

# State of Colorado Department of Health Care Policy and Financing

## 2014 Nursing Facilities Pay for Performance Review

June 27, 2014



## Table of Contents

|  |           |
|--|-----------|
| <b>I. EXECUTIVE SUMMARY .....</b>                                | <b>1</b>  |
| <b>II. INTRODUCTION .....</b>                                    | <b>2</b>  |
| A. Purpose of Project .....                                      | 2         |
| B. Goals of the P4P Initiative .....                             | 2         |
| C. Major Deliverables .....                                      | 2         |
| D. Project Team .....  | 4         |
| <b>III. APPROACH .....</b>                                       | <b>5</b>  |
| A. Assessment of Applications .....                              | 5         |
| B. Evaluation Tool .....   | 6         |
| C. Quality Assurance .....                                       | 7         |
| <b>IV. 2014 P4P APPLICATION, SCORING, AND COMMENTS .....</b>     | <b>8</b>  |
| A. Overview of Application .....                                 | 8         |
| B. Prerequisites for Participation .....                         | 13        |
| C. Score Reporting .....   | 14        |
| <b>V. ON-SITE REVIEWS .....</b>                                  | <b>18</b> |
| A. Selection of Homes to Review .....                            | 18        |
| B. Methods Used To Review Homes .....                            | 19        |
| C. Site Visit Comments .....                                     | 20        |
| <b>VI. COLORADO P4P PARTICIPATION ANALYSIS 2009 – 2014 .....</b> | <b>22</b> |
| A. Participating Homes by Application Year .....                 | 22        |
| B. Score Improvement Analysis .....                              | 22        |
| C. Self Score vs. Reviewer Score Analysis .....                  | 23        |
| D. 2014 Application Scoring Breakdown .....                      | 26        |
| E. Appeal Process .....  | 26        |
| <b>VII. IMPROVING DEMENTIA CARE .....</b>                        | <b>28</b> |
| A. Purpose .....   | 28        |

|   |    |
|---|----|
| B. Overview .....   | 28 |
| C. Types of Dementia .....  | 29 |
| D. Geriatric Psychology Access.....   | 30 |
| E. Special Units for Dementia or Alzheimer’s Disease .....                                    | 31 |
| F. Handling Decline in Cognitive Function, Growing Mental and Behavioral Health Concerns..... | 32 |
| G. Restraining Policies.....  | 33 |
| H. Staff Training as related to Behavioral and Mental Health .....                            | 33 |

## I. EXECUTIVE SUMMARY

The Colorado Nursing Facility Pay for Performance (P4P) program, sponsored by the Colorado Department of Health Care Policy and Financing (the Department), has just commenced its sixth year of administration. For the sixth consecutive year, Public Consulting Group (PCG) has reviewed, evaluated, and validated nursing home applications. The current year’s review process included an update of PCG’s prior-developed evaluation tool, a continuation of Nationally Reported Quality Measures, the assessment of nursing home application scores, and the evaluation of appeals contesting the reviewers’ interpretation of submitted materials.

The purpose of the P4P program is to encourage and support the implementation of resident-centered policies and home-like environments throughout the nursing homes of Colorado. Homes that execute these changes are incentivized with a supplemental payment. Participating facilities must have submitted an application by February 28, 2014; this application provided evidence of its performance in establishing measures designed to improve quality of life and quality of care within the home. Incentive payments are determined according to established point thresholds. These thresholds are provided below with the corresponding number of homes that fall into each of these ranges.

| Point Range | Per Diem Rate Add-On | Number of 2014 Homes |
|-------------|----------------------|----------------------|
| 0 - 20      | No Add-On            | 0                    |
| 21 - 45     | \$1.00               | 27                   |
| 46 - 60     | \$2.00               | 28                   |
| 61 - 79     | \$3.00               | 51                   |
| 80 - 100    | \$4.00               | 21                   |

The 2014 application was similar to the 2013 application with a few exceptions. A new requirement was added which introduced hand in hand training for the first time. Another new introduction to the application was the use of the advancing excellence website for the consistent assignments section as well as the quality program participation section. The sections were present in the 2013 application but the tool for measuring them changed. Several requirements that were specifically called out as requirements in 2013 were combined into other quality measures in the 2014 application. Overhead paging is no longer called out as a singular requirement. The Relationships subcategory also had some significant changes. Consistent assignments were not measured as they were last year, instead points were given if the facility signed up through the advancing excellent website. Points for both internal and external community were absorbed in other areas. Finally, redistribution of point totals occurred. Details on these changes can be found later in the “Changes to the 2014 P4P Application” section of this report.

## **II. INTRODUCTION**

### **A. Purpose of Project**

In December 2010, the Department of Health Care Policy and Financing (the Department) sought quotations from qualified and experienced vendors to conduct reviews to evaluate and validate whether nursing homes that applied for additional reimbursement under the P4P program have implemented and are in compliance with performance measures as defined by the Department.

The Department wishes to foster a person-centered and directed model of care in a home-like environment for Colorado's nursing home residents. Under HB 08-1114, an additional per diem rate based upon performance was to be paid to those nursing home providers that provide services resulting in better care and higher quality of life for their residents effective July 1, 2009. Using this per diem add-on methodology, nursing homes could apply for the P4P program quarterly. Under SB 09-263, additional payments to nursing homes for the Pay-For-Performance program are paid a supplemental payment rather than a per diem payment effective July 1, 2009. Nursing homes must now apply for the Pay-For-Performance program annually, with a deadline of February 28<sup>th</sup>, as all supplemental payments for the year must be calculated prior to the July 1 rate-setting date.

### **B. Goals of the P4P Initiative**

The Department received 127 applications by the February 28, 2014 deadline. These applications were reviewed, evaluated, and validated using the Colorado Nursing Homes 2013 Pay-For-Performance (P4P) Application. The rate effective date for these providers is July 1, 2014.

### **C. Major Deliverables**

PCG was tasked with reviewing, evaluating, and validating whether nursing homes that applied for additional reimbursement related to the Pay-For-Performance program are eligible for these additional funds. The performance measures serve to gauge how homes provide high quality of life and high quality of care to their residents.

The P4P measures have been established in the application in two domains:

1. Quality of Life
2. Quality of Care

The 2014 P4P application included 39 performance measures in the domains of Quality of Life and Quality of Care. The reimbursement for these measures is based on cumulative points received for all performance measures. A nursing home may earn a total of up to 100 points. The threshold for any reimbursement begins

with scores of 21 points or higher.<sup>1</sup> Fifty points are possible for the Quality of Life domain and fifty points are possible for the Quality of Care domain. Each nursing home chooses which of these measures it applies for.

Within each domain are sub-category measures. On the application forms, each of these sub-category measures are further described by definitions, minimum requirements, required documentation, and the possible points for each sub-category measure. The state has directed the Contractor to assign the points merited for each measure contingent upon the review, evaluation and validation that the sub-category measurement requirements have been documented and met.

Specifically, the Department required that the contractor is responsible for the following:

- Reviewing, evaluating, and validating applications submitted by nursing homes that applied between February 1, 2013 and February 28, 2014 to participate in the P4P program.
- Developing and implementing the evaluation tool that will be used to measure compliance with each P4P subcategory measure.
- Developing and maintaining a record file for each nursing home that applies for the P4P program.
- Making the results of all evaluations and reports available to the Department for a period of six (6) years after the end of the contract resulting from the DQ.
- Reviewing and providing final analysis and decisions about score revisions to the Department resulting from facilities' requests for reconsideration of the initial review results.
- Developing template letters to inform the Department and the homes about the results of its review, evaluation, and validation of the P4P application and supporting documentation review.
- Developing the reporting mechanisms and any other ancillary documents and systems to successfully implement this program.
- Holding bi-weekly meetings with the Department to ensure that the work is progressing appropriately.
- Making recommendations to the Department for which homes should have on-site visits and conducting review and validations of no less than 10 percent of the P4P applicants.
- Providing evaluation results of the P4P applications to the Department in a standardized format developed by the Contractor and approved by the Department.
- Providing a report to the Department by June 30, 2014 detailing the Contractor's experience with this project and submitting recommendations to the Department for continuing and improving this project that might be used in a future solicitation process.

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<sup>1</sup> See Colorado Code of Regulations at 10 CCR 2505-10 8:443.12 for points associated with the pay-for-performance per diem add ons. Retrieved on 6-13-2013 from [http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305 Department of Health Care Policy and Financing&agencyID=69&agencyName=2505 Medical Services Boar&ccrDocID=2921&ccrDocName=10 CCR 2505-10 8.400 MEDICAL ASSISTANCE - SECTION 8.400&subDocID=50025&subDocName=8.443 NURSING FACILITY REIMBURSEMENT&version=24](http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyID=69&agencyName=2505%20Medical%20Services%20Boar&ccrDocID=2921&ccrDocName=10%20CCR%202505-10%208.400%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.400&subDocID=50025&subDocName=8.443%20NURSING%20FACILITY%20REIMBURSEMENT&version=24)

#### **D. Project Team**

PCG assembled a team of nationally recognized Subject Matter Experts (SMEs) in long term care policy and planning for this effort. The project was directed by Sean Huse, an experienced manager in Colorado for Medicaid over the past thirteen years. Mr. Huse managed the project with support of the Denver based PCG team. In Denver, Christian Jones and Robert Moller served as project managers with technical support from Les Hendrickson, a national expert on long term care reimbursement policy and planning.

