



**MYERS AND  
STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS

# COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

Nursing Facilities Pay for Performance

Final Report

Application Review 2016



DEDICATED TO GOVERNMENT HEALTH PROGRAMS



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# *Colorado Pay for Performance Final Report*

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## *Report Overview*

Myers and Stauffer values the afforded opportunity to review to the 2016 Pay for Performance (P4P) applications submitted to the Colorado Department of Health Care Policy & Financing (the Department). Myers and Stauffer has performed a number of long term care services for the Colorado Medicaid Program continuously since 1984. We, therefore, have a comprehensive understanding of the Colorado Medicaid reimbursement environment and providers, as well as the cost reporting that is used to not only set payment rates, but also to assist in development of the P4P program measures and scoring system and calculation of add-on incentive payments for the P4P program.

In 2007, Myers and Stauffer attended weekly meetings for the Colorado Department of Health Care Policy & Financing with the P4P Nursing Home Advisory Committee. We assisted in the development of the P4P program measures and the scoring system. Our initial responsibilities included: researching and reporting on P4P programs and best practices in other states, training of stakeholders on quality indicators, quality measures, culture change, and reimbursement efficiencies, and development of quality of life, quality of care, home management, and staff stability measures. Once the measures were approved, we provided fiscal impact analyses to the Department. We currently perform studies and analyses as needed to support Medicaid program management, including evaluation of P4P applications to calculate add-on payments. We attend monthly Nursing Facility Advisory Council and Nursing Facility Provider Fee Advisory Board meetings with the Department, nursing home representatives and other stakeholders. These meetings provide a forum for discussing P4P and other nursing home policy and reimbursement issues, while allowing us to interact face-to-face with the provider community on a regular basis.

As part of our responsibilities related to the review of Pay for Performance applications, Myers and Stauffer attended the public Pay for Performance Committee meetings related to the development of the 2017 application. This was an invaluable experience and provided significant insight.



## *Pay for Performance Summary*

The Colorado Pay for Performance program offers financial incentives to providers who meet specific quality measures focusing on nursing home resident quality of life and quality of care. Each provider, or home, may voluntarily apply each year by the last day in February for the previous calendar year. An application and supporting documentation must be submitted for consideration. The application specifies the point value associated with each performance measure as well as the minimum requirements the home must demonstrate through documentation. A maximum of 100 points may be achieved.

There are two prerequisites for participating in the program. First, no home with substandard state survey deficiencies during the previous calendar year may be considered. Second, the home must conduct and tabulate a resident/family satisfaction survey through an external entity. In previous application years, only a summary report was required to be submitted by the provider. Beginning with the 2016 application, a minimum number of responses was required in order to submit. For the 2016 application (2015 calendar year), responses were required for 25% of each provider's average daily census. As a result of this new requirement, six applicants did not meet the prerequisite and received a final score of zero. For next year's 2017 application, the requirement increases to 35% of average daily census. One applicant's summary report did not specify the external entity that completed the survey. This applicant also received a score of zero.

The 2016 application year is the first time Myers and Stauffer has reviewed and evaluated the Pay for Performance applications for Colorado. Our meticulous review process ensured consistency in scoring each measure. Nationally Reported Quality Measure Scores and Composite Scores were re-calculated using the appropriate CASPER reports submitted with each application. All minimum requirements stated on the application had to be met in order to receive points for each measure.

Incentive payments associated with point values obtained are established in regulation as indicated in the chart below per 10 CCR 2505-10, §8.443.12.6. Note that the number of homes listed in the 0-20 point category include those homes that did not apply this year. Although 129 facilities applied, there are 188 Class I facilities presently in Colorado.

Points Achieved	Per Diem Add-On	2016 Homes	Percentage
0-20	None	73	39%
21-45	\$1.00	34	18%
46-60	\$2.00	28	15%
61-79	\$3.00	42	22%
80-100	\$4.00	11	6%
		<hr/> 188	



The same chart including applicants only from 2012 through 2016 is displayed below.

<b>Applicants</b>											
Points Achieved	Per Diem Add-On	2012		2013		2014		2015		2016	
		Homes	%	Homes	%	Homes	%	Homes	%	Homes	%
0-20	None	5	4%	5	4%	0	0%	0	0%	14	11%
21-45	\$1.00	25	21%	25	21%	27	21%	26	21%	34	26%
46-60	\$2.00	21	18%	21	18%	28	22%	30	24%	28	22%
61-79	\$3.00	27	23%	28	24%	51	40%	40	32%	42	32%
80-100	\$4.00	39	33%	38	32%	21	17%	29	23%	11	9%
		117		117		127		125		129	

**Revisions to the 2015 Application**

Moving forward from the prior year 2015 application, the Pay for Performance Committee removed and added the following measures and revised the following point values:

	2015 Points Available	2016 Points Available
<b>QUALITY OF LIFE</b>		
<b>Resident Directed Care</b>		
Connection and Meaning (2016 only)		6
Person-Directed Care (under 'Staff Empowerment' in 2015)	4	5
Daily Schedules	2	3
<b>Community Centered Living</b>		
Resident Interaction (2015 only)	5	
<b>Relationships with Staff, Family, Resident and Community</b>		
Volunteer Program	2	3
<b>Staff Empowerment</b>		
Employee Empowerment (2015 only)	2	
Staff Engagement (2016 only)		3
<b>QUALITY OF CARE</b>		
<b>Staff Empowerment</b>		
Hand in Hand Training (2015 only)	5	

**Connection and Meaning**

Homes were required to submit the following for this measure:



- Detailed narrative summary of how residents are connected and have meaning in their life in your home.
- 2 Examples per month that demonstrates connection and meaning within your home
- Testimonials from 3 residents or family members and 2 non-management staff that explicitly discusses and identifies shared decision making and ways residents stay connected to the world

This measure appeared to add a lot of value to the application and best demonstrated resident quality of life. Reference the Connection and Meaning portion in the 2016 Application Measures section of the report.

**Staff Engagement**

Homes were required to submit the following for this measure:

- Detailed written narrative describing what your home is doing to promote the engagement and work-life balance of your staff
- Written program or policy and procedures that may include staff advancement, tuition reimbursement, staff wellness, and posting of open positions
- Evidence of the existence of staff programs that foster development and engagement through participation

This measure attempted to quantify the quality of life for the staff, recognizing that a direct relationship exists between the quality of life for the staff and the quality of life for the resident. Reference the Staff Engagement portion in the 2016 Application Measures section of the report.

