

State of Colorado Department of Health Care Policy and Financing

2015 Nursing Facilities Pay for Performance Review



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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 seventh year of administration. For the seventh 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, an expansion 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, by improving resident outcomes and the overall care throughout nursing homes in Colorado. Homes that execute these changes are incentivized with a supplemental payment. Participating facilities must have submitted an application by February 28, 2015; 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.

Per Diem Rate Add-On Thresholds

Point Range	Per Diem Rate Add-On	Number of 2015 Homes
0 - 20	No Add-On	0
21 - 45	\$1.00	26
46 - 60	\$2.00	30
61 - 79	\$3.00	40
80 - 100	\$4.00	29

The 2014 and 2015 application differ significantly. The two tables on the following pages show a side-by-side comparison of the 2014 and 2015 Quality of Life and Quality of Care sections of the applications.

Comparison of 2014 and 2015 P4P Application

DOMAIN: QUALITY OF LIFE	
2014	2015
Subcategory: Resident-Directed Care	Subcategory: Resident-Directed Care
Enhanced Dining	Enhanced Dining
Flexible and Enhanced Bathing	Flexible and Enhanced Bathing
Daily Schedules	Daily Schedules

DOMAIN: QUALITY OF LIFE	
2014	2015
End of Life Program	End of Life Program
Subcategory: Home Environment	
Public and Outdoor Space	Physical Environment
Communities	Resident Interaction
	QAPI
Subcategory: Relationships with Staff, Family, Resident, and Community	
Consistent Assignments	Consistent Assignments
Volunteer Program	Volunteer Program
Daily Living Environments	
Subcategory: Staff Empowerment	
Care Planning	Care Planning
Career Ladders/Career Paths	Employee Empowerment
Person-Directed Care	Person-Directed Care
Hand in Hand Training	Hand in Hand Training
New Staff Program	

DOMAIN: QUALITY OF CARE	
2014	2015
Subcategory: Quality Of Care	
12 Hours Continuing Education	12 Hours Continuing Education
14 Hours Continuing Education	14 Hours Continuing Education
16 Hours Continuing Education	16 Hours Continuing Education
Quality Program Participation	
Subcategory: Nationally Reported Quality Measures Scores	

DOMAIN: QUALITY OF CARE	
2014	2015
Falls with Major Injury – Score < 2.2	Residents with One or More Falls with Major Injury – Score < 2.44
Falls with Major Injury – Score > 2.2 but ≤ 3.1	Residents with One or More Falls with Major Injury – Score – Score > 2.44 but ≤ 2.70
	Residents with One or More Falls with Major Injury – Score – Score > 2.70 but ≤ 3.01
	Residents with One or More Falls with Major Injury – Score – Score > 3.01 but ≤ 3.23
	Residents with One or More Falls with Major Injury – Score – Score > 3.23 but ≤ 3.64
Moderate/Severe Pain – Score < 6.3	Residents who Self-Reported Moderate/Severe Pain – Score(L) < 5.88
Moderate/Severe Pain – Score > 6.3 but ≤ 9.9	Residents who Self-Reported Moderate/Severe Pain – Score(L) > 5.88 but ≤ 7.14
	Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.14 but ≤ 7.89
	Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.89 but ≤ 9.09
	Residents who Self-Reported Moderate/Severe Pain – Score(L) > 9.09 but ≤ 9.52
High Risk Resident with Pressure Ulcers – Score < 2.8	High Risk Resident with Pressure Ulcers (L) – Score < 3.13
High Risk Resident with Pressure Ulcers – Score > 2.8 but ≤ 4.3	High Risk Resident with Pressure Ulcers (L) – Score > 3.13 but ≤ 3.45
	High Risk Resident with Pressure Ulcers (L) – Score > 3.45 but ≤ 4.14
	High Risk Resident with Pressure Ulcers (L) – Score > 4.14 but ≤ 4.62
	High Risk Resident with Pressure Ulcers (L) – Score > 4.62 but ≤ 4.84
UTI - Score < 3.6	Residents with a UTI - Score < 2.83
UTI - Score >3.6 but ≤ 5.7	Residents with a UTI - Score >2.83 but ≤ 3.23
	Residents with a UTI - Score >3.23 but ≤ 3.39
	Residents with a UTI - Score >3.39 but ≤ 3.64
	Residents with a UTI - Score >3.64 but ≤ 4.20
Antipsychotics – Score < 8.7	Residents who Received Antipsychotics Medications – Score < 12.33
Antipsychotics - Score >8.7 but ≤ 11.3	Residents who Received Antipsychotics Medications - Score >12.33 but ≤ 13.11

DOMAIN: QUALITY OF CARE	
2014	2015
	Residents who Received Antipsychotics Medications - Score >13.11 but ≤ 13.70
	Residents who Received Antipsychotics Medications - Score >13.70 but ≤ 14.94
	Residents who Received Antipsychotics Medications - Score >14.94 but ≤ 16.20
Reducing Rehospitalizations	Reducing Rehospitalizations
	Quality Measure Composite Score
Subcategory: Facility Management	Subcategory: Facility Management
10% Medicaid above state average	10% Medicaid above state average
5% Medicaid above state average	5% Medicaid above state average
Subcategory: Staff Stability	Subcategory: Staff Stability*
Staff Retention Rate	Staff Retention Rate
Staff Retention Improvement	Staff Retention Improvement
Director of Nursing Retention	Director of Nursing Retention
Nursing Home Administrator Retention	Nursing Home Administrator Retention
Employee Satisfaction Survey- < 60% Response Rate	Employee Satisfaction Survey- < 70% Response Rate
Employee Satisfaction Survey < 50% Response Rate	Employee Satisfaction Survey < 60% Response Rate
	Staff Turnover RATE