This team of project managers and technical advisors was assisted by PCG Senior Consultants, Consultants, and Business Analysts with backgrounds researching and analyzing P4P reimbursement structures. Team members included Joe Weber, Douglas Grapski, Jennifer Koch, Mekayla Cortez, Anna Braet, Patrick Fisher, Ashley Licardo and Ben Cormack. PCG believes this staffing approach is balanced, thoughtful, and represents the knowledge and experience necessary to successfully accomplish the Department's multiple objectives.

### **III. APPROACH**

#### **A. Assessment of Applications**

PCG drew on the experience gained from reviewing Colorado P4P applications for the past five years to develop a standardized approach for reviewing the current year's 127 applications that were submitted to the Department. During the period of March 24<sup>th</sup>, 2014 through April 18<sup>th</sup>, 2014, PCG's team of reviewers worked together to evaluate the applications. Working together in this collaborative environment allowed reviewers the opportunity to discuss ambiguous applications and develop a uniform approach to the reviews.

To maintain a consistent, equitable evaluation of all of the applications across the team of reviewers, a strict interpretation of the definition, minimum requirements, and required documentation for each performance measure as described in the published P4P application was adopted. Reviewers took the position that the application was a request for state and federal reimbursement for nursing home services and the application would be held to the same standards of accuracy and verifiability that would be required of a Medicaid cost report form.

Each performance measure was broken down into one or more specific minimum requirements based on the language and checklist items listed for each measure in the application. Reviewers examined the supporting documentation submitted in each provider's application to answer "Yes" or "No" to the question, "Did the home meet the minimum requirement?" To gain points on a measure, the provider needed to show the required documentation for each minimum requirement.

The 2014 application included the same high level of detail for each measure that was established in the 2010 application, listing types of required documentation such as narratives, pictures, policy documents, and testimonials. When documentation was listed as required, each piece had to be present in order to meet the requirement. Reviewers did, however, exercise judgment in reviewing documentation provided. For example, if there was no explicit statement that staff members assist with resident room decoration, but pictures show various paint colors, wall hangings, and large pieces of personal furniture, the reviewer would assume that the nursing home staff assisted with the process. To ensure that applications were scored consistently, reviewers debated ambiguous documentation and made sure to apply decisions to all application materials throughout the process.

In all cases, a literal definition of the minimum requirements was applied. If, for example, the requirement is for 12 hours or more of continuing education, answers of 11.99 or less did not meet the requirement. If the care planning requirement calls for both ten initial and ten quarterly care plans, then there had to be at least ten of each present to meet the requirement.

In some cases, if no supporting documentation was included in the section designated for a particular performance measure, the reviewer searched the other sections in the application to see if documentation



could be found elsewhere that would meet the minimum requirement. If the application showed that the minimum requirement for a measure was in fact met, then a “Yes” answer was assigned to the measure regardless of whether or not the home claimed a score for that measure. For example, if a home did not report a score for the neighborhoods/households measure yet the application provided ample documentation that the home had neighborhoods, the reviewer would assign a “Yes” score to the measure. Also, for performance measures containing an option for multiple point levels, such as the +2, +4, or +6 continuing education, reviewers would change the number of points awarded when appropriate. For example, if the provider applied for +6 continuing education, but the documentation only showed +4, the reviewer would say “No” to +6 and add a “Yes” to +4.

## **B. Evaluation Tool**

In 2009 and 2010, PCG developed and utilized a Microsoft Access database as an evaluation tool to store information, self-reported scores, and application evaluations for each provider that submitted an application. This evaluation tool was developed for use with the pay for performance application via the scope of work outlined in the Department contract. The evaluation tool used with the 2012 applications was redesigned to incorporate changes in the 2013 application, and the evaluation tool was further redesigned to incorporate changes in the 2014 application.

After entering in provider information, such as address, phone number, preparer name, etc., reviewers entered in the homes’ self-reported scores. Self-reported scores were entered exactly as provided, even when the homes awarded themselves partial points or points for both options of an either/or measure. Then, reviewers read each application and its supporting documentation to evaluate and score the applications on each of the subcategory performance measures.

As previously mentioned, the measures were broken down into one or more minimum requirements and reviewers would assign a “Yes,” “No,” or “Did Not Apply” to each as appropriate. The database contained a field for reviewers to add comments pertaining to any of the minimum requirements or the decision that was made. The points for a measure would only be assigned when all minimum requirements had a “Yes” entered as a status. Partial points cannot be assigned for a performance measure.

A “No” response for any of the minimum requirements resulted in no points being awarded for that performance measure. For instance, for “Enhanced Dining,” the reviewer would need to see back-up documentation that all of the following minimum requirements were met:

1. Include a detailed narrative describing your enhanced dining program.
2. Evidence that menu options are more than the entree and alternate selection.
3. Evidence that these options included input from a resident/family advisory group such as resident council or a dining advisory committee.
4. Evidence that the residents have had input into the appearance of the dining atmosphere.
5. Evidence that the Residents have access to food at any time and staff are empowered to provide it.

6. Supporting documentation can be resident signed testimonials, resident council minutes, minutes from another advisory group or a narrative and photographs of changes in the dining atmosphere.

If the home failed to provide evidence for any of the above mentioned requirements, a “No” response would be entered for that requirement resulting in the home receiving zero points for the performance measure.

The database entry fields were designed so that the total score being accumulated by the applicant was not apparent to the reviewer. This ensured that the supporting documentation for each minimum requirement for each performance measure was evaluated independently without knowledge of cumulative point thresholds.

After all of the applications had been evaluated, summary reports could be run showing nursing home scores, as well as detailed reports by nursing home showing all scores and reviewer comments for each minimum requirement and an evaluation detail report showing the reasoning reviewers provided if points were not awarded for any criteria.

### **C. Quality Assurance**

Throughout the evaluation process, steps were taken to ensure the quality of reviews. Discussions between reviewers on ambiguous aspects of documentation allowed for a standardized approach to scoring the large number of applications. Additionally, the database was designed to guide the reviewer through each performance measure, documenting his or her decision on each minimum requirement during the review.

In redesigning the evaluation tool, new quality assurance measures were built in to ensure review integrity. First to ensure that a reviewer could not accidentally skip a minimum requirement when evaluating a performance measure, automatic system checks were designed to check the status of all minimum requirements before proceeding from one performance measure to the next. If any minimum requirement status was blank, the system would show an error message and ask the reviewer to double check any missing statuses. Second, the assigning of scores for performance measure was automated. Processes were built into the evaluation tool to read the reviewers’ “Yes” or “No” answers to minimum requirements and determine if points should be awarded or not. If the system found all “Yes” answers for a performance measure, then points would be assigned. If the system encountered any “No” or “Did Not Apply” answers for a performance measure, then no points would be assigned. This more automated scoring process provided real-time updating of score reports as any changes were made to a review.

Finally, during the site visits reviewers took notes about their findings with regard to specific performance measures. While no new documentation was accepted, reviewers identified any instances where documentation may have been misinterpreted in the original evaluation of an application, and after speaking with nursing home staff, it was deemed appropriate to change the scoring based on what was originally provided. For example, a training sign-in sheet for “Bathing Without a Battle” that was not clearly identified in the application could be verified on a site visit. Also, any situations where reviews were seemingly

inconsistent on a performance measure were noted. Upon returning from the visits, all reviewer comments and binders were checked a second time with regard to those noted performance measures to ensure accuracy.

#### **IV. 2014 P4P APPLICATION, SCORING, AND COMMENTS**

##### **A. Overview of Application**

Pursuant to HB 08-1114 the Department is required to reimburse nursing homes in Colorado an additional per diem rate based upon performance.<sup>2</sup> The payment is made to support policies that create a resident-centered and resident-directed model of care in a home-like environment for Colorado’s nursing home residents.<sup>3</sup>

A P4P program is one way the Department can provide an incentive payment rewarding Colorado nursing homes that provide high quality of life and quality of care to their residents. The program is designed to be financially appealing to providers, simple to administer, contain easily accessible data to determine compliance, and is built around measures that are important to nursing home residents, families and consumers. The measures are centered on two “domains,” “Quality of Life” and “Quality of Care.”

Each measure has assigned points that, when totaled, will determine the amount of additional reimbursement per patient day. The following table shows the amount of the per diem add-on that can be obtained for 2014.

| <b>Calculation of the Per Diem Rate Add-On</b> |
|--|
| 0 – 20 points = No add-on                      |
| 21 – 45 points = \$1.00 per day add-on         |
| 46 – 60 points = \$2.00 per day add-on         |
| 61 – 79 points = \$3.00 per day add-on         |
| 80 – 100 points = \$4.00 per day add-on        |

The performance measures for 2014 are shown below. They are divided into two general domains, Quality of Life and Quality of Care.

<sup>2</sup> 10 CCR 2505-10 Section 8.443.12.