In addition, the percentiles for the Nationally Reported Quality Measure Scores in the Quality of Care Domain were revised as follows:

Quality Measure	Points Available	Percentile 2015	Percentile 2016
Residents with One or More Falls with Major Injury	5	Score of 2.44 or less	Score of 1.9 or less
	4	Score >2.44 but <= 2.70	Score >1.9 but <=2.4
	3	Score >2.70 but <= 3.01	Score >2.4 but <=2.7
	2	Score >3.01 but <= 3.23	Score >2.7 but <=3.1
	1	Score >3.23 but <= 3.64	Score >3.1 but <=3.6
Residents who Self-Report Moderate/Severe Pain(L)	5	Score of 5.88 or less	Score of 5.3 or less
	4	Score of >5.88 but <= 7.14	Score >5.3 but <=6.4
	3	Score of >7.14 but <= 7.89	Score >6.4 but <=7.2
	2	Score of >7.89 but <= 9.09	Score >7.2 but <=8.2
	1	Score of >9.09 but <= 9.52	Score >8.2 but <=10.8
High Risk Resident with Pressure Ulcers(L)	5	Score of 3.13 or less	Score of 1.5 or less
	4	Score of >3.13 but <= 3.45	Score >1.5 but <=1.8
	3	Score of >3.45 but <= 4.14	Score >1.8 but <=2.3
	2	Score of >4.14 but <= 4.62	Score >2.3 but <=2.6



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	1	Score of >4.62 but <= 4.84	Score >2.6 but <=3.1
Residents with a UTI	5	Score of 2.83 or less	Score of 1.8 or less
	4	Score >2.83 but <= 3.23	Score >1.8 but <=2.4
	3	Score >3.23 but <= 3.39	Score >2.4 but <=2.8
	2	Score >3.39 but <= 3.64	Score >2.8 but <=3
	1	Score >3.64 but <= 4.20	Score >3 but <=3.8
Residents who Received Antipsychotic Medications	5	Score of 12.33 or less	Score of 10.3 or less
	4	Score >12.33 but <= 13.11	Score >10.3 but <=11.6
	3	Score >13.11 but <= 13.70	Score >11.6 but <=12.7
	2	Score >13.70 but <= 14.94	Score >12.7 but <=13.4
	1	Score >14.94 but <= 16.20	Score >13.4 but <=15.6

Reference the 2016 Application Results and 2016 Application Measures sections below for current year results.



The following chart summarizes each home’s self-reported and reviewer scores. The reviewer scores included represent each home’s appealed final score, if applicable.

**2016 Pay for Performance Application Final Scores**

Provider Name	Self-Score	Reviewer Score
Allison Care Center	66	56
Alpine Living Center	55	59
Amberwood Court Care Center	88	75
Applewood Living Center	48	42
Arvada Care & Rehab Center	70	30
Aspen Center	38	21
Autumn Heights Health Care Center	43	38
Avamere Transitional Care and Rehab - Malley	76	56
Bear Creek Care and Rehabilitation Center	56	58
Bent County Healthcare Center	41	26
Berkley Manor Care Center	59	32
Berthoud Living Center	81	80
Boulder Manor	62	53
Briarwood Health Care Center	73	36
Brookshire House	84	67
Brookside Inn	89	89
Bruce McCandless Colo State Veterans NH	73	53
Cambridge Care Center	74	62
Centennial Health Care Center	82	82
Centura Health - Medalion Health Center	47	0
Centura Health - Namaste Alzheimer Center	92	46
Cherrellyn Healthcare Center	75	46
Cherry Creek Nursing Center	44	27
Cheyenne Mountain Care and Rehabilitation Center	57	35
Christopher House	72	57
Clear Creek Care Center	63	62
Colorado State Veterans NH - Homelake	75	66
Colorado State Veterans NH - Rifle	72	52
Colorado State Veterans NH - Walsenburg	83	69
Colorow Care Center	70	61
Columbine Manor Care Center	58	32
Columbine West Health & Rehab Facility	64	53
Cottonwood Care Center	83	50
Cottonwood Inn Rehabilitation & Extended Care Center	30	23
Denver North Care Center	88	84
Devonshire Acres	75	51
E. Dene Moore Care Center	85	86
Eagle Ridge at Grand Valley	94	81
Eben Ezer Lutheran Care Center	72	64
Englewood Post Acute & Rehab	18	0





Exempla Healthcare/Colorado Lutheran Home	70	63
FairAcres Manor	73	63
Forest Street Compassionate Care Center	52	0
Fort Collins Health Care Center	52	50
Four Corners Health Care Center	80	82
Garden Terrace Alzheimer's Center	23	0
Golden Peaks Care and Rehabilitation Center	63	57
Good Samaritan Society - Bonell Community	69	63
Good Samaritan Society - Loveland Village	50	21
Grace Manor Care Center	74	43
Gunnison Valley Health Senior Care	48	21
Hallmark Nursing Center	74	41
Harmony Pointe Nursing Center	80	75
Health Center at Franklin Park	76	48
Highline Rehabilitation and Care Community	77	63
Hildebrand Care Center	65	44
Hillcrest Care Center & The Towers	66	16
Holly Heights Nursing Home	92	92
Holly Nursing Care Center	76	66
Horizons Health Care Center	71	48
Jewell Care Center of Denver	80	80
Julia Temple Healthcare Center	84	84
Juniper Village – The Spearly Center	90	67
Kenton Manor	72	63
Lamar Estates, LLC	86	63
Laurel Manor Care Center	67	61
LeMay Health & Rehab Center	61	40
Life Care Center of Colorado Springs	38	0
Life Care Center of Longmont	29	28
Mantey Heights Rehabilitation & Care CTR	88	66
Mesa Manor Care and Rehabilitation Center	76	61
Mesa Vista of Boulder	73	57
Mission San Miguel Nursing & Rehabilitation Center	37	27
Monaco Parkway Health and Rehab	67	65
Monte Vista Estates, LLC	94	61
Mount St. Francis Nursing Center	89	74
Mountain Vista Nursing Home	63	27
North Shore Health and Rehab	49	43
North Star Community	78	71
Palisade Living Center	64	64
Paonia Care & Rehabilitation Center	89	43
Park Forest Care Center	51	21
Parkview Care Center	82	62
Peaks Care Center	63	37
Pearl Street Health & Rehab Center	80	71
Pikes Peak Care & Rehabilitation Center	85	48
Pine Ridge Extended Care Center	79	70