**Asterisks indicate subcategories that were either new or altered in the 2015 application*

The Home Environment requirement was replaced with the Community Centered Living measure, which introduced a measurement for Quality Assurance Performance Improvement self-assessments. Other introductions to the application were the option to use Trend Tracker instead of the Advancing Excellence website, and the use of the quality measure composite score metric. Several requirements that were specifically called out in 2014 were combined with other quality measures, and several other measures were expanded upon in the 2015 application. Details on these changes can be found later in the “Changes to the 2015 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 aims to foster a person-centered and directed model of care in a home-like environment for Colorado's nursing home residents, by improving resident outcomes and the overall care in nursing homes throughout the state. 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 as 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 28th, as all supplemental payments for the year must be calculated prior to the July 1st rate-setting date.

B. Goals of the P4P Initiative

The Department received 125 applications by the February 28, 2015 deadline. These applications were reviewed, evaluated, and validated using the Colorado Nursing Homes 2015 Pay-For-Performance (P4P) Application. The rate effective date for these providers is July 1, 2015.

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 well homes provide high quality of life and high quality of care to their residents.

The P4P measures established in the application fall into one of two domains:

1. Quality of Life
2. Quality of Care

The 2015 P4P application included 54 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.¹ Forty-eight points are possible for the Quality of Life domain and fifty-two points are possible for the Quality of Care domain. Each nursing home has the choice of which of the measures they will submit evidence for in their application.

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 available. 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, 2014 and February 28, 2015 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, 2015 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.

¹ 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.
<http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6281&fileName=10%20CCR%202505-10%208.400>

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 Jennifer Koch 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 Allison O'Connell, Sara Bemporad, Schulyer Brass, Kevin Connors, Douglas Grapski, Mekayla Cortez, and Drew Weiskopf. 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 125 applications that were submitted to the Department. During the period of March 16th through April 27th 2015, 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, PCG reviewers adopted a strict interpretation of the definition, minimum requirements, and required documentation for each performance measure, as described in the published P4P application. 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 2015 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 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 a Director of Nursing (DON), but stated elsewhere in the application that the current DON had held the position for over 5 years after being hired on a specific date, 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 specifically 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 for the 2013 and 2014 applications, and the evaluation tool was further redesigned to incorporate changes for the 2015 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 for each home 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. The tool also allows running detailed reports by nursing home, which show all scores and reviewer comments for each minimum requirement and an evaluation detail report showing reviewer reasoning if no points were rewarded for a requirement..

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, both with the entire group and between the project lead and other relevant parties. 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 a reviewer could proceed to the next performance measure. If any minimum requirement status was blank, the system would show an error message and require 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 identify 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 enhanced 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, this visit was an opportunity for reviewers to identify any instances where documentation may have been misinterpreted in the original evaluation of an application. After speaking with nursing home staff, the reviewer could deem it 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 during a site visit. Site visit reviewers would then discuss with the facility administrators that should the sheet be resubmitted along with a description of the dispute, points might be given. If observed, any situations where reviews were seemingly inconsistent or erroneous on a performance measure were noted. Upon returning from the visits, all reviewer comments and binders were reviewed a second time with regard to those noted performance measures to ensure accuracy.

IV. 2015 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.² 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.³

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 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 2015.

2015 Per Diem Rate Add-On

Calculation of the Per Diem Rate Add-On
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

² 10 CCR 2505-10 Section 8.443.12.

³ See the SB 06131 Pay for Performance Subcommittee Report and Recommendations for discussion of the rationale behind performance measure selection. Retrieved on June 23, 2015 from <https://www.colorado.gov/pacific/sites/default/files/Nursing%20Facility%20SB06-131%20Appendix%204.pdf>

The performance measures for 2015 are shown below. They are divided into two general domains, Quality of Life and Quality of Care.

2015 P4P Application Performance Measures

Quality of Life
Subcategory: Resident-Directed Care
Enhanced Dining
Flexible and Enhanced Bathing
Daily Schedules
End of Life Program
Subcategory: Community Centered Living
Physical Environment
Resident Interaction
QAPI
Subcategory: Relationships with Staff, Family, Resident, and Community
Consistent Assignments
Volunteer Program
Subcategory: Staff Empowerment
Care Planning
Employee Empowerment
Person-Directed Care
Hand in Hand Training

Quality of Care
Subcategory: Quality Of Care
12 Hours Continuing Education
14 Hours Continuing Education
16 Hours Continuing Education