<sup>3</sup> See the SB 06131 Pay for Performance Subcommittee Report and Recommendations for discussion of the rationale behind performance measure selection. Retrieved on June 13, 2013 from <http://165.127.10.10/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1224913928031&ssbinary=true>

| <b>DOMAIN: QUALITY OF LIFE</b>  | <b>DOMAIN: QUALITY OF CARE</b>                                  |
|---|---|
| <b>Subcategory: Resident-Directed Care</b>                                    | <b>Subcategory: Quality Of Care</b>                             |
| Enhanced Dining   | 12 Hours Continuing Education                                   |
| Flexible and Enhanced Bathing   | 14 Hours Continuing Education                                   |
| Daily Schedules   | 16 Hours Continuing Education                                   |
| End of Life Program   | Quality Program Participation                                   |
|   | <b>Subcategory: Nationally Reported Quality Measures Scores</b> |
|   | Falls with Major Injury – Score < 2.2                           |
| <b>Subcategory: Home Environment</b>  | Falls with Major Injury – Score > 2.2 but ≤ 3.1                 |
| Public and Outdoor Space  | Moderate/Severe Pain – Score < 6.3                              |
| Communities   | Moderate/Severe Pain – Score > 6.3 but ≤ 9.9                    |
|   | High Risk Resident with Pressure Ulcers – Score < 2.8           |
|   | High Risk Resident with Pressure Ulcers – Score > 2.8 but ≤ 4.3 |
| <b>Subcategory: Relationships with Staff, Family, Resident, and Community</b> | UTI - Score < 3.6   |
| Consistent Assignments  | UTI - Score >3.6 but ≤ 5.7                                      |
| Daily Living Environment  | Antipsychotics – Score < 8.7                                    |
| Volunteer Program   | Antipsychotics - Score >8.7 but ≤ 11.3                          |
|   | Reducing Rehospitalizations                                     |
|   | <b>Subcategory: Facility Management</b>                         |
| <b>Subcategory: Staff Empowerment</b>   | 10% Medicaid above state average                                |
| Care Planning   | 5% Medicaid above state average                                 |
| Career Ladders/Career Paths   | <b>Subcategory: Staff Stability</b>                             |
| Person-Directed Care  | Staff Retention Rate  |
| Hand in Hand Training   | Staff Retention Improvement                                     |
| New Staff Program   | Director of Nursing Retention                                   |
|   | Nursing Home Administrator Retention                            |
|   | Employee Satisfaction Survey- < 60% Response Rate               |
|   | Employee Satisfaction Survey < 50% Response Rate                |

### ***Changes to the 2014 P4P Application***

The 2014 Pay for Performance application is 16-pages long, consisting of 11 pages detailing each measure and the required documentation, and 5 pages of appendices providing information on how to score specific measures and how to access the Quality Measures reports. Previous reports outlined the changes between the prior year's application and the current year's application. This section of the 2014 report describes the changes from the 2013 to the 2014 application.

The description of the changes is discussed in three parts: new additions to the application, removals or merging of requirements in the new application, and changes in point totals.

#### New Additions to the Application

The 2014 application only had one new requirement that was not present in the 2013 application. This year's application introduced hand in hand training for the first time. The requirement was to have at least 50% of all staff members to complete the training from CMS, and was worth 7 points. Another new introduction to the application was the use of the advancing excellence website for the consistent assignments section as well as the quality program participation section. The sections were present in the 2013 application but the tool for measuring them changed.

#### Removed or Merged Requirements

Several requirements that were specifically called out as requirements in 2013 were combined into other quality measures in the 2014 application. In the home environment sub category resident rooms and overhead paging were no longer called out as singular requirements. These were blended into the other two remaining requirements in the subcategory, public and outdoor space and communities. The Relationships subcategory also had some significant changes. Consistent assignments were not measured as they were last year, instead points were given if the facility signed up through the advancing excellent website. Points that were given for both internal and external community were no long a part of the application and were absorbed in other areas.

#### Points Totals

Certain measures were relatively unchanged from 2013 to 2014, with the exception of redistribution of point totals. The subcategory home environment absorbed two measures and decreased in possible points to eight from eleven. The relationships subcategory also decreased in possible point total from sixteen to ten and absorbed the community measures. The new introduction of hand in hand training, a total of seven points, and an increased point total for person directed care from two to four points balanced the distribution of quality of life points.

The quality of care measures were unchanged from the 2013 application with the exception of expanding the antipsychotic measure to include a high and a low. To account for the additional two potential points, the employee satisfaction survey and staff retention maximum point total were reduced by one.

| Performance Measure Title  | Possible Points (2013) | Possible Points (2014) |
|--|------------------------|------------------------|
| <b>Quality of Life</b>   |                        |                        |
| <b>Subcategory: Pre-Requisites</b>   |                        |                        |
| CDPHE Survey   | 0                      | 0                      |
| Resident/Family Satisfaction Survey  | 0                      | 0                      |
| <b>Subcategory: Resident Directed Care</b>                                   |                        |                        |
| Enhanced Dining  | 3                      | 3                      |
| Flexible and Enhanced Bathing  | 3                      | 3                      |
| Daily Schedules  | 3                      | 3                      |
| End Of Life Program  | 2                      | 2                      |
| <b>Total Points: Resident Directed Care</b>                                  | <b>11</b>              | <b>11</b>              |
| <b>Subcategory: Home Environment</b>   |                        |                        |
| Resident Rooms   | 2                      | N/A                    |
| Public and Outdoor Space   | 2                      | 3                      |
| Overhead Paging  | 2                      | N/A                    |
| Communities  | 5                      | 5                      |
| <b>Total Points: Home Environment</b>  | <b>11</b>              | <b>8</b>               |
| <b>Subcategory: Relationships with Staff, Family, Resident and Community</b> |                        |                        |
| 50% Consistent Assignments   | 5                      | 6                      |
| 80% Consistent Assignments   | 6                      |                        |
| Internal Community   | 3                      | N/A                    |
| External Community   | 3                      | N/A                    |
| Daily Living Environment   | 2                      | 2                      |
| Volunteer Program  | 2                      | 2                      |
| <b>Total Points: Relationships</b>   | <b>16</b>              | <b>10</b>              |
| <b>Subcategory: Staff Empowerment</b>  |                        |                        |
| Care Planning  | 6                      | 6                      |
| Career Ladders/Career Paths  | 2                      | 2                      |
| Person-Directed Care   | 2                      | 4                      |
| Hand in Hand Training  | N/A                    | 7                      |
| New Staff Program  | 2                      | 2                      |
| <b>Total Points: Staff Empowerment</b>                                       | <b>12</b>              | <b>21</b>              |
| <b>Total Points: Quality of Life</b>   | <b>50</b>              | <b>50</b>              |

| Quality of Care  |            |            |
|--|------------|------------|
| <b>Subcategory: Quality of Care</b>                    |            |            |
| +2 Continuing Education                                | 2          | 2          |
| +4 Continuing Education                                | 4          | 4          |
| +6 Continuing Education                                | 6          | 6          |
| Quality Program Participation                          | 1          | 1          |
| Falls with Major Injury                                | 5          | 5          |
| Falls with Major Injury                                | 3          | 3          |
| Moderate/Severe Pain(L)                                | 5          | 5          |
| Moderate/Severe Pain(L)                                | 3          | 3          |
| High Risk Resident with Pressure Ulcers(L)             | 5          | 5          |
| High Risk Resident with Pressure Ulcers(L)             | 3          | 3          |
| UTI  | 5          | 5          |
| UTI  | 3          | 3          |
| Reducing Rehospitalizations                            | 3          | 3          |
| Antipsychotic Medication                               | 3          | 5          |
|  |            | 3          |
| <b>Total Points: Quality of Care</b>                   | <b>33</b>  | <b>35</b>  |
| <b>Subcategory: Facility Management</b>                |            |            |
| 10% Medicaid   | 5          | 5          |
| 5% Medicaid  | 3          | 3          |
| <b>Total Points: Facility Management</b>               | <b>5</b>   | <b>5</b>   |
| <b>Subcategory: Staff Stability</b>                    |            |            |
| Staff Retention Rate                                   | 4          | 3          |
| Staff Retention Improvement                            | 4          | 3          |
| DON Retention  | 2          | 2          |
| NHA Retention  | 2          | 2          |
| Employee Satisfaction Survey                           | 4          | 3          |
| Employee Satisfaction Survey                           | 2          | 2          |
| <b>Total Points: Staff Stability</b>                   | <b>12</b>  | <b>10</b>  |
| <b>Total Points Available: Quality of Care</b>         | <b>50</b>  | <b>50</b>  |
| <b>Total Points Available Quality of Care and Life</b> | <b>100</b> | <b>100</b> |

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## **B. Prerequisites for Participation**

The Code of Colorado administrative regulations at 10 CCR 2505 8.443.12 at 2.a. and 2.b. set two prerequisites for applying for the P4P add-on to the per diem:<sup>4</sup>

2.a. No home with substandard deficiencies on a regular annual, complaint, or any other Colorado Department of Public Health and Environment survey will be considered for P4P. The survey should also be attached to the application and initialed by the person completing the application.

2.b. The home must perform a resident/family satisfaction survey. The survey must (a) be developed, recognized, and standardized by an entity external to the home; and, (b) be administered on an annual basis with results tabulated by an agency external to the home. The home must report their response rate, and a summary report must be made publically available along with the home's State's survey results. The survey should also be attached to the application and initialed by the person completing the application.