Pueblo Care and Rehabilitation Center	64	22
Regent Park Nursing & Rehabilitation	39	7
Rehabilitation Center at Sandalwood	90	74
Rio Grande Inn	58	23
Riverwalk Post Acute & Rehabilitation Center	68	30
Rock Canyon Respiratory and Rehabilitation Center	72	39
Rowan Community Inc	67	61
San Juan Living Center	80	80
San Luis Care Center	50	36
Sandrock Ridge	62	52
Sharmar Village Care Center	55	0
Sierra Healthcare Community	81	77
Skyline Ridge Nursing & Rehabilitation CTR	72	48
Spring Creek Health Care Center	63	50
Springs Village Care Center	64	47
St. Paul Health Center	75	62
Sterling Living Center	56	50
Summit Rehabilitation and Care Center	81	75
Sunny Vista Living Center	73	20
Sunset Manor	69	62
Terrace Gardens Health Care Center	34	30
The Green House Homes at Mirasol	72	65
The Pavilion at Villa Pueblo	74	42
The Suites at Clermont Park	75	47
The Suites at Someren Glen	55	19
Trinidad Inn Nursing Home	78	50
Uptown Health Care Center	87	69
Valley Inn	80	58
Valley Manor Care Center	79	76
Valley View Health Care Center	81	69
Valley View Villa	40	26
Villa Manor Care Center	78	0
Vista Grande Inn	76	65
Walbridge Memorial Convalescent Wing	56	35
Walsh Healthcare Center	78	66
Western Hills Health Care Center	70	20
Westlake Care Community	83	0
WheatRidge Manor Nursing Home	83	74
Willow Tree Care Center	71	33
Windsor Health Care Center	64	61
Woodridge Terrace Nursing & Rehabilitation	27	10
Yuma Life Care Center	55	53

On average, reviewer scores were 19 points lower than self-scores. Reference the next section, 2016 Application Measures for an analysis regarding current year results.



## 2016 Application Measures

The Pay for Performance application includes two domains; Quality of Life and Quality of Care. These domains are further broken down into subcategories referenced in the charts and discussed below. The number of total applications received in 2016 equals 129.

### Quality of Life Domain- 48 Points Available

	<b>2016 Points Available</b>
<b>Resident Directed Care</b>	
Enhanced Dining	2
Flexible and Enhanced Bathing	2
End of Life Program	3
Connection and Meaning (2016 only)	6
Person-Directed Care (under 'Staff Empowerment' in 2015)	5
Daily Schedules	3
<b>Sub-Category Point Subtotal</b>	<b>21</b>

### Enhanced Dining

	Received Points			
	2012	2013	2014	2015
	80%	89%	94%	91%

	<u>2016</u>
Homes that Applied for Measure	126
Applicant Attempt Percentage	98%
Homes that Received Points	<b>103</b>
Received Percentage	<b>82%</b>

The application requires evidence that residents have had input into the appearance of the dining atmosphere. In general, providers submitted sufficient documentation supporting the other minimum requirements such as the number of menu options or that residents had input into the menu choices. However, evidence that residents have had input into the appearance of the dining atmosphere was not present when reviewing several of the applications. In these instances, points were not awarded.



### Flexible and Enhanced Bathing

Received Points			
2012	2013	2014	2015
90%	87%	91%	92%

  

	2016
Homes that Applied for Measure	122
Applicant Attempt Percentage	95%
Homes that Received Points	<b>106</b>
Received Percentage	<b>87%</b>

One minimum requirement, evidence that bathing atmosphere includes home décor, was difficult to assess in cases where a provider submitted only one black and white photograph or photographs where décor was not present. Comments made by applicants in the southern area of the state indicate that state surveyors do not allow décor, including wall-hung artwork in the bathing rooms due to potential mold development. When reviewing the documentation submitted, modern tile and fixtures such as mirrors, cabinets and towel racks as well as colorful towels were considered as fulfilling this measure. We suggest requiring a minimum number of photographs in color with captioning, with lack of artwork and decoration requiring explanation.

### End of Life Program

Received Points			
2012	2013	2014	2015
71%	85%	94%	80%

  

	2016
Homes that Applied for Measure	117
Applicant Attempt Percentage	91%
Homes that Received Points	<b>96</b>
Received Percentage	<b>82%</b>

Homes are thoughtful and graceful in how they memorialize residents who have passed. It is evident that these homes are respectful of the residents, families and employees who have experienced a loss. It is recommended that the requirement of providing documentation of four residents and his/her individual wishes be more clearly defined. It is not clear whether their clinical end of life wishes or memorial and asset wishes are to be documented, or both. Both types of wishes were accepted. It is recommended that memorial wishes be documented for each of the four residents as a living will document relates more to quality of care versus quality of life and is likely required to be completed by the home regardless of performance.



**Connection and Meaning**

	<u>2016</u>
Homes that Applied for Measure	124
Applicant Attempt Percentage	96%
Homes that Received Points	<b>91</b>
Received Percentage	<b>73%</b>

A new measure for the Pay for Performance application, Connection and Meaning speaks to how the home, “provides support for connection and meaning in the life of the resident through companionship, spontaneity, variety and opportunities to give and receive care....including but not limited to nature, gardens, animals, children, crafts, music, art and technology as indicated by the resident’s individual choices.” The provider was required to provide two examples per month that demonstrate connection and meaning within their home. Excellent examples were provided such as a monthly bird watching tour led by a staff member who is a bird enthusiast, residents hosting a vintage baseball game for their town and a resident-led soap box derby competition with a local boy scout troupe. Most providers submitted pictures to demonstrate their two examples per month while some submitted a combination of activities calendars and pictures. Of all the measures on the application, the pictures included with this measure best displayed the residents experiencing joy and purpose. However, the application states, “These opportunities should exist as a part of day to day life and should not be represented solely through special events or activities.” The overwhelming majority of examples submitted referenced special events or activities. We recommend that the measure be revised slightly to try to capture the uniqueness of the home and how connection and meaning is supported during unscheduled resident time as well as through special events.

**Person-Directed Care**

	Received Points			
	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
	79%	72%	91%	89%

	<u>2016</u>
Homes that Applied for Measure	108
Applicant Attempt Percentage	84%
Homes that Received Points	<b>96</b>
Received Percentage	<b>89%</b>

This measure experienced a high success rate. However, most of the providers who did not receive points did not include documentation for two of four minimum requirements; a mission and vision statement regarding person-directed care or annual training objectives for their person-directed care curriculum.