Quality of Care
Subcategory: Nationally Reported Quality Measures Scores
Residents with One or More Falls with Major Injury – Score < 2.44
Residents with One or More Falls with Major Injury – Score – Score > 2.44 but ≤ 2.70
Residents with One or More Falls with Major Injury – Score – Score > 2.70 but ≤ 3.01
Residents with One or More Falls with Major Injury – Score – Score > 3.01 but ≤ 3.23
Residents with One or More Falls with Major Injury – Score – Score > 3.23 but ≤ 3.64
Residents who Self-Reported Moderate/Severe Pain – Score(L) < 5.88
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 5.88 but ≤ 7.14
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.14 but ≤ 7.89
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.89 but ≤ 9.09
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 9.09 but ≤ 9.52
High Risk Resident with Pressure Ulcers (L) – Score < 3.13
High Risk Resident with Pressure Ulcers (L) – Score > 3.13 but ≤ 3.45
High Risk Resident with Pressure Ulcers (L) – Score > 3.45 but ≤ 4.14
High Risk Resident with Pressure Ulcers (L) – Score > 4.14 but ≤ 4.62
High Risk Resident with Pressure Ulcers (L) – Score > 4.62 but ≤ 4.84
Residents with a UTI - Score < 2.83
Residents with a UTI - Score >2.83 but ≤ 3.23
Residents with a UTI - Score >3.23 but ≤ 3.39
Residents with a UTI - Score >3.39 but ≤ 3.64
Residents with a UTI - Score >3.64 but ≤ 4.20
Residents who Received Antipsychotics Medications – Score < 12.33
Residents who Received Antipsychotics Medications - Score >12.33 but ≤ 13.11
Residents who Received Antipsychotics Medications - Score >13.11 but ≤ 13.70
Residents who Received Antipsychotics Medications - Score >13.70 but ≤ 14.94
Residents who Received Antipsychotics Medications - Score >14.94 but ≤ 16.20
Reducing Rehospitalizations
Quality Measure Composite Score

Quality of Care
Subcategory: Facility Management
10% Medicaid above state average
5% Medicaid above state average
Subcategory: Staff Stability
Staff Retention Rate
Staff Retention Improvement
Director of Nursing Retention
Nursing Home Administrator Retention
Staff Turnover Rate
Employee Satisfaction Survey- < 70% Response Rate
Employee Satisfaction Survey < 60% Response Rate

Changes to the 2015 P4P Application

The 2015 Pay for Performance application is 20-pages long, with 13 pages detailing each measure and the required documentation, and concluding with seven 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 2015 report describes the changes from the 2014 to the 2015 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 2015 application only had one new subcategory that was not present in the 2014 application, titled Community Centered Living. This subcategory measured the homes physical environment, resident interactions, and Quality Assurance Performance Improvement, and was worth 16 points. Introduced to the Staff Empowerment subcategory was a measurement for employee empowerment, which was incorporated to measure the promotion and support of staff and was worth 2 points. Last, under Staff Stability, a home could earn 2 points for tracking staff turnover rate, with the note that starting in 2016, the application would have homes apply for points for showing a decreased turnover rate.

Removed, Merged, or Expanded Requirements

The Home Environment subcategory, which included public and outdoor space as well as communities as two measures, was removed entirely from the 2015 application, removing a total of 8 points. Measures that were removed included: daily living environment worth 2 points, career ladders/ career paths worth 2 points, new staff program worth 2 points, and quality program participation worth 1 point. The Quality of Care domain was significantly expanded upon, with each of the five measures (falls with major injury, moderate/ severe pain, pressure ulcers, UTI, and antipsychotics) converted from two option ranges for points to a sliding scale with five option ranges for points.

Points Totals

Certain individual measures were relatively unchanged from 2014 to 2015, with the exception of the redistribution of point totals. However, other than the subcategories of Quality of Care and Facility Management, points were significantly shifted in the application, as is demonstrated in the comprehensive table that follows:

Performance Measure Title	Possible Points (2014)	Possible Points (2015)
Quality of Life		
Subcategory: Pre-Requisites		
CDPHE Survey	0	0
Resident/Family Satisfaction Survey	0	0
Subcategory: Resident Directed Care		
Enhanced Dining	3	2
Flexible and Enhanced Bathing	3	2
Daily Schedules	3	2
End Of Life Program	2	3
Total Points: Resident Directed Care	11	9
Subcategory: Home Environment		
Public and Outdoor Space	3	N/A
Communities	5	N/A
Total Points: Home Environment	8	N/A
Subcategory: Community Centered Living		
Physical Environment	N/A	5
Resident Interaction	N/A	5
QAPI	N/A	6
Total Points: Community Centered Living	N/A	16

Subcategory: Relationships with Staff, Family, Resident and Community		
Consistent Assignments	6	6
Daily Living Environment	2	N/A
Volunteer Program	2	2
Total Points: Relationships	10	8
Subcategory: Staff Empowerment		
Care Planning	6	4
Career Ladders/Career Paths	2	N/A
Employee Empowerment	N/A	2
Person-Directed Care	4	4
Hand in Hand Training	7	5
New Staff Program	2	N/A
Total Points: Staff Empowerment	21	15
Total Points: Quality of Life	50	48
Quality of Care		
Subcategory: Quality of Care		
+2 Continuing Education	2	2
+4 Continuing Education	4	4
+6 Continuing Education	6	6
Quality Program Participation	1	N/A
Subcategory: Nationally Reported Quality Measures Scores		
Falls with Major Injury	5	N/A
Falls with Major Injury	3	N/A
Residents with One or More Falls with Major Injury – Score < 2.44	N/A	5
Residents with One or More Falls with Major Injury – Score – Score > 2.44 but ≤ 2.70	N/A	4
Residents with One or More Falls with Major Injury – Score – Score > 2.70 but ≤ 3.01	N/A	3
Residents with One or More Falls with Major Injury – Score – Score > 3.01 but ≤ 3.23	N/A	2
Residents with One or More Falls with Major Injury – Score – Score > 3.23 but ≤ 3.64	N/A	1
Moderate/Severe Pain(L)	5	N/A
Moderate/Severe Pain(L)	3	N/A
Residents who Self-Reported Moderate/Severe Pain – Score(L) < 5.88	N/A	5
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 5.88 but ≤ 7.14	N/A	4

Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.14 but ≤ 7.89	N/A	3
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.89 but ≤ 9.09	N/A	2
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 9.09 but ≤ 9.52	N/A	1
High Risk Resident with Pressure Ulcers(L)	5	N/A
High Risk Resident with Pressure Ulcers(L)	3	N/A
High Risk Resident with Pressure Ulcers (L) – Score < 3.13	N/A	5
High Risk Resident with Pressure Ulcers (L) – Score > 3.13 but ≤ 3.45	N/A	4
High Risk Resident with Pressure Ulcers (L) – Score > 3.45 but ≤ 4.14	N/A	3
High Risk Resident with Pressure Ulcers (L) – Score > 4.14 but ≤ 4.62	N/A	2
High Risk Resident with Pressure Ulcers (L) – Score > 4.62 but ≤ 4.84	N/A	1
UTI	5	N/A
UTI	3	N/A
Residents with a UTI - Score < 2.83	N/A	5
Residents with a UTI - Score >2.83 but ≤ 3.23	N/A	4
Residents with a UTI - Score >3.23 but ≤ 3.39	N/A	3
Residents with a UTI - Score >3.39 but ≤ 3.64	N/A	2
Residents with a UTI - Score >3.64 but ≤ 4.20	N/A	1
Antipsychotics	5	N/A
Antipsychotics	3	N/A
Residents who Received Antipsychotics Medications – Score < 12.33	N/A	5
Residents who Received Antipsychotics Medications - Score >12.33 but ≤ 13.11	N/A	4
Residents who Received Antipsychotics Medications - Score >13.11 but ≤ 13.70	N/A	3
Residents who Received Antipsychotics Medications - Score >13.70 but ≤ 14.94	N/A	2
Residents who Received Antipsychotics Medications - Score >14.94 but ≤ 16.20	N/A	1
Reducing Rehospitalizations	3	3
Quality Measure Composite Score	N/A	1
Total Points: Quality of Care	35	35
Subcategory: Facility Management		
10% Medicaid	5	5
5% Medicaid	3	3

Total Points: Facility Management	5	5
Subcategory: Staff Stability		
Staff Retention Rate	3	3
Staff Retention Improvement	3	3
DON Retention	2	2
NHA Retention	2	2
Staff Turnover Rate	N/A	2
Employee Satisfaction Survey	3	3
Employee Satisfaction Survey	2	2
Total Points: Staff Stability	10	12
Total Points Available: Quality of Care	50	52
Total Points Available Quality of Care and Life	100	100

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:⁴

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. This standard was continued in the 2015 application.

⁴

[http://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2921&deptID=7&agencyID=69&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=2505%20Medical%20Services%20Board%20\(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan\)&seriesNum=10%20CCR%202505-10%208.400](http://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2921&deptID=7&agencyID=69&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=2505%20Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.400)

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 to check on reported deficiencies for homes.⁵ 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 2015 was deemed to be the most recent survey. All homes submitting applications in 2015 met this prerequisite.

Resident/Family Satisfaction Survey

This prerequisite measure was defined in the 2015 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.”

As in reviews conducted during prior application years, some homes supplied the full copy of the survey and results whereas others only supplied result cover pages for 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, as was in line with the precedence set in the 2014 application reviews.

There were no homes missing the resident/family satisfaction survey prerequisite, as all facilities were able to submit proof of a completed survey prior to the application due date of February 28, 2015.

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.

⁵ Link to CDPHE website used <http://www.cdphe.state.co.us/hf/ncf/index.html>

2015 P4P Application Final Scores

Provider Number	Facility Name	Self Score	Reviewer Score
63934272	Allison Care Center	81	74
96339349	Alpine Living Center	23	25
77105753	Amberwood Court Rehabilitation and Care Community	81	81
03604250	Applewood Living Center	24	24
68482825	Arvada Care and Rehabilitation Center	58	42
60958855	Aspen Living Center	47	47
05656004	Autumn Heights Health Care Center	69	67
54780012	Avamere of Brighton	45	41
44434812	Avamere Transitional Care & Rehabilitation - Malley	70	61
83606041	Bear Creek Center	61	56
11434317	Belmont Lodge Health Care Center	31	31
30576016	Berkley Manor Care Center	53	40
05651815	Beth Israel at Shalom Park	86	80
05651567	Briarwood Healthcare Center	81	79
71787267	Brookshire House	92	92
05652813	Brookside Inn	71	68
05654223	Bruce McCandless Colorado Veterans Community Living Center	67	61
55754244	Cambridge Care Center	81	79
54454735	Cedarwood Health Care Center	31	29
53308310	Centennial Healthcare Center	73	73
85608742	Centura Health - Namaste Alzheimer Center	80	78
82758034	Centura Health - Progressive Care Center	73	45
99474743	Cherrellyn Healthcare Center	74	71
42988268	Christopher House Rehabilitation and Care Community	76	76
05650338	Clear Creek Care Center	67	64
34308741	Colonial Columns Nursing Center	32	32
05650080	Colorado Lutheran Home	88	81
05653274	Colorado State Veterans Center- Homelake	75	69
05652748	Colorado Veteran Community Living Center-Rifle	75	75
05652607	Colorow Care Center	64	62
63755564	Columbine Manor Care	38	35
62678574	Columbine West Health & Rehab Facility	54	54
05656418	Cottonwood Care Center	74	71
73422070	Denver North Care Center	90	90
05652250	Devonshire Acres	65	62
05653357	E. Dene Moore Care Center	68	70