These prerequisites were unchanged in 2014 from prior application years except that they were required to be attached to the application.

### ***Colorado Department of Public Health and Environment Survey***

PCG reviewers were supplied with a definition of a substandard deficiency and used the Colorado Department of Public Health and Environment (CDPHE) website at <http://www.cdphe.state.co.us/hf/ncf/index.html> to check on homes. The upper left hand corner of the webpage provides search choices. The CDPHE database contains a list of Colorado nursing homes and the results of surveys and complaint investigations. PCG staff looked up each home in the CDPHE database and identified any deficiency that CDPHE assigned to the home that fit the definition of substandard and occurred within the time frame specified. The survey closest to January 2014 was deemed to be the most recent survey. All homes submitting applications in 2014 met this prerequisite.

### ***Resident/Family Satisfaction Survey***

This prerequisite measure was defined in the 2014 P4P application as “Survey must be developed, recognized, and standardized by an entity external to the facility.” The acceptable verification said that the “Resident/family satisfaction surveys must have been conducted and tabulated between January 1 and December 31 of the previous year. A Summary Report, identifying vendor completing, must be attached to this application and made available to the public along with the home's State Survey Results.”

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<sup>4</sup> [http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305 Department of Health Care Policy and Financing&agencyID=69&agencyName=2505 Medical Services Board&ccrDocID=2921&ccrDocName=10 CCR 2505-10 8.400 MEDICAL ASSISTANCE - SECTION 8.400&subDocID=50025&subDocName=8.443 NURSING HOME REIMBURSEMENT&version=20](http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyID=69&agencyName=2505%20Medical%20Services%20Board&ccrDocID=2921&ccrDocName=10%20CCR%202505-10%208.400%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.400&subDocID=50025&subDocName=8.443%20NURSING%20HOME%20REIMBURSEMENT&version=20)



As in reviews conducted during prior application years, some homes supplied the full copy of the survey whereas others only supplied cover pages of the survey. Reviewers gave credit to those homes that only supplied the cover pages, reasoning that these were evidence that the survey had been completed.

Initially, there were some homes missing the resident/family satisfaction survey prerequisite; however, through the appeal process those homes were able to demonstrate that they had completed a survey prior to the application due date of February 28<sup>th</sup> 2014.

### **C. Score Reporting**

#### ***Summary Chart Showing Scores of Homes***

The following table provides a summary of the self-reported and reviewer scores by home. These scores are the final scores submitted to the homes; they include all points obtained through the appeal process.

| <b>Provider#</b> | <b>Facility Name</b>                                     | <b>Self Reported Score</b> | <b>Reviewer Score</b> |
|------------------|--|----------------------------|-----------------------|
| 63934272         | Allison Care Center                                      | 75                         | 69                    |
| 96339349         | Alpine Living Center                                     | 31                         | 31                    |
| 77105753         | Amberwood Rehab and Care Community                       | 89                         | 78                    |
| 03604250         | Applewood Living Center                                  | 35                         | 33                    |
| 05652953         | Aspen Center   | 46                         | 38                    |
| 60958855         | Aspen Living Center                                      | 54                         | 51                    |
| 05656004         | Autumn Heights Health Care Center                        | 63                         | 63                    |
| 05650866         | Avamere Transitional Care and Rehabilitation Brighton    | 40                         | 24                    |
| 83603041         | Bear Creek Care & Rehab                                  | 66                         | 57                    |
| 11434317         | Belmont Lodge Health Care Center                         | 49                         | 44                    |
| 30576016         | Berkley Manor Care Center                                | 65                         | 47                    |
| 45303762         | Berthoud Living Center                                   | 28                         | 26                    |
| 05651815         | Beth Israel at Shalom Park                               | 68                         | 63                    |
| 05652169         | Bethany Rehabilitation Center                            | 75                         | 59                    |
| 06934242         | Boulder Manor  | 48                         | 47                    |
| 05651567         | Briarwood Health Care Center                             | 71                         | 69                    |
| 71787267         | Brookshire House   | 82                         | 82                    |
| 05652813         | Brookside Inn  | 74                         | 74                    |
| 55754244         | Cambridge Care Center                                    | 71                         | 66                    |
| 92384871         | Casey's Pond Senior Living                               | 80                         | 80                    |
| 54454735         | Cedarwood Health Care Center                             | 47                         | 47                    |
| 53308310         | Centennial Health Care Center                            | 69                         | 60                    |
| 99474743         | Cherrelyn Healthcare Center                              | 60                         | 60                    |
| 75951274         | Cheyenne Mountain Care & Rehab                           | 59                         | 61                    |
| 37976231         | Christian Living Communities the Suites and Someren Glen | 62                         | 50                    |
| 42988268         | Christopher House Rehabilitation & Care Community        | 71                         | 67                    |
| 05650338         | Clear Creek Care Center                                  | 76                         | 76                    |

|          |   |                |     |
|----------|---|----------------|-----|
| 34308741 | Colonial Columns Nursing Center             | 34             | 26  |
| 05653274 | Colorado State Veterans Center - Homelake   | 89             | 82  |
| 05652748 | Colorado State Veterans Home at Rifle       | 73             | 79  |
| 05652607 | Colorow Care Center                         | 61             | 57  |
| 05655394 | Columbine Manor                             | 45             | 45  |
| 05650833 | Columbine West Health & Rehab               | 62             | 62  |
| 05656418 | Cottonwood Care Center                      | 75             | 77  |
| 05651922 | CSV - Walsenburg                            | 88             | 86  |
| 73422070 | Denver North CC                             | 88             | 88  |
| 05653357 | E. Dene Moore Care Center                   | 75             | 72  |
| 13086863 | Eagle Ridge at Grand Valley                 | 87             | 85  |
| 05653365 | Eben Ezer Lutheran Care Center              | 62             | 50  |
| 05652961 | Elms Haven Care and Rehab                   | 53             | 51  |
| 05650080 | Exempla Colorado Lutheran Home              | 72             | 75  |
| 05653423 | Fairacres Manor                             | 81             | 77  |
| 00122777 | Forest Street Compassionate Care Center     | 41             | 38  |
| 34432850 | Fort Collins Health Care Center             | 55             | 59  |
| 99000792 | Four Corners Health Care Center             | 63             | 63  |
| 01404849 | Golden Peaks Care and Rehabilitation Center | 46             | 46  |
| 05653704 | Good Samaritan Society - Loveland Village   | 32             | 42  |
| 05650957 | Good Samaritan Society-Bonell Community     | 42             | 37  |
| 12601748 | Grace Manor Care Center                     | 85             | 51  |
| 05652367 | Gunnison Health Care                        | 46             | 22  |
| 05652714 | Hallmark Nursing Center                     | 60             | 54  |
| 42402069 | Harmony Pointe Nursing Center               | 87             | 74  |
| 05653779 | Health Center at Franklin Park              | 0 <sup>5</sup> | 54  |
| 05652623 | Heritage Park                               | 44             | 28  |
| 15526755 | Highline Rehabilitation and Care Community  | 77             | 74  |
| 05653571 | Hildebrand Care Center                      | 79             | 65  |
| 14624371 | Hillcrest Care Center                       | 52             | 41  |
| 05651245 | Holly Heights Nursing                       | 100            | 100 |
| 05655147 | Holly Nursing Care Center                   | 86             | 86  |
| 05652672 | Horizon Heights                             | 87             | 84  |
| 77678737 | Jewell Care Center                          | 65             | 67  |
| 34300724 | Julia Temple Healthcare Center              | 76             | 69  |
| 05652565 | Juniper Village - The Spearly Center        | 94             | 95  |
| 05652052 | Juniper Village at Lamar                    | 76             | 63  |
| 05652045 | Juniper Village at Monte Vista              | 83             | 61  |
| 11651016 | Kenton Manor                                | 32             | 34  |
| 56836546 | La Villa Grande Care Center                 | 51             | 44  |
| 05652334 | Larchwood Inns                              | 67             | 62  |
| 05650122 | Laurel Manor Care Center                    | 61             | 61  |
| 05653290 | Lemay Avenue Health & Rehab                 | 68             | 68  |
| 05652680 | Life Care Center of Colorado Springs        | 24             | 24  |

<sup>5</sup> This facility did not provide a self-score with their application.