**Daily Schedules**

	Received Points			
	2012	2013	2014	2015
	79%	87%	91%	95%
				2016
Homes that Applied for Measure				116
Applicant Attempt Percentage				90%
Homes that Received Points				<b>85</b>
Received Percentage				<b>73%</b>

Testimonials submitted for this measure did not always speak to the resident's choices in their daily routine. It is recommended that the application list the choices the testimonials should support. Several providers did not receive points due to absence of resident or family signatures on the care plan. This was a requirement in prior year's application. Other providers did not receive points as care plans submitted were clinical only and did not document the resident's choices or preference with respect to their daily routine.

	<b>2016 Points Available</b>
<b>Community Centered Living</b>	
Physical Environment	5
QAPI	6
<b><i>Sub-Category Point Subtotal</i></b>	<b>11</b>

**Physical Environment**

	2016
Homes that Applied for Measure	114
Applicant Attempt Percentage	88%
Homes that Received Points	<b>66</b>
Received Percentage	<b>58%</b>

This measure also existed in the prior year. Of the providers who applied in the prior year, 96% received points for this measure. In the current year, alarm tracking by type and frequency was required for all 12 months of the calendar year applied for. In the prior year, only October through December alarm tracking was required. This change in minimum requirements caused several of the providers to not receive points. One requirement states, "At minimum nurse's stations and both indoor and outdoor common areas should be included." Many providers did not submit one of these required elements. For example, if all other minimum requirements were met and pictures of outdoor common areas were not included, points were not awarded. Other measures where pictures were required were searched and utilized by our staff if possible. It is recommended that a standard alarm tracking sheet be included with the application for the applicant's use to ensure consistency.



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**Quality Assurance Performance Improvement (QAPI)**

	<u>2016</u>
Homes that Applied for Measure	99
Applicant Attempt Percentage	77%
Homes that Received Points	<b>41</b>
Received Percentage	<b>41%</b>

The large discrepancy in homes that applied for points and homes that received points may be due to the significant change in the application's minimum requirements from 2015. Note that 90% of those providers who applied for QAPI in the prior year received points. The previous year's application stated the minimum requirements as:

1. Submit your QAPI self-assessment tool.
2. Submit documentation showing that training has been completed by nurse admin and managers.

In the current year, a detailed narrative describing the QAPI process within the home and the self-assessment tool were required. However, the minimum requirement that most providers did not meet is the second one listed in the application. The key elements are outlined in bold text as follows:

**Submit documentation for at least one data-driven Quality Improvement Project**

- It was unclear what the QAPI project actually was and how it was data driven.
- Documentation was not submitted in an organized format.

**....including associated education**

- Evidence of education was not found or clearly spelled out in the documentation submitted.

**....and at least three Quality Improvement cycles**

- It was unclear what the cycles were in frequency and length and how they were measured.

**Include evidence that staff, residents and their families as able are aware of and have the opportunity to support the QI project.**

- Evidence that the staff, residents and their families are aware of and have the opportunity to support the project was not submitted.

**The home is kept informed of the project and progress (including trend graphs) through storyboards.**

- Several providers did not submit evidence that the home was kept informed of the project through storyboards. Pictures of the storyboard were the most useful but not required per the minimum requirements. If Resident Council meeting notes or other documentation indicated that a storyboard and trend graphs existed, this was accepted.



- Additional language within this minimum requirement describes what the storyboard and other methods of communicating “should” and “must” include. The providers found this to be confusing.

Some providers did not submit their QAPI self-assessment tool, the third minimum requirement. Others did not provide a detailed narrative describing the QAPI process within their home. Through the onsite visits, we learned that some homes were just beginning their QAPI process and although they did not have enough data to apply for points, applied anyway. Some providers were unsure regarding the minimum requirements and what needed to be provided. One provider did not know the entire home was required to know about the project and was hesitant to do this for litigation purposes (e.g. displaying number of falls throughout the home). The application should be modified in the coming years to ensure understanding of the minimum requirements.

	<b>2016 Points Available</b>
<b>Relationships with Staff, Family, Resident and Community</b>	
Consistent Assignments	6
Volunteer Program	3
<b><i>Sub-Category Point Subtotal</i></b>	<b>9</b>

**Consistent Assignments**

Received Points	
2014	2015
90%	90%

	<u>2016</u>
Homes that Applied for Measure	76
Applicant Attempt Percentage	59%
Homes that Received Points	<b>57</b>
Received Percentage	<b>75%</b>

Although the providers who applied submitted a detailed narrative, some did not submit the home-wide average for the 4<sup>th</sup> quarter demonstrating 15 staff or less per resident. Instead, they submitted consistent assignment data for short stay or long stay residents only, rendering a home-wide figure indiscernible.





**Volunteer Program**

	Received Points			
	2012	2013	2014	2015
	94%	93%	99%	88%
				2016
Homes that Applied for Measure				117
Applicant Attempt Percentage				91%
Homes that Received Points				<b>86</b>
Received Percentage				<b>74%</b>

The minimum requirement most misunderstood states, “Documentation of 4 examples where residents have given to others or to their home...” Some applicants submitted less than four unique examples, rendering the home ineligible to receive points for this measure. Resident testimonials were utilized whenever possible to obtain the four required examples.

Another requirement specifies that, “4 testimonials from residents participating in a volunteer project” be submitted. As an example, one home submitted four copies of identical typed testimonials regarding the same volunteer project that four separate residents signed. We recommend revising the language to indicate that unique testimonials regarding four different activities are required in order to document the variety of volunteer projects performed.

	<b>2016 Points Available</b>
<b>Staff Empowerment</b>	
Care Planning	4
Staff Engagement (2016 only)	3
<b><i>Sub-Category Point Subtotal</i></b>	<b>7</b>

**Care Planning**

	Received Points			
	2012	2013	2014	2015
	89%	90%	97%	92%
				2016
Homes that Applied for Measure				98
Applicant Attempt Percentage				76%
Homes that Received Points				<b>69</b>
Received Percentage				<b>70%</b>

Ten initial and ten quarterly care plan attendance forms with clearly identified CNA participation including signatures of CNAs are required for this measure. While some providers who did not receive points did not submit the necessary number of initial and quarterly care plans or did not



submit care plans representing 20 different residents as required, the majority of providers that did not receive points lacked care plans with signatures of CNAs. This requirement existed in the prior year's application so it is unknown why this element is so lacking in the current year. Some providers stated that their electronic software would not allow for traditional ink signatures. Many providers did successfully meet the minimum requirements regardless either by printing the care plan and having the CNA sign the attendance section or printing a separate attendance sheet associated with that care plan containing necessary signatures. The 2017 application does not require CNA signatures. We recommend that CNA participation be determined by requiring the title of participants listed on the care plan.