13086863	Eagle Ridge of Grand Valley	91	91
05653365	Eben Ezer Lutheran Care Center	78	78
99804522	Elms Haven Center	70	55
05653423	Fairacres Manor	81	81
00122777	Forest Street Compassionate Care Center	47	41
34432850	Fort Collins Health Care Center	30	33
99000792	Four Corners Healthcare Center	52	59
05653043	Garden Terrace Alzheimer's Center of Excellence	29	24
01404849	Golden Peaks Center	62	38
05650957	Good Samaritan Society- Bonell Community	70	55
12601748	Grace Manor	0	23
05652367	Gunnison Valley Health Senior Care Center	51	39
42402069	Harmony Pointe Nursing Center	79	79
05653779	Health Center at Franklin Park	86	76
15526755	Highline Rehabilitation and Care Community	91	91
05653571	Hildebrand Care Center	51	49
05652714	Hallmark Nursing Center	52	50
05651245	Holly Heights Nursing Center	90	90
05655147	Holly Nursing Care Center	79	75
05652672	Horizon Heights	70	62
05650106	Horizons Care Center	62	62
77678737	Jewell Care Center of Denver	63	65
05652045	Juniper Village at Monte Vista	86	84
05652565	Juniper Village The Spearly Center	80	80
05652052	Juniper Village/Lamar Estates	102	95
11651016	Kenton Manor	61	61
56836546	La Ville Grande Care Center	56	56
05652334	Larchwood Inns	46	46
05650122	Laurel Manor Care Center	66	66
05653290	Lemay Avenue Health and Rehab Facility	58	58
05652680	Life Care Center of Colorado Springs	55	55
75482282	Life Care Center of Evergreen	65	65
71425225	Littleton Care and Rehabilitation Center	49	44
05653704	Loveland Village (Good Samaritan Center)	59	49
58301747	Mantey Heights Rehabilitation and Care Centre	69	60
05650304	Medallion Retirement Community/Centura Health	69	59
46279865	Mesa Manor Care and Rehabilitation Center	58	58
05656400	Mesa Vista of Boulder	74	70
01627015	Minnequa Medicenter	46	47
38305828	Monaco Parkway Health and Rehab	47	49

05650734	Mount St. Francis Nursing Center	83	83
05650155	Mountain Vista Nursing Home	59	51
05651294	North Shore Health & Rehab	46	44
26554939	North Star Rehabilitation and Care Community	95	95
98774239	Palisades Living Center	53	47
16433548	Paonia Care and Rehab Center	89	89
05651757	Park Forest Care Center Inc	55	56
54603528	Parkview Care Center	89	89
05652789	Peaks Care Center	71	73
76173712	Pearl Street Health & Rehab	38	38
05652839	Pine Ridge Extended Care Center	83	80
05655717	Prospect Park Living Center	75	73
60052279	Pueblo Center- Genesis HealthCare	67	53
75825571	Rio Grande Inn	74	74
05652508	Rowan Community	83	83
05656269	Saint Paul Health Center	97	97
19005296	San Juan Living Center	82	82
05652615	San Luis Care Center	70	70
21675830	Sandrock Ridge Care & Rehab	54	54
05652540	Sharmar Village Care Center	62	59
16876334	Sierra Rehabilitation and Care Community	87	84
93183399	Sierra Vista Health Care Center	31	28
72008041	Skyline Ridge Nursing & Rehabilitation Center	81	66
05651922	Spanish Peaks Veterans Community Living Center	84	81
96731591	Spring Creek Healthcare Center	26	26
13359240	Springs Village Care Center	49	49
41478762	Sterling Living Center	28	25
58606882	Summit Rehabilitation and Care Community	73	73
05654025	Sunny Vista Living Center	64	64
41328582	Sunset Manor	28	28
01100351	Terrace Gardens Healthcare Center	31	33
05651534	The Rehabilitation Center at Sandalwood	96	96
05651880	The Valley Inn	64	51
26431378	Trinidad Inn Nursing Home	82	82
08858721	Uptown Care Center	94	91
05655121	Valley Manor Care Center	84	84
05651468	Valley View Health Care Center	74	74
05655709	Villa Manor Care Center	63	58
53180348	Villa Pueblo Pavilion	77	71
89157231	Vista Grande Inn	79	76

99322722	Walbridge Memorial Convalescent Wing	60	60
05656343	Walsh Healthcare Center	100	92
05655410	West Lake Care Community	84	81
05651575	Western Hills Health Care Center	72	72
05652664	Westwind Village	63	41
80636217	WheatRidge Manor Care Center	83	83
64623041	Willow Tree Care Center	90	49
87825376	Windsor Healthcare Center	67	59
71956000	Yuma Life Care Center	31	31

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 125 homes in 2015. Reviewers consulted with the Department and determined that fourteen homes would be selected for on-site reviews. In determining which of the 125 homes would be selected, reviewers considered Colorado Code at 10 CCR 2505 section 8.443.12.4. that states, “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 there was a significant increase or decrease in the 2015 score as compared to the 2014 score.⁶ A master list was maintained that could be consulted during the selection process.

Prior to 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 2015. The remaining homes were grouped into geographic regions to ensure that homes from across the state would be included in the sample. A combination of geographic location, varying point levels, and homes that had a significant increase or decrease in awarded points was used to determine the fourteen homes selected for site visits.