|          |  |    |    |
|----------|--|----|----|
| 75482282 | Life Care Center of Evergreen                | 49 | 46 |
| 71425225 | Littleton Care and Rehab Center              | 29 | 32 |
| 58301747 | Mantey Heights Rehabilitation & Care Centre  | 81 | 81 |
| 00565034 | Medalion Retirement Community/Centura Health | 56 | 46 |
| 46279865 | Mesa Manor Care and Rehab Center             | 67 | 61 |
| 05656400 | Mesa Vista of Boulder                        | 64 | 58 |
| 01627015 | Minnequa Medicenter                          | 54 | 52 |
| 71454241 | Mission San Miguel Nursing & Rehabilitation  | 69 | 66 |
| 38305828 | Monaco Parkway Health and Rehab              | 50 | 40 |
| 05650734 | Mount St. Francis Nursing Center             | 77 | 77 |
| 05650155 | Mountain Vista Nursing Home                  | 59 | 56 |
| 85608742 | Namaste Alzheimer Center                     | 79 | 65 |
| 05651294 | North Shore Health & Rehab                   | 67 | 59 |
| 26554939 | North Star Rehabilitation and Care Community | 80 | 80 |
| 98774239 | Palisade Living Center                       | 25 | 25 |
| 16433548 | Paonia Care & Rehab                          | 73 | 70 |
| 05651757 | Park Forest Care Center                      | 67 | 67 |
| 54603528 | Parkview Care Center                         | 84 | 84 |
| 76173712 | Pearl Street Health and Rehab Center         | 48 | 46 |
| 05652839 | Pine Ridge Extended Care Center              | 77 | 73 |
| 05655717 | Prospect Park Living Center                  | 76 | 76 |
| 60052279 | Pueblo Care and Rehabilitation Center        | 19 | 24 |
| 75825571 | Rio Grande Inn                               | 65 | 67 |
| 05652508 | Rowan Community                              | 82 | 82 |
| 19005296 | San Juan Living Center                       | 76 | 70 |
| 05651534 | Sandalwood Manor                             | 85 | 82 |
| 21675830 | Sandrock Ridge Care & Rehab                  | 46 | 41 |
| 05652540 | Sharmar Village Care Center                  | 59 | 59 |
| 16876334 | Sierra Rehabilitation & Care Community       | 74 | 74 |
| 93183399 | Sierra Vista Health Care Center              | 46 | 37 |
| 72008041 | Skyline Ridge Nursing & Rehabilitation       | 65 | 75 |
| 96731591 | Spring Creek Health Care Center              | 30 | 33 |
| 05656269 | St. Paul HCC                                 | 81 | 69 |
| 41478762 | Sterling Living Center                       | 22 | 23 |
| 58606882 | Summit Rehabilitation and Care Community     | 59 | 56 |
| 05654025 | Sunny Vista Living Center                    | 61 | 61 |
| 41328582 | Sunset Manor                                 | 35 | 33 |
| 01100351 | Terrace Gardens Health Care Center           | 48 | 48 |
| 53180348 | The Pavilion at Villa Pueblo                 | 83 | 72 |
| 05652789 | The Peaks Care Center                        | 66 | 66 |
| 23409231 | The Suites at Clermont Park                  | 67 | 67 |
| 05651880 | The Valley Inn                               | 85 | 62 |
| 08858721 | Uptown Care Center                           | 89 | 83 |
| 05655121 | Valley Manor Care Center                     | 90 | 81 |
| 05651468 | Valley View Health Care Center               | 84 | 72 |
| 05655709 | Villa Manor Care Center                      | 80 | 80 |

|          |                                      |    |    |
|----------|--------------------------------------|----|----|
| 89157231 | Vista Grande Inn                     | 74 | 74 |
| 99322722 | Walbridge Memorial Convalescent Wing | 67 | 67 |
| 05656343 | Walsh Healthcare Center              | 93 | 90 |
| 05651575 | Western Hills Health Care Center     | 65 | 65 |
| 05655410 | WestLake Care Community              | 81 | 83 |
| 05652664 | Westwind Village                     | 70 | 73 |
| 80636217 | Wheatridge Manor Care Center         | 82 | 82 |
| 64623041 | Willow Tree Care Center              | 72 | 64 |
| 87825376 | Windsor Healthcare Center            | 50 | 44 |
| 71956000 | Yuma Life Care Center                | 47 | 47 |

The table shows instances where reviewers assigned a higher score than the home requested. This situation occurs when, in the judgment of reviewers, the applications contained documentation that the home qualified for a measure even though the home did not apply for that measure. In other situations, a home may have applied for a performance measure with multiple point thresholds and through their documentation showed that they actually qualify for additional points.

## **V. ON-SITE REVIEWS**

### **A. Selection of Homes to Review**

As in prior years, reviewers were required to perform on-site reviews of at least ten percent of nursing homes in the applicant pool, which consisted of 127 homes in 2014. Reviewers consulted with the Department and determined that thirteen homes would be selected for on-site reviews. In determining which of the 127 homes would be selected, reviewers considered Colorado Code at 10 CCR 2505 section 8.443.12 4. which states that “Facilities will be selected for onsite verification of performance measures representations based on risk.” Taking this statement into consideration, the selection of homes included both purposive and random sampling.

First, during the review of applications, reviewers took note of any instances where they were left with a question or idea that could warrant selection for an on-site review. A master list was maintained that could be consulted during the selection process.

When it came time to begin the selection process, reviewers concluded that any homes that had been visited in prior application years did not present as high of a risk and should therefore be excluded from the pool in 2014. The remaining homes were grouped into geographic regions to ensure that homes from across the state would be part of the sample. A combination of geographic location and varying point levels was used to determine the thirteen homes selected for site visits.

Based on the above criteria for selection, the following thirteen homes were chosen for an on-site review:

- Applewood Living Center
- Berthoud Living Center
- Forest Street Compassionate Care Center
- Four Corners Health Care Center
- Highline Rehabilitation and Care Community
- Laurel Manor Care Center
- Life Care Center of Evergreen
- Mission San Miguel (aka Woodridge Park)
- North Shore Health and Rehab
- Pine Ridge Extended Care Center
- Sunny Vista Living Center
- Vista Grande Inn
- WheatRidge Manor Nursing Home

## **B. Methods Used To Review Homes**

The visits to the thirteen nursing homes involved three distinct phases. In each case, a tour of the building was undertaken, a meeting with administrative staff was held, and interviews were conducted with at least two residents of the facility.

### ***Home Tour***

The purpose of the tour was to obtain a better idea of the physical environment of the facility and the programs of the home. Generally, the reviewers used the tour to obtain verification of performance measures that could be visually observed. These included the:

- degree to which resident rooms were personalized;
- amount of institutional objects in hallways such as drug carts, lifts, and wheelchairs;
- home décor of the bathing area;
- public and outdoor spaces;
- presence of volunteers;
- presence of community groups;
- availability of food to residents outside their main dining area;
- use of an overhead paging system;
- presence of animals and plants;
- memorial areas in remembrance of former residents; and
- evidence of communities/neighborhoods.

### ***Discussion with Staff***

The meeting with administrative staff focused on the review of the application. The purposes of the review were to:

- Learn how the application was put together;
  - Why did the home apply?
  - When did the home start work on it?
  - Did the home receive any help from any one in putting it together?
- Discuss each section of the application;
- Learn why decisions were made to apply for some measures but not others;
- Provide the administrative staff with the reviewers' reaction to the documentation;
- Discuss the documentation with the home, and
- Solicit opinions from the nursing home staff as to how to improve the process.

### ***Resident Interviews***

The resident interviews were conducted to accomplish two main goals:

- Obtain first-hand verification of the performance measures for the individual home. There are components (e.g. bathing environment) that can be seen on a tour of the home, so the interview is an additional opportunity to assess certain measures, (e.g. consistent assignments, communities) which are not necessarily evident through a tour of the home.
- Assess any commonalities in findings of resident interviews from the cross-section of homes. This could be particularly valuable in providing additional insight into the overall efficacy of the P4P program from a resident perspective.

The reviewers maintained the position taken in prior years that no supplemental documentation would be accepted during a site visit. This decision was guided by administrative regulation 8.443.13 3., stating that “The required documentation for each performance measure is identified on the application and must be submitted with the application.” Applications and supporting documentation as received are considered complete. Reviewers did not accept additional information, such as material that had been accidentally omitted from the application.

### **C. Site Visit Comments**

During the site visits, reviewers collected noteworthy comments from administrators and other nursing home staff members regarding the P4P application. Below is a compilation of suggestions and feedback from administrators and staff.

- **Emphasis on Daily Living Environment:** One facility mentioned that certain residents do not like to participate in the opportunities available to them. More often than not they would prefer to stay in their rooms and watch TV.
- **Consistent Assignments:** Working with the website was difficult and several facilities ended up calling the advancing excellence help desk for assistance. Better defined instructions would have been beneficial to the facilities.
- **Continuing Education:** Some facilities voiced difficulty with this section because they were tracking CE through a paper based system. If a standard was created to require tracking of such metrics electronically this could be resolved moving forward.
- **Additional Measures:** During one of the facility visits, an administrator suggested a new measure specifically regarding technology used within the facility. This could include resident access to technology or the IT infrastructure within the facility.

- **Staff Retention:** Since facilities are encouraged to promote from within, several facility administrators felt points should be awarded for homes who have promoted a NHA or DON from their facility, especially if the individual has been with the facility for more than 3 years.
- **Training:** Trainings would be beneficial for all P4P applicants but especially new ones. Since the application often changes from year to year, highlighting differences from year to year would likely improve the responses and lessen potential confusion about new measures.



**VI. COLORADO P4P PARTICIPATION ANALYSIS 2009 – 2014**

**A. Participating Homes by Application Year**

The P4P program has now been in effect for six years, and PCG has analyzed the participation of homes over the periods of 2009 – 2014. There have been a total of 170 participant homes over all six years of the P4P program, 127 of which applied for the 2014 application year. Forty one of these 127 homes participated in all six application years. PCG was able to use the application data from these participant groups to examine trends over the 2009 – 2014 periods, focusing especially on the group of 41 homes participating in all six years.