**Staff Engagement**

	<u>2016</u>
Homes that Applied for Measure	114
Applicant Attempt Percentage	88%
Homes that Received Points	<b>92</b>
Received Percentage	<b>81%</b>

The participation for this new measure is high. In general, the homes that received points for this measure were able to demonstrate how they have systems in place to develop their staff professionally. However, only a few providers submitted exceptional examples of how homes have programs in place to support their staff on a personal level. One such example is a home that keeps a food pantry stocked with food and hygiene supplies for any employee in need of such items. It is recommended that the application flesh out the personal aspect of this measure. The minimum requirement of written programs or policy and procedures that include staff advancement, tuition reimbursement, staff wellness and posting of open positions may be better placed under the Staff Retention Rate/Staff Retention Improvement application measure.

***Quality of Care Domain- 52 Points Available***

<b>Quality Measures</b>	<b>2016 Points Available</b>
Residents with One or More Falls with Major Injury	1-5
Residents who Self-Report Moderate/Severe Pain(L)	1-5
High Risk Resident with Pressure Ulcers(L)	1-5
Residents with a UTI	1-5
Residents who Received Antipsychotic Medications	1-5
Quality Measure Composite Score	1
<b><i>Sub-Category Point Subtotal</i></b>	<b>26</b>



**Quality Measures**

Based on the average of 2015 Quarter 3 and Quarter 4 CASPER Reports, points are awarded for five categories associated with Nationally Reported Quality Measure Scores on a range of one to five points. Myers and Stauffer recalculated each provider's scores if the correct CASPER reports were submitted. Adjustments were made to each self-reported score accordingly. If the provider did not submit the correct CASPER reports, a score of zero was awarded for each category.

*Residents with One or More Falls with Major Injury*

	Falls 5	Falls 4	Falls 3	Falls 2	Falls 1	Total QM Falls
Homes that Applied for Measure	30	12	6	7	10	65
Applicant Attempt Percentage	23%	9%	5%	5%	8%	50%
Homes that Received Points	<b>29</b>	<b>10</b>	<b>3</b>	<b>8</b>	<b>10</b>	<b>60</b>
Percentage	<b>97%</b>	<b>83%</b>	<b>50%</b>	<b>114%</b>	<b>100%</b>	<b>92%</b>

*Residents who Self-Reported Moderate/Severe Pain(L)*

	Pain 5	Pain 4	Pain 3	Pain 2	Pain 1	Total QM Pain
Homes that Applied for Measure	40	5	6	9	10	70
Applicant Attempt Percentage	31%	4%	5%	7%	8%	54%
Homes that Received Points	<b>29</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>12</b>	<b>54</b>
Percentage	<b>73%</b>	<b>140%</b>	<b>50%</b>	<b>33%</b>	<b>120%</b>	<b>77%</b>

*High Risk Resident with Pressure Ulcers(L)*

	Ulcers 5	Ulcers 4	Ulcers 3	Ulcers 2	Ulcers 1	Total QM Ulcers
Homes that Applied for Measure	36	1	5	6	12	60
Applicant Attempt Percentage	28%	1%	4%	5%	9%	47%
Homes that Received Points	<b>24</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>11</b>	<b>44</b>
Percentage	<b>67%</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>	<b>92%</b>	<b>73%</b>

*Residents with a UTI*

	UTI 5	UTI 4	UTI 3	UTI 2	UTI 1	Total QM UTI
Homes that Applied for Measure	44	13	3	3	8	71
Applicant Attempt Percentage	34%	10%	2%	2%	6%	55%
Homes that Received Points	<b>38</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>63</b>
Percentage	<b>86%</b>	<b>69%</b>	<b>100%</b>	<b>100%</b>	<b>125%</b>	<b>89%</b>

*Residents who Received Antipsychotic Medications*

Total



	APSY 5	APSY 4	APSY 3	APSY 2	APSY 1	QM APSY
Homes that Applied for Measure	46	12	7	1	16	82
Applicant Attempt Percentage	36%	9%	5%	1%	12%	64%
Homes that Received Points	<b>33</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>15</b>	<b>61</b>
Percentage	<b>72%</b>	<b>58%</b>	<b>57%</b>	<b>200%</b>	<b>94%</b>	<b>75%</b>

Discrepancies arose when providers did not submit the CASPER reports for the correct periods or at all. Several instances were noted where Myers and Stauffer’s recalculated score was greater than the self-reported scores. This accounts for a greater number of homes that received points versus those that applied in the charts above.

**Quality Measure Composite Score**

	2016
Homes that Applied for Measure	70
Applicant Attempt Percentage	54%
Homes that Received Points	<b>22</b>
Percentage	<b>31%</b>

Challenges faced in reviewing this measure were as follows:

- CASPER reports were submitted for the incorrect time frames or not submitted at all
- Vaccination figures were not provided
- CASPER report values were entered incorrectly into the application, creating an inaccurate composite score

Each composite score was recalculated when the correct CASPER reports were submitted for the calendar year 2014 and 2015 timeframes and vaccination figures were provided. One point was awarded if minimum requirements were met.

	2016 Points Available
<b>Quality of Care</b>	
+2 Continuing Education	2
+4 Continuing Education	4
+6 Continuing Education	6
Reducing Hospitalizations	3
<b><i>Sub-Category Point Subtotal</i></b>	<b>9</b>



**Continuing Education**

	Received Points			
	2012	2013	2014	2015
+2	67%	95%	138%	64%
+4	67%	83%	111%	67%
+6	94%	83%	92%	87%

  

	2016	2016	2016	2016
	+2 Con. Edu.	+4 Con. Edu.	+6 Con. Edu.	Total Con. Edu.
Homes that Applied for Measure	15	14	79	108
Applicant Attempt Percentage	12%	11%	61%	84%
Homes that Received Points	<b>2</b>	<b>1</b>	<b>63</b>	<b>66</b>
Percentage	<b>13%</b>	<b>7%</b>	<b>80%</b>	<b>61%</b>

The main difference between the prior year and current year minimum requirements is the addition of the minimum requirement in 2016 to, "Provide reports substantiating information summarized in Appendix 3." The prior year application merely states, "Complete Appendix 3." Several providers did not submit supporting documentation for the continuing education hour totals for employees listed on Appendix 3. Some providers submitted insufficient support of continuing education taken by each employee. At times, a large collection of unorganized certificates or sign-in sheets were submitted as Continuing Education Tracking Forms with no summaries and/or hours of credit not indicated for each course.