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

- Brookside Inn;
- Eagle Ridge at Grand Valley;
- Eben Ezer Lutheran Care Center;
- Grace Manor Care Center;
- Gunnison Valley Health Senior Care;
- Health Center at Franklin Park;
- Kenton Manor;
- Palisade Living Center;
- Sharmar Village Care Center;
- Sierra Rehabilitation & Care Community;
- Summit Rehabilitation & Care Community;
- Terrace Gardens Health Care Center;
- The Progressive Care Center; and,
- Yuma Life Care Center.

⁶ A significant change was considered to be more than a 20% increase or decrease from the facility’s prior year score

B. Methods Used To Review Homes

The visits to the fourteen 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 found in 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.

- **Trainings and Application Updates:** 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. Also, flagging which measures will likely be modified in the following year’s application will help decrease the amount of time facilities spend putting together information that is not necessary for the application.
- **Emphasis on Daily Living Environment:** More than 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. Residents also expressed this opinion themselves during interviews with PCG representatives.
- **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. Further, meeting the barrier of 15 or fewer caregivers per resident was often difficult, as influenced by construction, renovations, or allowing residents to move rooms and change neighborhoods.

- **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. This is the second year PCG has received this feedback and this time at almost half of the site visit locations.

VI. COLORADO P4P PARTICIPATION ANALYSIS 2009 – 2015

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 – 2015. There have been more than 175 participant homes over all seven years of the P4P program, 125 of which applied for the 2015 application year. Forty of these 125 homes participated in all seven application years. PCG was able to use the application data from these participant groups to examine trends over the 2009 – 2015 periods, focusing especially on the group of 40 homes participating in all seven years.⁷

B. Score Improvement Analysis

The table below shows the average reviewer scores for those 40 homes that participated in each year of the program.

Annual Improvement in Average Reviewer Score for Homes Participating All 7 Years

Category	2009	2010	2011	2012	2013	2014	2015
Average Reviewer Score	61.5	66.4	70.2	80.4	73.7	73.8	73.8
Annual Score Improvement		4.9	3.8	10.2	-6.8	0.1	0.0
Percent Score Improvement		8.00%	5.70%	14.60%	-8.40%	0.08%	0.00%

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 2013⁸, and a negligible increase in score improvement from 2013 to 2014. In 2015, the average reviewer score remained the same at 73.8 points, making the annual score improvement and percent score improvement measures null.

⁷ For a list of facilities that have applied all 7 years, please see [Appendix A](#) the end of this report

⁸ The significant decrease from 2012 to 2013 was caused by the reintroduction of nationally reported quality measure scores, which accounted for 26 points on the application

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 40 homes participating in all seven 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 2015

Category	2009	2010	2011	2012	2013	2014	2015
Average Self Score	73.2	73.9	75.8	84.5	76.9	77.1	76.1
Average Reviewer Score	61.5	66.4	70.2	81.3	73.7	73.8	73.8
Average Point Change	-11.7	-7.5	-5.6	-3.2	-3.2	-3.3	-2.3
Average Improvement in Self Scoring		4.2	1.9	2.4	0	-0.1	1.0

For these 40 homes, the average point change decreases steadily each year (with the small 0.1 increase in 2013), 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 seven years, with the exception of 2012, increasing average reviewer scores in every year prior to 2015 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 seven

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. A minor change in point totals and averages for self-score improvements from 2013 to 2014 suggested that facilities had grown comfortable with the application and understood what they will and will not qualify for.

For the 2015 application, many measures were changed significantly, as is detailed in Section IV. 2015 P4P Application, Scoring, and Comments.

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 evidence provided qualifies them for additional points.

Homes Applying for Measures versus Homes Receiving Points

Performance Measure Title	Applied for Measure	Received Points for Measure	Percentage
Quality of Life			
Enhanced Dining	116	106	91%
Flexible and Enhanced Bathing	104	96	92%
Daily Schedules	104	99	95%
End Of Life Program	99	80	80%
Physical Environment	103	99	96%
Resident Interaction	101	96	95%
QAPI	98	88	90%
Consistent Assignments	72	65	90%
Volunteer Program	108	95	88%
Care Planning	87	80	92%
Employee Empowerment	97	90	93%
Person-Directed Care	89	79	89%
Hand in Hand Training	68	64	94%
Quality of Care			
+2 Continuing Education	11	7	64%
+4 Continuing Education	3	2	67%

+6 Continuing Education	103	90	87%
Residents with One or More Falls with Major Injury – Score < 2.44	45	42	93%
Residents with One or More Falls with Major Injury – Score – Score > 2.44 but ≤ 2.70	5	4	80%
Residents with One or More Falls with Major Injury – Score – Score > 2.70 but ≤ 3.01	11	9	82%
Residents with One or More Falls with Major Injury – Score – Score > 3.01 but ≤ 3.23	4	2	50%
Residents with One or More Falls with Major Injury – Score – Score > 3.23 but ≤ 3.64	11	11	100%
Residents who Self-Reported Moderate/Severe Pain – Score(L) < 5.88	53	47	89%
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 5.88 but ≤ 7.14	15	14	93%
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.14 but ≤ 7.89	2	1	50%
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 7.89 but ≤ 9.09	6	4	67%
Residents who Self-Reported Moderate/Severe Pain – Score(L) > 9.09 but ≤ 9.52	7	6	86%
High Risk Resident with Pressure Ulcers (L) – Score < 3.13	61	59	97%
High Risk Resident with Pressure Ulcers (L) – Score > 3.13 but ≤ 3.45	7	6	86%
High Risk Resident with Pressure Ulcers (L) – Score > 3.45 but ≤ 4.14	10	10	100%
High Risk Resident with Pressure Ulcers (L) – Score > 4.14 but ≤ 4.62	7	7	100%
High Risk Resident with Pressure Ulcers (L) – Score > 4.62 but ≤ 4.84	4	3	75%
Residents with a UTI - Score < 2.83	58	56	97%
Residents with a UTI - Score >2.83 but ≤ 3.23	10	8	80%
Residents with a UTI - Score >3.23 but ≤ 3.39	2	2	100%

