

Center for Medicaid, CHIP, and Survey & Certification

CMCS Informational Bulletin

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SUBJECT: Affordable Care Act Section 6103: Guidance for State Consumer-Oriented Websites

This bulletin provides information for States on funding availability and implementation of section 6103(d)(2) of the Affordable Care Act. This provision amends section 1902(a)(9) of the Social Security Act to require that the State maintain a consumer-oriented website containing information to consumers on all skilled nursing facilities and all nursing facilities in the State. The provision requires States to post Form 2567 State inspection reports (or a successor form), complaint investigation reports, the facility's plan of correction, and such other information that the State or the Secretary considers useful in assisting the public to assess the quality of long term care options and the quality of care provided by individual facilities.

A. Key Elements of a State Website

Federal funds are available to meet the requirements of this legislation in accordance with normal cost-allocation principles (described in section B). The statute sets out basic requirements for the website, which are noted above. CMS funding is available to support States in their efforts to develop the websites. Websites developed by a State under their state plan to satisfy the new requirement of section 1902(a)(9)(D) of the Act should include these characteristics:

- (1) ***Inclusive:*** Include all skilled nursing facilities (SNFs) and nursing facilities (NFs) in the State.
- (2) ***Accessible:*** Be easily accessible from the main page of the website of both the State Medicaid agency and the State Survey Agency.
- (3) ***Consumer Friendly:*** Be written and conveyed in a manner that is welcoming and readily understandable to consumers and the public.

- (4) ***Searchable:*** Provide search capabilities that allow a consumer to identify any SNF and NF in the State by name and geographic location.
- (5) ***Comprehensive:*** The CMS Form 2567 survey results for each recertification survey and each complaint survey performed in the last three years should be available in viewable and downloadable form for each SNF and NF, in a manner consistent with industry standards (such as those developed by the National Institute of Standards and Technology), including portable document file (.pdf) or hyper text markup language (HTML) format.
- (6) ***Include Plans of Correction:*** For each recertification and complaint survey completed, provide the nursing facility or skilled nursing facility's plan of correction when available.
- (7) ***Link to Federal Websites:*** Link to CMS's *Nursing Home Compare* website. See also paragraph (c) of the enclosure for a discussion of Federal plans for making CMS Form 2567 data available.
- (8) ***Link to State Websites:*** Link to the State Long Term Care Ombudsman Program and, if applicable, a State Aging and Disability Resource Center (ARDC).
- (9) ***Include Information about Alternative Services:*** Provide links and information about alternative long term care services available in the State, including services provided under Home- and Community-based Service programs.
- (10) ***Privacy Safeguards:*** Must not contain any identifying information about the resident or complainant(s) in the text of the CMS 2567.

States should provide CMS with the universal resource locator (URL) for the relevant state websites so that CMS may include a link to the state's web site on the *Nursing Home Compare* website.

B. Financing

The costs for development and operation of the State websites to meet section 1902(a)(9)(D) of the Act are allowable expenses for reimbursement through a combination of Medicaid, Medicare survey and certification, and State-only funds under standard cost-allocation procedures.

In those States in which a State law or regulation requires public posting of CMS Form 2567 survey results for nursing homes, the cost-allocation proportions in effect for surveys of facilities dually certified in Medicare and Medicaid in the State should be used (i.e., costs shared between Medicare, Medicaid, and State-only).

For other States (that do not have a State law or regulation requiring the posting of CMS Form 2567 for nursing homes), costs should be apportioned between Medicare and Medicaid using each program's share of survey costs for dually-certified facilities, but adjusted to account for the absence of a State-only share.

Upon CMS approval, the Medicare portion of costs for a website that meets the criteria in this bulletin may be expensed through the survey and certification operational budget for each State. The Medicaid share of costs for a website that meets the criteria in this bulletin qualifies as an administrative expense. The Medicaid share may also be eligible for enhanced Federal Financial Participation (FFP) if it meets certain conditions. Any State interested in exploring the possibility of enhanced Medicaid FFP should consult with the appropriate Medicaid representative in the CMS regional office.

CMCS Contact

If you have any questions regarding the requirements for posting 2567s as described in this bulletin, please contact the appropriate survey & certification contact for your State in the **CMS regional office**. The RO contacts will be supported by Ed Mortimore in the CMS central office (Edward.Mortimore@cms.hhs.gov).

For questions related to Medicaid financing, please consult with the appropriate Medicaid representative in your CMS regional office.