Additionally, many providers appeared to be largely confused by this measure. Several applied for lower points than received due to incorrect calculations. We recalculated each submission, including all totals as well as the calculation itself to ensure the correct number of points were awarded. When providers did not receive points, the following circumstances were usually a factor:

- Appendix 2 was completed incorrectly. The total number of full time employees are to be included. However, the provider would list figures representing 20% of their full time employees, making the 20% of full time employees' calculation impossible to verify.
- Appendix 3 was completed incorrectly. 20% of the full time employees listed in each category on Appendix 2 are to be included. However, the correct number of employees were not listed.

We recommend revising Appendix 2 and Appendix 3 to be more user friendly, with provider entry cells and automated calculations as follows:

**Appendix 2**

- Create entry cells for Number of Full Time Staff in Calendar Year
- Add a column to calculate 20% of Full Time Staff for each job category with programmed rounding



**Appendix 3**

- Appendix 2 speaks to “Required Hours,” an instruction that would better be placed on Appendix 3. The instruction given suggests that when a staff member works less than a full calendar year, 1 hour for each month of employment should be subtracted as required hours. This would be functional if the number of required hours for continuing education were equal to 12 rather than 10. As a result, an employee working 11 months would subtract 11 hours, more than that required. We recommend using a proportional calculation to achieve required hours based on number of months as indicated in the chart below:

# Months Worked	Subtract Required Hours
12	10
11	9
10	8
9	8
8	7
7	6
6	5
5	4
4	3
3	3
2	2
1	1

- Create entry cells for # Months Worked and Total Hours of Training
- Create formula to calculate Subtract Required Hours of Training
- Create formula to calculate Additional Hours
- Create formula and field for Total Additional Hours
- Create formula and field for Average Additional Hours of Continuing Education

We also recommend revising the descriptions used in the application for each category to read “2 additional hours per employee on average” rather than “12 hours on average staff person” in order to alleviate confusion. For substantiating documentation, further instruction should be given to indicate that a summary for each employee listed on Appendix 3 that specifies continuing education courses taken with number of hours for each course with a total that reconciles to what is listed as Total Hours of Training on Appendix 3 should be submitted.

**Reducing Hospitalizations**

Received Points		
2013	2014	2015
82%	80%	84%

	2016
Homes that Applied for Measure	90
Applicant Attempt Percentage	70%
Homes that Received Points	<b>40</b>
Percentage	<b>44%</b>



Several comments were made during the on-site reviews regarding the difficulty of using the Trend Tracker and Advancing Excellence websites. Several instances occurred where the data field on the reports submitted needed to verify the re-hospitalization rate was either blank or stated as NA(1) where NA(1) means "Small Sample Size." In these instances, points could not be awarded as it was unclear what the rate actually was. It is recommended that the application require additional documentation if the report provided has either of these issues.

	<b>2016 Points Available</b>
<b>Home Management</b>	
10% Medicaid	5
5% Medicaid	3
<b><i>Sub-Category Point Subtotal</i></b>	<b>5</b>

**Medicaid Occupancy Average**

	Received Points			
	2012	2013	2014	2015
10% Medicaid	100%	79%	100%	91%
5% Medicaid	63%	77%	84%	100%
		2016	2016	2016
		> 10% SW Avg.	> 5% SW Avg.	Total SW Avg.
Homes that Applied for Measure		72	22	94
Applicant Attempt Percentage		<b>56%</b>	<b>17%</b>	<b>73%</b>
Homes that Received Points		<b>58</b>	<b>14</b>	<b>72</b>
Percentage		<b>81%</b>	<b>64%</b>	<b>77%</b>

The measure states, "Submit copy of most recent census data available." Providers submitted one day's worth or one month's worth of census documentation. This is not sufficient to substantiate consistent annual Medicaid occupancy. A full year's census was required. A one page census summary was acceptable as long as it represented a full year.

	<b>2016 Points Available</b>
<b>Staff Stability</b>	
Staff Retention Rate	3
Staff Retention Improvement	3
DON Retention	2
NHA Retention	2
Nursing Staff Turnover Rate	2
Staff Satisfaction Survey	3
Staff Satisfaction Survey	2
<b><i>Sub-Category Point Subtotal</i></b>	<b>12</b>



**Staff Retention Rate**

	Received Points			
	2012	2013	2014	2015
	94%	94%	97%	77%
				2016
Homes that Applied for Measure				95
Applicant Attempt Percentage				74%
Homes that Received Points				<b>71</b>
Percentage				<b>75%</b>

Providers who applied for this measure and did not complete Appendix 4 were not awarded points. Others did not submit the necessary payroll roster with the required elements and several did not submit a written narrative of a program that includes staff mentoring and/or a buddy system for new staff. It is recommended that Appendix 4 be revised to include input cells and automatically calculated values. A made up example of a payroll roster with the necessary elements included with example staff hired on or before January 1<sup>st</sup> highlighted could be added as a supplement to the Appendix or in a separate FAQ document developed for the application.

**Staff Retention Improvement**

	Received Points			
	2012	2013	2014	2015
	50%	47%	67%	55%
				2016
Homes that Applied for Measure				16
Applicant Attempt Percentage				12%
Homes that Received Points				<b>1</b>
Percentage				<b>6%</b>

Please reference the Staff Retention Rate section above.





**DON and NHA Retention**

	Received Points			
	2012	2013	2014	2015
DON Retention	90%	87%	102%	98%
NHA Retention	92%	85%	105%	98%

  

	2016	2016
	DON	NHA
	Retention	Retention
Homes that Applied for Measure	47	56
Applicant Attempt Percentage	36%	43%
Homes that Received Points	<b>38</b>	<b>40</b>
Percentage	<b>81%</b>	<b>71%</b>

The application requires two dates for both DON and NHA retention, a hire date and a date started in that position. Many homes promote personnel internally. As a result, an employee hired as a CNA has the ability to obtain their LPN and RN certifications, potentially being promoted to DON at some point during their career. As a result, the date started in the position is the most important. Several homes provided a hire date but not a date started in that position. Without a clarification that the employee was hired as the position indicated, points were not awarded for these measures. Additionally, the retention period of three years was required to be met prior to December 31, 2015. Employees achieving a retention period of 3 years or more in 2016, after the calendar year application review period were also not awarded points. We recommend providing entry cells for Hire Date and Date Hired in NHA or DON position along with a formula driven calculated retention period based on the applicable calendar year end.