Residents with a UTI - Score >3.39 but ≤ 3.64	6	6	100%
Residents with a UTI - Score >3.64 but ≤ 4.20	10	9	90%
Residents who Received Antipsychotics Medications – Score < 12.33	43	40	93%
Residents who Received Antipsychotics Medications - Score >12.33 but ≤ 13.11	5	5	100%
Residents who Received Antipsychotics Medications - Score >13.11 but ≤ 13.70	5	5	100%
Residents who Received Antipsychotics Medications - Score >13.70 but ≤ 14.94	8	7	88%
Residents who Received Antipsychotics Medications - Score >14.94 but ≤ 16.20	10	9	90%
Reducing Rehospitalizations	77	65	84%
Quality Measure Composite Score	100	96	96%
10% Medicaid	58	53	91%
5% Medicaid	18	18	100%
Staff Retention Rate	101	78	77%
Staff Retention Improvement	9	5	55%
DON Retention	45	44	98%
NHA Retention	51	50	98%
Staff Turnover Rate	123	115	93%
Employee Satisfaction Survey	81	80	99%
Employee Satisfaction Survey	21	16	76%

D. 2015 Application Scoring Breakdown

P4P Application Averages

Category	2015
Average Self Score	65.7
Average Reviewer Score	62.4
Average Point Change	-3.3

PCG also compared application self-scores to the final reviewer scores for all 125 facilities submitted. The average facility self-score was 65.7 and the average review score was 62.4. The difference in average self-

score compared to average reviewer score was -3.3 points. This point differential is very similar to the facilities that have been participating in P4P for all seven years when you compare the point change from self-score to reviewer score. However, the facilities that have been participating for all seven years have a reviewer score average that is more than 10 points higher when viewed separate from the other facilities, a trend that is consistent for 2014 and 2015.

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, but 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
Beth Israel at Shalom Park	75	5	5	80
Clear Creek Care Center	58	9	6	64
Columbine West Health & Rehab Facility	49	5	5	54
Devonshire Acres	59	4	4	62
Gunnison Valley Health Senior Care Center	32	7	7	39
Health Center at Franklin Park	72	4	4	76
Juniper Village Lamar Estates	92	3	3	95
Rowan Community	73	10	10	83
Sharmar Village Care Center	42	21	17	59
Spanish Peaks Veterans Community Living Center	78	3	3	81
The Valley Inn	47	11	4	51

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.

Unlike in the past, there was no observed pattern to the measures appealed—each facility applied for disputes as they saw fit, with no one measure being disputed as a significant percentage of the total number of disputes.

VII. RECOMMENDATIONS

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' different and valuable methods of training. The following sections discuss different types of accredited trainings and the value they bring to staff and homes, as well as 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 diverse staff and administrative trainings. Rewarding facilities that provide high quality and specialized mental and behavioral health care services, and encouraging better quality of care for residents in a variety of areas may help to improve the lives of said residents. As populations living with diverse needs and requirements increase, a need to expand services for residents and training to nursing home staff should be acknowledged. It is suggested that future Pay for Performance applications consider incorporating performance measures or requirements that compensate such initiatives.

B. Overview

While visiting several facilities, representatives from PCG were impressed by the number of certifications and trainings that many facilities had completed outside of what is included as a measure in the P4P application. While facilities can complete Hand in Hand Training (as provided by the Centers for Medicare and Medicaid Services), which provides training on person centered care for individuals with dementia as a means of abuse prevention, many other certifications and trainings exist that improve quality of care and life for residents. Below is a chart with examples of other certifications or trainings that staff could enroll in:

Advanced Education and Certification Options for Nurses and Administrative Staff

Training/ Certification Title	Association	Description	Cost per Person
Certified Dementia Practitioner	National Council of Certified Dementia Practitioners (NCCDP)	The CDP® certification represents that the front line staff and health care professional has received comprehensive knowledge in the area of dementia care, achievement in completing the Alzheimer's Disease and Dementia Care course /seminar, met the NCCDP requirements for CDP certification, applied for the CDP certification and received the CDP® certification. The CDP commits to ongoing professional development through NCCDP Staff Education Week or other educational opportunities and re-certification every two years. A CDP certification reflects a deep personal commitment on the part of the front line staff, health care professional and the organization's sense of accountability by abiding by NCCDP the Ethic's statement, inspiring confidence	\$100