**B. Score Improvement Analysis**

The table below shows the average reviewer scores for those 47 homes which participated in each year of the program.

**Annual Improvement in Average Reviewer Score for Homes Participating All 6 Years**

| Category                  | 2009 | 2010  | 2011  | 2012   | 2013   | 2014  |
|---------------------------|------|-------|-------|--------|--------|-------|
| Average Reviewer Score    | 61.5 | 66.4  | 70.2  | 80.4   | 73.7   | 73.8  |
| Annual Score Improvement  |      | 4.9   | 3.8   | 10.2   | -6.8   | 0.1   |
| Percent Score Improvement |      | 8.00% | 5.70% | 14.60% | -8.40% | 0.08% |

The average reviewer score for this group of homes remained steady after a decline in 2013 and after steadily increasing in each of the first four years of the program. There was an 8 percent increase in average reviewer score from 2009 to 2010, a 5.7 percent increase from 2010 to 2011, a 14.6 percent increase from 2011 to 2012, an 8.4 percent decrease from 2012 to 2013, and a negligible increase in score improvement from 2013 to 2014.

**C. Self Score vs. Reviewer Score Analysis**

PCG also compared self scores with reviewer scores to determine how well homes were identifying the performance measures that they qualify for under the application requirements. For this analysis, PCG again focused on the group of 41 homes participating in all five years to determine how this group was improving over time. The table below shows the average self score, average reviewer score, average point change, and average improvement in self scoring for each year of the program.

**Improvement in Average Point Change from 2009 to 2014**

| Category                            | 2009  | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------------------------------------|-------|------|------|------|------|------|
| Average Self Score                  | 73.2  | 73.9 | 75.8 | 84.5 | 76.9 | 77.1 |
| Average Reviewer Score              | 61.5  | 66.4 | 70.2 | 81.3 | 73.7 | 73.8 |
| Average Point Change                | -11.7 | -7.5 | -5.6 | -3.2 | -3.2 | -3.3 |
| Average Improvement in Self Scoring |       | 4.2  | 1.9  | 2.4  | 0    | -0.1 |

For these 41 homes, the average point change decreases steadily in each year prior to 2013 and remains steady in 2013 and 2014 implying less of a gap between the reviewer’s opinion and what homes believe they are qualified to apply for. While the average self scores are fairly similar in all six years, with the exception of 2012, increasing average reviewer scores in every year prior to 2014 creates a reduction in average point change each year. This improvement is likely due to multiple factors, including improved understanding of the application and increased implementation of programs by homes. Another significant factor contributing to year to year improvements in average point change is the improved clarity of performance measure requirements over time. In the second year of the program, the 2010 application incorporated changes from the 2009 application. Three new performance measures were added, available points were redistributed, and the requirements for performance measurements were detailed at much greater length with lists of example documentation. The 2011 application did not include as many drastic changes, but was again reorganized to include requirements in checklist form and to make other key clarifications.

The 2012 application was nearly identical to the 2011 application except for the removal of the Nationally Reported Quality Measures. This likely contributed to the jump in the average scores for 2012. Since the applications were similar to the previous year, those homes that applied in 2011 could use the feedback from the 2011 application to help them complete their 2012 application. Homes could assess the comments that the reviewers provided when they did not receive points for a measure and use that feedback to reapply for the same measure while incorporating the suggested changes.

Similarly, in spite of the changes to the Pay for Performance application between 2012 and 2013, homes were able to use experience and feedback from prior year applications to improve the quality of their application. The most significant adjustment to the Pay for Performance application between 2012 and 2013 was the reinstatement of the Nationally Reported Quality Measures. Homes that participated in all five

years of the program were already familiar with the Nationally Reported Quality Measures from their 2009, 2010 and 2011 applications.

For the 2014 application, quality measures were largely similar to the 2013 application with the introduction of only a couple new metrics and the redistribution of points from previous measures. With little change in point totals and averages for self-score improvements from 2013 to 2014 this suggests that facilities have grown comfortable with the application and understand what they qualify for and what they will not.

Included below is a chart expressing the relationship between the number of homes applying for a performance measure and the number of homes receiving points for that measure. Many of the performance measures with lower percentages are “either/or” measures where a home could qualify for either one metric or another. During the evaluation process, reviewers noticed a number of homes that rated themselves incorrectly – awarding themselves fewer points when the backup provided qualifies them for additional points. The chart shows that most of the percentages are above 90%, which seem to indicate that homes have a good understanding of what performance measures they qualify for.

### Homes Applying for Measures versus Homes Receiving Points

| Performance Measure Title  | Applied for Measure | Received Points for Measure | Percentage |
|--|---------------------|-----------------------------|------------|
| <b>Domain: Quality of Life</b>   |                     |                             |            |
| <b>Subcategory: Resident Directed Care</b>                                   |                     |                             |            |
| Enhanced Dining  | 117                 | 110                         | 94%        |
| Flexible and Enhanced Bathing  | 101                 | 92                          | 91%        |
| Daily Schedules  | 106                 | 96                          | 91%        |
| End Of Life Program  | 109                 | 103                         | 94%        |
| <b>Subcategory: Home Environment</b>   |                     |                             |            |
| Public and Outdoor Space   | 106                 | 84                          | 79%        |
| Communities  | 90                  | 86                          | 96%        |
| <b>Subcategory: Relationships with Staff, Family, Resident and Community</b> |                     |                             |            |
| Consistent Assignments   | 92                  | 83                          | 90%        |
| Daily Living Environment   | 113                 | 107                         | 95%        |
| Volunteer Program  | 117                 | 116                         | 99%        |
| <b>Subcategory: Staff Empowerment</b>  |                     |                             |            |
| Care Planning  | 76                  | 74                          | 97%        |

|   |             |             |            |
|---|-------------|-------------|------------|
| Career Ladders/Career Paths                                     | 123         | 124         | 101%       |
| Person-Directed Care  | 81          | 74          | 91%        |
| Hand in Hand Training   | 56          | 54          | 96%        |
| New Staff Program   | 112         | 102         | 91%        |
| <b>Total for Quality of Life Domain</b>                         | <b>1399</b> | <b>1302</b> | <b>93%</b> |
| <b>Domain: Quality of Care</b>                                  |             |             |            |
| <b>Subcategory: Quality of Care</b>                             |             |             |            |
| +2 Continuing Education   | 8           | 11          | 138%       |
| +4 Continuing Education   | 9           | 10          | 111%       |
| +6 Continuing Education   | 92          | 85          | 92%        |
| Quality Program Participation                                   | 94          | 91          | 97%        |
| Falls with Major Injury – Score < 2.2                           | 43          | 41          | 95%        |
| Falls with Major Injury – Score > 2.2 but ≤ 3.1                 | 16          | 18          | 113%       |
| Moderate/Severe Pain – Score < 6.3                              | 50          | 50          | 100%       |
| Moderate/Severe Pain – Score > 6.3 but ≤ 9.9                    | 24          | 22          | 92%        |
| High Risk Resident with Pressure Ulcers – Score < 2.8           | 49          | 48          | 98%        |
| High Risk Resident with Pressure Ulcers – Score > 2.8 but ≤ 4.3 | 16          | 17          | 106%       |
| UTI - Score < 3.6   | 58          | 52          | 90%        |
| UTI - Score >3.6 but ≤ 5.7                                      | 26          | 30          | 115%       |
| Antipsychotics – Score < 8.7                                    | 21          | 22          | 105%       |
| Antipsychotics - Score >8.7 but ≤ 11.3                          | 19          | 19          | 100%       |
| Reducing Rehospitalizations                                     | 76          | 61          | 80%        |
| <b>Subcategory: Facility Management</b>                         |             |             |            |
| 10% Medicaid  | 59          | 59          | 100%       |
| 5% Medicaid   | 19          | 16          | 84%        |
| <b>Subcategory: Staff Stability</b>                             |             |             |            |
| Staff Retention Rate  | 99          | 96          | 97%        |
| Staff Retention Improvement                                     | 12          | 8           | 67%        |
| DON Retention   | 43          | 44          | 102%       |
| NHA Retention   | 56          | 59          | 105%       |
| Employee Satisfaction Survey                                    | 82          | 81          | 99%        |
| Employee Satisfaction Survey                                    | 19          | 15          | 79%        |
| <b>Total for Quality of Care Domain</b>                         | <b>990</b>  | <b>955</b>  | <b>96%</b> |
| <b>Total for Both Domains</b>                                   | <b>2389</b> | <b>2257</b> | <b>94%</b> |

**D. 2014 Application Scoring Breakdown**

| Category               | 2014 |
|------------------------|------|
| Average Self Score     | 63.8 |
| Average Reviewer Score | 60.2 |
| Average Point Change   | -3.6 |

PCG also compared application self-scores to the final reviewer scores for all 127 facilities submitted. The average facility self-score was 63.8 and the average review score was 60.2. The difference in average self-score compared to average reviewer score was -3.6 points. This point differential is very similar to the facilities that have been participating in P4P for all 6 years when you compare the point change from self-score to reviewer score. However, the facilities that have been participating for all 6 years have a reviewer average more than 10 points higher when viewed separate from the other facilities.

