providers that Fail to Submit Staffing Data

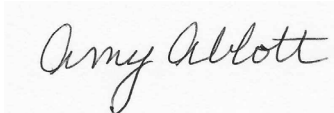
- Staffing levels in nursing homes play a crucial role in determining the quality of care and the outcomes for residents. Reporting of accurate and complete staffing data is **essential** to CMS's commitment to transparency.
- In April 2024, CMS revised the staffing rating methodology in an attempt to encourage providers to report accurate staffing data. Providers who fail to submit staffing data or submit inaccurate data will receive the lowest score possible for corresponding staff turnover measures.

CMS has updated the [Nursing Home Care Compare Five Star Rating Technical Users' Guide](#) to reflect these changes.

Thank you for your continued commitment to resident health and safety.

If you have any questions, please contact [Tiffany Meyers](#), Nursing Home Policy Program Manager, (360) 434-0373.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: "Partnering with People"

Related References: [QSO-25-01-NH](#)
[QSO 23-21-NH](#)
[QSO 22-08-NH](#)
[QSO 19-08-NH](#)
[QSO 19-02-NH](#)