**Nursing Staff Turnover Rate**

	2016
Homes that Applied for Measure	63
Applicant Attempt Percentage	49%
Homes that Received Points	<b>41</b>
Percentage	<b>65%</b>

Some providers completed Appendix 6 for 2015 but not for 2014. Therefore, a documented improvement could not be verified. The minimum requirement instructs the home to use the formula in Appendix 6 to calculate their turnover rate for calendar 2014 and 2015. To receive points, a documented improvement must be present. It is recommended that substantiating documentation be required for figures provided in Appendix 6. Currently, no such requirement exists. Another recommendation is to set a low turnover rate that would establish a desired standard. Some homes have an extremely low nursing staff turnover rate. In these cases, improvement from one year to the next would be difficult as they are already excelling. If a home is below the established rate, points should be awarded, similar to the Quality Measure Composite Score and Reducing Avoidable Hospitalizations measures.



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**Staff Satisfaction Survey**

	2016	2016
	≥ 70% Res. Rate	≥ 60% Res. Rate
Homes that Applied for Measure	89	19
Applicant Attempt Percentage	69%	15%
Homes that Received Points	<b>83</b>	<b>12</b>
Percentage	<b>93%</b>	<b>63%</b>

This measure is one of the most straightforward. Only a survey summary page with the designated response rate of 60% or 70% is required to meet the minimum requirements and obtain either 2 or 3 points respectively. Providers who applied and did not receive the points either did not submit a survey summary page or submitted a survey summary page that did not meet at least the 60% requirement.

**General Comments**

On two occasions, documentation submitted related to an assisted living or independent living resident on the home's campus. This documentation was not accepted as valid. Terminology used was recognized by our staff due to our experience with nursing home cost report engagements. It is recommended that the application specify that resident specific testimonials and examples are to be related to skilled nursing residents only.

Numerous pieces of documentation submitted were dated in a different time period than the one under review. This was more common for the End of Life Program and Daily Schedules measures, however, it occurred in other measures as well. It is recommended that it be clarified on the application that all documentation, including pictures should be derived from the calendar year under review.



## *On-site Reviews*

An on-site review is required to be performed on at least 10% of homes in the applicant pool. In 2016, 129 homes applied. In March, Myers and Stauffer presented the Department with our Report of Nursing Facilities Recommended for On-Site Reviews.

Per 10 CCR 2505-10, §8.443.12.4, “The Department or the Department’s designee will review and verify the accuracy of each home’s representations and documentation submissions. Homes will be selected for onsite verification of performance measures representations based on risk.”

The selections for on-site verification visits were determined by considering multiple risk criteria, including overall self-reported ratings, changes from the prior year’s final ratings, new homes that did not apply in the prior year, reviewer adjustments to the prior year’s rating, and reviewers’ concerns about inconsistencies or other issues noted during the application intake process. Risk was assigned for each of these criteria as high, medium, or low with an associated score of three, two and one respectively. An overall risk rating was determined from a weighted average of the risk scores for each risk factor.

Based on the above criteria, on-site reviews completed by May 31<sup>st</sup> were conducted on the following 13 homes:

Home	Location
Arvada Care & Rehab Center	Arvada
Grace Manor Care Center	Burlington
Valley Inn	Mancos
Mantey Heights Rehabilitation & Care Ctr	Grand Junction
Pikes Peak Care & Rehabilitation Center	Colorado Springs
Rock Canyon Respiratory and Rehabilitation Center	Pueblo
Centura Health – Namaste Alzheimer Center	Colorado Springs
Pueblo Care and Rehabilitation Center	Pueblo
Golden Peaks Care and Rehabilitation Center	Fort Collins
Julia Temple Healthcare Center	Englewood
Willow Tree Care Center	Delta
Berthoud Living Center	Berthoud
Pearl Street Health & Rehab Center	Englewood

Each on-site visit began with a meeting between the review team and the home’s administrative staff. This included a review of the home’s application and discussion of any specific concerns the review team identified. During this meeting, the review team identified aspects of the provider’s operations that they would like to observe.

The site review continued with a tour of the home during which time review team members attempted to confirm the supporting documentation that was presented in the home’s application. Reviewers made observations about the following: dining, bathing, daily schedules,



end of life care, the physical environment, resident interaction, quality assurance, consistent staffing assignments, volunteer programs, care planning, employee empowerment, person-directed care, and hand-in-hand training. Reviewers also investigated any quality of care measures that have not already been validated through sources other than those included in the application. Reviewers were cautioned not to include new supporting information and to only verify or clarify support that was submitted with the original application.

Once a tour of the home was completed, reviewers conducted interviews to gain insight into the perspectives of others on the provider's P4P application. At a minimum the reviewers interviewed two residents separately to learn their perceptions of the home's performance related to the quality of life measures. Reviewers also visited on occasion with additional residents, staff and/or family members.

If necessary, the reviewers also made recommendations for adjustments to each home's P4P ratings based on their observations during the on-site review. Each on-site review concluded with a recap meeting between the home's administrative staff and the review team. The team noted any unresolved issues and provided one last opportunity for the home staff to respond. The review team also explained the next steps in the review process.

An on-site review has been performed on 82 of the 188 Class I Nursing Facility providers eligible for the Pay for Performance program since the program's inception in 2009. Nine of these homes have had two on-site reviews over the program's existence, seven of which occurred in 2016. The prior application review contractor concluded that homes receiving an on-site in prior review periods did not present as high of a risk. Although the risk factors used mathematically determined that seven required re-review in the current year, it may be more beneficial to perform on-site reviews for homes that have not yet been visited going forward. Exposure and education related to the Pay for Performance program will be more successful if on-site reviews are performed on homes that have not yet experienced one.

Myers and Stauffer utilized the on-site review process to validate the Pay for Performance applications and supporting documentation as well as to validate and update assigned points merited for P4P measures.

During the on-site review, Myers and Stauffer did not accept supplemental documentation from the home, information accidentally omitted from the application/supporting documentation or changes to applications after the application submission deadline.



## Appeal of Final Score

Providers were afforded 30 days from the date the final application score reports were distributed to submit a written request for an appeal. The appeal request is required to be submitted to the Department. Myers and Stauffer reviewed the requested appeals and associated documentation, providing the Department with recommendations for re-scoring. The Department reviewed the recommendations submitted by Myers and Stauffer, made revisions if necessary, then communicated their decision directly to the provider.

In comparison to prior years, a significant number of appeals were received. This is likely attributable to the minimum requirement revisions between the 2014 and 2015 calendar years.