**E. Appeal Process**

Following the receipt of their score reports, facilities have 35 calendar days to contest the scoring of their submitted application. Facilities are free to appeal if they feel certain documentation may have been misinterpreted by the reviewer; no additional documentation is accepted during the appeal process. At the end of the 35th day, the opportunity to appeal expires and the evaluated score is considered final. The chart below reflects the facilities that submitted appeals and their revised scores if applicable.

**Appeals and Score Adjustments by Facility**

| Facility                         | Original Score | Appealed Points | Points Awarded | Revised Score |
|----------------------------------|----------------|-----------------|----------------|---------------|
| Belmont Lodge                    | 44             | 5               | 0              | N/A           |
| Bethany Rehabilitation Center    | 54             | 11              | 5              | 59            |
| Brookshire House                 | 79             | 3               | 3              | 82            |
| Forest Street Compassionate Care | 34             | 4               | 4              | 38            |
| Holly Heights                    | 97             | 3               | 3              | 100           |
| Mount St. Francis                | 77             | 3               | 0              | N/A           |
| Pueblo Center                    | 19             | 5               | 5              | 24            |
| Sterling Living Center           | 20             | 3               | 3              | 23            |
| Summit Rehab and Care            | 54             | 2               | 2              | 56            |
| Yuma Life Care Center            | 36             | 14              | 11             | 47            |

Additionally, facilities that failed to include the prerequisite resident/family satisfaction survey were allowed to appeal and if the pre-requisites were documented before the P4P period, they were accepted. The application states that a summary report, identifying vendor completing the Resident/Family

Satisfaction Survey must be attached to the application. Per P4P application instructions, application packets as received are considered to be complete and no post receipt addendums or additional information will be accepted. However, it was determined if a facility can provide proof that the Resident/Family Satisfaction Survey was run prior to the application deadline, this documentation would be considered for review. This process was adopted to ensure that those facilities who had run and intended to include the survey, but perhaps inadvertently failed to include the survey in their submission, were not harshly penalized and denied funds for their mistake.

A total of 6 facilities had issues in either submitting a resident/family satisfaction survey or CDPHE survey in their initial application. Through the appeal process, all 6 facilities were able to demonstrate that they had completed the surveys prior to the application due date of February 28, 2013.

## **VII. IMPROVING DEMENTIA CARE**

### **A. Purpose**

The Pay for Performance application is constantly striving to improve its quality and participation among nursing homes. In keeping with this methodology PCG recommends the Department consider expanding its current process to specifically acknowledge facilities treating and managing residents with dementia. The following sections discuss the expanding population of geriatrics with dementia, their need for expanding care, and potential considerations for future pay for performance applications.

It is the recommendation that the Department consider implementing new quality measures to the Pay for Performance application specifically relating to improving the mental health of residents with a special emphasis on those suffering from Alzheimer's or dementia. Rewarding facilities that provide quality mental and behavioral health services, and encouraging better quality of care for residents in these areas, may help to improve the lives of said residents. As the population of those living with Alzheimer's and Dementia increases, a need to expand services in nursing homes should be acknowledged. It is suggested that future Pay for Performance applications consider incorporating performance measures or requirements that compensate such behavior.

### **B. Overview**

With advances in medical technology and medicine, as well as increased access to resources to help provide better care, Americans are living longer lives.<sup>6</sup> According to the most recent statistics released by the Centers for Disease Control, the life expectancy for those born in 2009 is at an average of 78.5 years, an increase from 78.1 years.<sup>7</sup> The report credits the changes in life expectancy to a decrease in the following physical ailments<sup>8</sup>:

- Heart disease (males/females);
- Cancer (males/females);
- Chronic lower respiratory diseases (males/females);
- Unintentional injuries (males);
- Homicide rates (males);
- Stroke (females), and
- Alzheimer's disease (females)

While the study does an excellent job of breaking down mortality data by race, origin, and sex, it ignores many of the concerns that medical experts and policy makers consider when looking at the quality of life for America's geriatric population. The U.S. is among the wealthiest nations in the world and the top

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<sup>6</sup> <http://consumer.healthday.com/public-health-information-30/centers-for-disease-control-news-120/americans-living-longer-than-ever-683595.html>

<sup>7</sup> [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_07.pdf)

<sup>8</sup> Ibid

spenders for health care per capita.<sup>9</sup> In fact, the U.S. almost doubles what other highly ranked nations spend on healthcare per capita. However, the U.S. consistently ranks lowest on several performance measures, among those comparable nations.<sup>10</sup>

While most of these reports focus on financial data, the studies above consistently link to the idea that sufficient funds are being spent on healthcare, and resources for prolonging life are plentiful. However, the quality of life for many Americans is suffering, and the population most affected by a lack of increased quality of life is the geriatric population.

Geriatric populations often have less money to spend on treatment and medical care though geriatric care is more expensive, and medical knowledge and expertise on issues that specifically effect geriatric populations is less known among the common American.<sup>11</sup> The field of geriatric psychiatry as a legitimized subset of psychiatry is in itself a newer concept, with an American association only being formed in 1978.<sup>12</sup> Still, with nearly 10% of all people over 65 and almost 50% of those over 85 suffering from some form of dementia, care for the elderly population with mental health issues is just as important as physical care, and deserves more attention.<sup>13</sup>

### **C. Types of Dementia**

As defined by the Alzheimer's Association, dementia is, "a general term for loss of memory and other mental abilities severe enough to interfere with daily life [...] caused by physical changes in the brain."<sup>14</sup>

The Alzheimer's Association and CDC identify and define ten types of dementia, as listed below<sup>15:16</sup>:

- Alzheimer's Disease: The most common type of dementia, which accounts for approximately 60-80% of cases of dementia;
- Vascular Dementia: also known as multi-infarct or post-stroke dementia, accounts for less than 10% of all dementia cases;
- Dementia with Lewy Bodies (DLB): less common form of dementia, but typically diagnosed by early onset of symptoms such as sleep disturbances, well-formed visual hallucinations, and muscle rigidity or other Parkinsonian movement features;
- Mixed Dementia: more common than previously thought, symptoms of more than one type of dementia occur simultaneously;

<sup>9</sup> <http://data.worldbank.org/indicator/SH.XPD.PCAP/countries/1W?display=map>

<sup>10</sup> <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>

<sup>11</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361028/>

<sup>12</sup>

[http://www.aagponline.org/index.php?submenu=about\\_submenu&src=gendocs&ref=History&category=about\\_submenu](http://www.aagponline.org/index.php?submenu=about_submenu&src=gendocs&ref=History&category=about_submenu)

<sup>13</sup> [http://www.gmhfonline.org/gmhf/consumer/factsheets/alzheimer\\_disease.html](http://www.gmhfonline.org/gmhf/consumer/factsheets/alzheimer_disease.html)

<sup>14</sup> <http://www.alz.org/dementia/types-of-dementia.asp>

<sup>15</sup> <http://www.cdc.gov/mentalhealth/basics/mental-illness/dementia.htm>

<sup>16</sup> Types of Dementia: <http://www.alz.org/dementia/types-of-dementia.asp>



- Parkinson's Disease Dementia: not officially classified as a form of dementia, later symptoms often match those of Lewy Bodies or Alzheimer's;
- Frontotemporal Dementia: Includes dementias such as behavioral variant FTD (bvFTD), primary progressive aphasia, Pick's disease and progressive supranuclear palsy;
- Creutzfeldt-Jakob Disease: effecting about one in a million people annually worldwide, CJD is a fast progressing form of dementia;
- Normal Pressure Hydrocephalus: in addition to memory loss, difficulty walking and the inability to control urination are also common symptoms;
- Huntington's disease: symptoms typically appear between ages 30-50, with the hallmark symptom being the inability to control movement of the torso, head, and appendages, and
- Wernicke-Korsakoff Syndrome: commonly caused by alcohol abuse, this type of memory disorder is typically caused by a lack of vitamin B, which prevents the brain from generating enough energy to function properly

Though each form of dementia has its own set of symptoms, dementia is typically classified by the impairment of at least two of the following areas:

- Memory;
- Communication and language;
- Ability to focus and pay attention;
- Reasoning and judgment, and
- Visual perception

Prevalence of the various forms of dementia and the difficulty in diagnosis makes it nearly impossible to come up with a statistic on how many people are suffering from the disease. However, for Alzheimer's alone, it is estimated that approximately 5.2 million Americans suffer from the disease in 2014. The rate of dementia and Alzheimer's is expected to increase drastically, more than doubling to as high as 16 million by some estimates, as the baby boom generation ages.<sup>17</sup>

#### **D. Geriatric Psychology Access**

With increasing levels of mental disease and the understandable overall decline for many geriatrics, it is important to consider access to mental healthcare. Many Colorado facilities already consider the physical and mental needs of the vast majority of residents, as is evidenced by the awards the Pay for Performance program distributes annually. Consider, though, the following statistics for the state of Colorado<sup>18</sup>:

- The projections of the total number of citizens in Colorado alone, age 65 or older, with Alzheimer's is 63,000 for 2014. That number is predicted to increase nearly 46% by 2025, to 92,000;
- The number of deaths related to Alzheimer's in 2010 was 1,334 in Colorado alone; and,

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<sup>17</sup> <http://www.cdc.gov/mentalhealth/basics/mental-illness/dementia.htm>

<sup>18</sup> [http://www.alz.org/downloads/Facts\\_Figures\\_2014.pdf](http://www.alz.org/downloads/Facts_Figures_2014.pdf)

- In 2013, Colorado had only 2,078 beds in dedicated Alzheimer’s special care units, out of 20,462 total beds in nursing homes in the state

Only a small fraction of residents with Alzheimer’s, dementia, or behavioral health disorders have access to special facilities that cater to their needs. While it would be ideal if that number could increase to accommodate for the growing population, it is both more realistic and holistic to consider what types of geriatric psychological services nursing homes are able to provide, and how those services could be expanded to further help residents.