		and dedication in an individual's professional knowledge through quality of life and quality of care provided by the CDP to the dementia patient.	
Certified Alzheimer's Disease and Dementia Care Trainer	National Council of Certified Dementia Practitioners (NCCDP)	Established in 2003, this one-day "live" class is recommended for the In-service Director or Educator to obtain certification as a NCCDP Certified Alzheimer's Disease and Dementia Care Trainer CADDCT. The NCCDP certified trainer will utilize the NCCDP comprehensive Alzheimer's Disease and Dementia Care curriculum for their staff, or student education seminars and in-services.	\$2,500
National Healthcare Disaster Certification	American Nurses Credentialing Center	The ANCC National Healthcare Disaster Certification™ will assure employers, organizations, and the public that disaster healthcare colleagues have mastered an inter-professional body of knowledge and skills related to all phases of the disaster cycle to promote successful outcomes for the public, disaster responders, and healthcare professionals involved in disasters.	\$270-395
Nurse Practitioner, Clinical Nurse, or Specialty Certifications	American Nurses Credentialing Center	With 45 different NP, CNA, and Specialty Nurse certifications available, those involved in elder care can look for certification in diabetes management, faith community nursing, gerontology, hemostasis, case management, or rheumatology. Cost for the program is dependent on the level of nursing skill and certification.	\$450-525
CARES and EssentiALZ	Alzheimer's Association	CARES® Dementia Care Online Training offers training in the Basics™, Advanced Care™, Dementia-Related Behavior™, and Activities of Daily Living™. These training programs offer the additional option of the Alzheimer's Association essentiALZ® certification, an online individual certification program providing recognition for knowledge of quality dementia care practices.	\$250+
Legal Nurse Consultant Certification (LNC)	American Association of Legal Nurse Consultants (AALNC)	AALNC has defined legal nurse consulting as the specialty practice of the profession of nursing in which Registered Nurses apply their nursing education and clinical expertise to the medically related issues of the litigation process. The purpose of the LNCC program is to promote a level of expertise and professionalism in legal nurse consulting. Legal nurse consultants must meet the eligibility requirements, which include consulting experience, and achieve a passing score on a multiple-choice examination to earn the LNCC designation. As with many clinical nursing certification programs, the LNCC credential is designed for those who have demonstrated experience and knowledge in the specialty. Certification is an appropriate goal for those who are committed to a professional legal nurse consulting practice.	\$395

<p>Holistic Nurse, Holistic Baccalaureate Nurse, Advanced Holistic Nurse, Advanced Practice Holistic Nurse, Nurse Coach</p>	<p>American Holistic Nurses Association</p>	<p>Holistic nursing is a specialty practice that draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with people in their care. This practice recognizes the totality of the human being - the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context, and environment. Holistic nurses may integrate complementary/alternative modalities (CAM) into clinical practice to treat people’s physiological, psychological, and spiritual needs.</p>	<p>\$50-450</p>
<p>WOCNCB Certification</p>	<p>Wound, Ostomy and Continence Nursing Certification Board (WOCNCB)</p>	<p>For more than 30 years, nearly 7,400 dedicated nurses have chosen to certify in wound, ostomy, continence, and foot care nursing through the WOCNCB. Certification provides validation of specialized knowledge, skills, and expertise of an experienced nurse. The WOCNCB certification protects the public from unsafe and incompetent providers, provides consumers more options when choosing health care providers, and distinguishes the healthcare facility and administrators by providing expertise in wound, ostomy, continence, and foot care.</p>	<p>\$365-650</p>

Aside from the certifications listed above, PCG strongly recommends that the P4P Application take into account the types of education that the facilities themselves find most valuable, by leaving a measure open to a specific type of training that a percentage of all staff complete. Hand in Hand Training has been the standard for several years, but if facilities were compensated for certifying staff in other areas with other accredited institutions, homes around the state may begin to develop a model of centers of excellence. This can allow homes to provide superior care for an individual with a specific need or request.

Last, PCG recommends that the state look at reported quality measures to include any best practice measures that are not currently on the application, and to include a distinction for short-term rehab and long-term care. First, an examination and expansion on the five reported quality measures is a way to strengthen the application with quantitative requirements. Implementing a requirement to measure infections in vascular catheters or other types of infection and/ or illness could be a simple way to expand and gather more detail on quality of care in facilities. Further, hypothetically speaking, a facility that provides short-term services for residents seeking rehabilitative care does so knowing that individual has different needs than an individual who will be in a facility for more than a year. Distinguishing quality measurements between the two populations will give HCPF more clarity on the caliber of services provided in homes, as well as provide meaningful insight for facilities on specific areas in which there is room for improvement.

VIII. APPENDICES

Appendix A: Seven Year P4P Applicants

Provider #	Facility Name
63934272	Allison Care Center
77105753	Amberwood Rehab and Care Community
83603041	Bear Creek Care & Rehab
71787267	Brookshire House
42988268	Christopher House
05650338	Clear Creek Care Center
05653274	Colorado State Veterans Center - Homelake
05652748	Colorado State Veterans Center - Rifle
05652607	Colorow Care Center
05650833	Columbine West Health & Rehab
73422070	Denver North Care Center
13086863	Eagle Ridge at Grand Valley
05650080	Exempla Colorado Lutheran Home
05653423	Fairacres Manor
99000792	Four Corners Health Care Center
42402069	Harmony Pointe Nursing Center
15526755	Highline Rehab
05653571	Hildebrand Care Center
05651245	Holly Heights Nursing Center
05655147	Holly Nursing CC
05652672	Horizon Heights
46279865	Mesa Manor Rehab Care Center
05651294	North Shore Health & Rehab
26554739	North Star Community
16433548	Paonia Care & Rehab
54603528	Parkview Care Center
05652839	Pine Ridge Extended CC
05652508	Rowan Community
19005296	San Juan Living Center
05651534	Sandalwood Manor
16876334	Sierra Rehabilitation & Care Community
05656269	St. Paul HC
05651880	The Valley Inn
08858721	Uptown Care Center
05651468	Valley View Health Care Center
05655709	Villa Manor Care Center
89157231	Vista Grande Inn
05652664	Westwind Village
80636217	Wheatridge Manor Care Center
71956000	Yuma Life Care Center