	Number of Appeals
Calendar Year Review 2011	12
Calendar Year Review 2012	22
Calendar Year Review 2013	10
Calendar Year Review 2014	11
Calendar Year Review 2015	41

The table below details the initial final score received by each provider as well as the appealed final score and point difference.

Provider Name	Initial Final Score	Appealed Final Score	Increase
Avamere Transitional Care and Rehab - Malley	43	56	13
Briarwood Health Care Center	34	36	2
Brookshire House	57	67	10
Cherrelyn Healthcare Center	33	46	13
Christopher House	44	57	13
Colorado State Veterans NH - Homelake	58	66	8
Colorado State Veterans NH - Walsenburg	51	69	18
Denver North Care Center	76	84	8
Eagle Ridge at Grand Valley	66	81	15
Eben Ezer Lutheran Care Center	58	64	6
Exempla Healthcare/Colorado Lutheran Home	61	63	2
FairAcres Manor	59	63	4
Four Corners Health Care Center	76	82	6
Good Samaritan Society - Bonell Community	57	63	6
Harmony Pointe Nursing Center	75	75	0
Health Center at Franklin Park	34	48	14
Hildebrand Care Center	36	44	8
Hillcrest Care Center & The Towers	16	16	0
Julia Temple Healthcare Center	70	84	14
Kenton Manor	60	63	3



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Laurel Manor Care Center	58	61	3
Mantey Heights Rehabilitation & Care CTR	64	66	2
Mount St. Francis Nursing Center	70	74	4
Paonia Care & Rehabilitation Center	39	43	4
Park Forest Care Center	21	21	0
Parkview Care Center	58	62	4
Peaks Care Center	30	37	7
Pine Ridge Extended Care Center	47	70	23
Pueblo Care and Rehabilitation Center	5	22	17
Rehabilitation Center at Sandalwood	65	74	9
Rio Grande Inn	18	23	5
Rowan Community Inc	58	61	3
Sierra Healthcare Community	56	77	21
Skyline Ridge Nursing & Rehabilitation CTR	43	48	5
Springs Village Care Center	45	47	2
St. Paul Health Center	48	62	14
The Suites at Clermont Park	33	47	14
Uptown Health Care Center	58	69	11
Valley Inn	46	58	12
Valley Manor Care Center	58	76	18
Windsor Health Care Center	58	61	3

It is recommended that the Department clearly define the appeal process for the provider community, in regulation and in instruction. Specific time-frames should be established for filing and responding to each appeal. Strict adherence to the time-frames is suggested in order to set and maintain expectations in future years.



## *Review of Past Performance*

Of the 160 homes that have applied in the last five years, the chart below depicts the score ranges and average five year scores.

5-Year Average Score Achieved	Number of Homes
0-20	30
21-45	54
46-60	24
61-79	36
80-100	16

As only 15 facilities have averaged a score in the top point category of 80-100 over the past five years, this may be an indication that Pay for Performance program is recognizing excellence in quality of life and quality of care and that the application is designed sufficiently. However, this only applies to consistent applicants as a five year average of 80 points cannot be achieved if a home chooses to skip a year or two. It is recommended that this information be considered carefully based on the fact that the applicant pool is not consistent.

The following chart recognizes the 15 homes that have scored an average of 80 points or more in the past 5 years.

Provider Name	5-Year Average Score
Highline Rehabilitation and Care Community	80
Mount St. Francis Nursing Center	80
Amberwood Court Care Center	81
Colorado State Veterans NH - Walsenburg	81
Parkview Care Center	83
Sierra Healthcare Community	83
Harmony Pointe Nursing Center	83
Holly Nursing Care Center	83
Brookshire House	84
Juniper Village – The Speary Center	84
Rowan Community Inc	84
North Star Community	85
Uptown Health Care Center	86
Eagle Ridge at Grand Valley	87
Denver North Care Center	90
Holly Heights Nursing Home	96



## Application Frequency

Note that Myers and Stauffer possesses limited data from the calendar year 2011 forward. As a result, conclusions and observations generally do not extend to the beginning of the 2009 inception of Pay for Performance. For the past five application years (calendar years 2011 through 2015), the following 28 homes did not file a Pay for Performance application.

Provider	Location	Miles from HCPF	2015 Medicaid Utilization %
Little Sisters of the Poor-Mullen Home	Denver	4	94%
ManorCare Health Services-Denver	Denver	6	48%
Cedars Health Care Center	Lakewood	8	74%
Lakewood Villa	Lakewood	8	94%
Mapleton Care Center	Lakewood	8	73%
Broomfield Skilled Nursing & Rehab Center	Broomfield	17	60%
Village Care & Rehab Center	Broomfield	17	31%
Life Care Center of Littleton	Littleton	21	34%
Orchard Park Health Care Center	Littleton	21	42%
Crown Crest of Parker	Parker	25	68%
ManorCare Health Services-Boulder	Boulder	28	40%
Good Samaritan Society - Simla	Loveland	50	75%
Life Care Center of Greeley	Greeley	54	35%
Good Samaritan Society - Fort Collins Village	Fort Collins	64	63%
Parkmoor Village	Colorado Springs	71	67%
Sundance Skilled Nursing & Rehabilitation	Colorado Springs	71	91%
The Gardens Skilled Nursing & Rehabilitation	Colorado Springs	71	72%
Lincoln Community Hospital and Nursing Home	Hugo	104	70%
Cripple Creek Care Center	Cripple Creek	110	91%
Washington County Nursing Home	Akron	115	59%
Fowler Health Care	Fowler	148	75%
Grace Healthcare of Glenwood Springs	Glenwood Springs	158	64%
Crowley County Nursing Center	Ordway	162	65%
Pioneer Health Care Center	Rocky Ford	166	76%
Arkansas Valley Regional Medical Center	La Junta	177	73%
Sedgwick County Hospital and Nursing Home	Julesburg	182	54%
Courtyard Care Center	Fruita	254	78%
Southeast Colorado Hospital and LTC CTR	Springfield	254	81%

It is difficult to draw conclusions regarding why each of these homes chose to forgo filing an application. It is possible that some are not aware of the program and how it is reimbursed. We recommend an outreach program designed to inform these particular homes of the Pay for Performance application process along with the advantages of applying. All homes, rural homes especially, should be personally invited to attend or call in to public Pay for Performance Committee meetings as well as other provider centric meetings such as the Nursing Facility Advisory Committee. The more connected the provider community is to available resources, the more likely participation and collaboration will increase in the P4P program as well as other nursing home endeavors. Reference the separately compiled Colorado P4P Recommendations Report for further analysis and recommendations regarding the Pay for Performance program.