To accommodate those with special needs, research has proven that having a geriatric psychiatrist on staff significantly helps the mental health of residents. For many nursing homes, the burden of having a full time geriatric psychiatrist on staff may be too much, however, having a relationship with a geriatric psychiatrist is helpful for all those in a home—not just those with increased mental health needs. As referenced by the American Association for Geriatric Psychiatry, only a trained geriatric psychiatrist can effectively distinguish “psychiatric illness, the symptoms of general medical condition, and the normal reaction to extreme life circumstances.”<sup>19</sup> To put in more relatable terms, the best way to help residents cope with change in circumstance, issues with loss and grief, anxiety, depression, and confusion is to refer to a licensed psychologist.<sup>20</sup>

Moreover than simply providing care, is the attention that nursing facilities need to provide the right type of care. Symptoms of poor psychiatric care include improper diagnoses of disorders, as well as the mis-prescription and misuse of drugs.<sup>21</sup>

There are several psychiatric services that facilities can offer to help residents. Group therapy is a highly promoted offering, as it helps build a community and sense of belonging in a nursing home, as well as helping a nursing home spread understandably limited resources.<sup>22</sup> Promotion of mental health awareness among residents and staff, combined with more staff training, could also help target the population most in need of psychiatric help. Last, integrated geriatric care could help serve diverse populations and assist those who move in the progression from assisted living, to nursing home, to high-intensity care units.

### **E. Special Units for Dementia or Alzheimer’s Disease**

Specified training and care for those suffering from dementia is the best way to assist those residents. The Alzheimer’s Association offers a specific course titled Leaders in Dementia Care, to help inform service providers how to, “improve their knowledge and skills, build stronger teams and deliver better care to people with dementia and their families”.<sup>23</sup> Accreditation is offered to those organizations that have at least 75% of their staff complete a minimum of 8 hours in Alzheimer’s specific care techniques annually; and though the program only officially launched in Colorado in 2012, a number of providers have already

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<sup>19</sup> [http://www.aagponline.org/clientuploads/Clinical%20View/clinicalView\\_v2n1.pdf](http://www.aagponline.org/clientuploads/Clinical%20View/clinicalView_v2n1.pdf)

<sup>20</sup> Ibid

<sup>21</sup> <http://www.aagponline.org/clientuploads/Clinical%20View/LTCv1issue3.pdf>

<sup>22</sup> <http://www.medscape.com/viewarticle/572317>

<sup>23</sup> [http://www.alz.org/co/in\\_my\\_community\\_leaders\\_in\\_dementia\\_care.asp](http://www.alz.org/co/in_my_community_leaders_in_dementia_care.asp)

attended training and obtained certification.<sup>24</sup> While the course is held in the requested facility, the cost of the course is at least \$1,500, a significant financial burden on many facilities. By receiving funds through the Pay for Performance program, more facilities could perhaps offer the training for staff, improving quality of care for many.

Special care units, or enhanced training for those with elevated needs, such as those residents that suffer from dementia or Alzheimer's, is the best way to serve those residents. Another form of specialty care that is highly promoted is Alzheimer's Special Care Units (SCUs). While many states lack specific legislation that governs how a facility can brand and advertise SCUs, Colorado is a leader in specifying requirements for special care units in the state's general licensing requirements for all nursing homes.<sup>25</sup> With over 15 requirements that a facility must meet, the Colorado Department of Health incorporated the regulations in the requirements for all nursing homes, with no special license or certification for the units specifically.<sup>26</sup> Including the option to report SCU status on the Pay for Performance Application would also enhance the facility's ability to report accurately the services provided.

## **F. Handling Decline in Cognitive Function, Growing Mental and Behavioral Health Concerns**

The American Psychological Association outlines five critical concerns for geriatric patients and residents<sup>27</sup>:

- Mental health;
- Depression and suicide;
- Alzheimer's disease and dementia;
- Substance abuse, and
- Chronic illness

While mental health and dementia have already been discussed, the other three categories deserve attention, though there is less current research in these areas.

Depression and suicide rates among the elderly in the U.S. are elevated, but under-researched. Further, many facilities and providers are not equipped to diagnose depression and those at risk of suicide, as symptoms can correspond with other medical illnesses or the effects of life events that commonly occur as people age (i.e. loss).<sup>28</sup>

Chronic illnesses such as diabetes, heart disease, hypertension, hearing loss, and cataracts can also influence the mental health of an individual. Some studies report that up to 70% of all primary care visits by geriatric

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<sup>24</sup> Ibid

<sup>25</sup> <https://www.princeton.edu/~ota/disk1/1992/9234/923407.PDF>

<sup>26</sup> Ibid

<sup>27</sup> <http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx>

<sup>28</sup> <http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx>

patients are driven by primarily psychological factors in patients with mental or behavioral health problems.<sup>29</sup>

All of these areas of concern only further point to the necessity of having geropsychiatric staff present in nursing homes. As reported by the APA:

- Geropsychologists address a variety of behavioral health issues such as managing cognitive impairments (including Alzheimer’s disease), urinary incontinence (a leading reason for nursing home admissions), and insomnia that significantly affect the quality of life of older adults. In addition, behavioral changes are often required to ensure compliance with medication regimens and to manage chronic health conditions.<sup>30</sup>

### **G. Restraining Policies**

High rates of physical and chemical restraints in many nursing homes prior to 1990, and negative attention from advocates and media, led to passing of legislation in Congress to help limit and discourage the use of restraints that limit an individual’s ability to move about freely.<sup>31</sup> Confusion as to what constituted restraints and how to help patients without restraints concerned service provider’s administration and staff; many of those concerns were resolved with a responsive 1991 Department of Health and Human Services Office of the Inspector General report.<sup>32</sup> The report focused primarily on a commitment to reduction and actually reducing restraint, in addition to maintaining a restraint-free home. Further research and exploration of the ethical considerations has continued in the U.S., and has continued to reinforce the idea that physical or chemical restraints often cause more harm than benefit. Colorado, specifically, has made great improvements in limiting physical restraint of patients unless otherwise requested by families and approved by facilities (as legislation requires if restraint is, in fact used).<sup>33</sup> A reward of the facilities that have followed state and federal directions may be appropriate for the Pay for Performance application.

### **H. Staff Training as related to Behavioral and Mental Health**

As addressed in the above sections, and already addressed in portions of the Pay for Performance application, is the understanding that administration and staff of nursing homes needs rigorous and specified care as related to behavioral and mental health. Represented on the Pay for Performance Application is Hand in Hand training, a training that focuses on caring for residents with dementia and preventing abuse.<sup>34</sup> Previously mentioned is Leaders in Dementia Care training offered by the Alzheimer’s Association.<sup>35</sup>

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<sup>29</sup> <https://www.apa.org/about/gr/issues/health-care/integrated-primary.aspx>

<sup>30</sup> <http://www.apa.org/about/gr/issues/aging/growing-concerns.aspx>

<sup>31</sup> <http://www.allhealth.org/briefingmaterials/obra87summary-984.pdf>

<sup>32</sup> <https://oig.hhs.gov/oei/reports/oei-01-91-00840.pdf>

<sup>33</sup> <http://www.ncbi.nlm.nih.gov/pubmed/10027113>

<sup>34</sup> <http://www.cms-handinhandtoolkit.info/>

<sup>35</sup> [http://www.alz.org/co/in\\_my\\_community\\_leaders\\_in\\_dementia\\_care.asp](http://www.alz.org/co/in_my_community_leaders_in_dementia_care.asp)

Also relevant to dementia training is a 2014 report by CMS, titled the Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes.<sup>36</sup> Concerned by a still high use of antipsychotics in nursing homes, and especially for those patients with dementia, the goal of this report and the National Partnership it helps outline is to develop and implement a strategic plan that decreases the use of antipsychotics in nursing homes.<sup>37</sup> Steps are being taken to not only implement better care for dementia residents at the staff level, but also at the administrative and policy level.

However, not included in these trainings are many of the issues and instances of increased need in patients as related to aging, depression, mental health, behavioral health, and overall mental well-being. Providing an opportunity in the Pay for Performance application to address and reward exceptional facilities that do go above and beyond in these areas could significantly help and motivate providers to offer better care for Coloradans.

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<sup>36</sup> <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>

<sup>37</sup> [https://doh.sd.gov/news/documents/cms\\_dementia\\_care.pdf](https://doh.sd.gov/news/documents/cms_dementia_care.pdf)

