Colorado Department of Health Care Policy and Financing

2017 Nursing Facilities Pay for Performance Application Review

Data Report

August 2017

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1. INTRODUCTION & APPROACH

Colorado started the Nursing Facility Pay for Performance (P4P) Program July 1, 2009, per *10 CCR 2505 section 8.443.12*. The Department of Health Care Policy and Financing (the Department) makes supplemental payments to nursing facilities throughout the State based on performance measures around quality of life and quality of care for each facilities' residents. Nursing facilities complete a P4P Application for additional quality performance payments each year. This application consists of quality of life and quality of care measures with various points associated to each measure, totaling 100 points per application. There are minimum requirements and criteria within each performance measure that a facility must meet in order to receive the points for a specific measure.

Public Consulting Group (PCG) was contracted by the Department to review, evaluate, and validate nursing home applications for the 2017 (calendar year 2016) P4P program year. This year's work commenced with the development of an online P4P application system portal. The Department and PCG worked together to define requirements of the system application and included input from the P4P Committee in the system build. Although not a requirement this year, the system portal allowed providers to submit their P4P applications and documentation online. 123 of 128 nursing facilities that applied in 2017, submitted their P4P application via the system portal. Hard copy and various electronic (CD, flash drive) applications were also accepted by the Department for this application year.

The final submission deadline was March 1, 2017. Once all applications were received, PCG began the application review process. This process included conducting internal trainings for the review team, reviewing submitted scores, documentation, and appendices/tools for each facility, conducting quality assurance reviews, conducting on-site validation reviews, generating review results reports, notifying providers of their results, and conducting an appeals process.

The following pages highlight the results and analysis from the application review process for the 2017 P4P program year.

2. 2017 P4P APPLICATION SCORING AND ANALYSIS

2.1 Prerequisites

As in previous years, nursing homes had to meet certain prerequisites in order to participate in the P4P program. In 2017, these prerequisites were:

- **Colorado Department of Public Health and Environment (CDPHE) Survey:** a home could not have substandard deficiencies during the previous calendar year. The Department sent PCG a spreadsheet with stated deficiencies and PCG confirmed that all 2017 applicants met the CDPHE prerequisite requirement:

  Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and home practices, 42 CFR 483.15, quality of life, or 42 CFR 483.25, quality of care, that constitute either immediate jeopardy to resident health or safety (level J, K, or L); a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or a widespread potential for more than minimal harm, but less than immediate jeopardy, with not actual harm (level F).

- **Resident/Family Satisfaction Survey**: a home must include a survey that was developed, recognized, and standardized by an entity external to the home, that is administered on an annual basis (calendar year 2016). Additionally, homes had to report their average daily census for CY16, the number of residents/families contacted for this survey, and the number of residents/families who responded to this survey.

The new web portal required providers to provide this survey information prior to moving on to the application. Table 1 displays the data collected for this prerequisite for the 128 participating nursing homes. Across the 128 facilities who completed the P4P application, average daily census values ranged from 21-198, with a program average of 86. The number of residents/families contacted ranged from 16-900, with an average of 103. The number of residents/families responded ranged from 4-199, with an average of 56. The average response rate was 63%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Facility Name	Average Daily Census for CY2016	# of residents/ families contacted	# of residents/ families responded	Response Rate
ALLISON CARE CENTER	86	158	95	60%
ALPINE LIVING CENTER	111	68	68	100%
AMBERWOOD COURT REHABILITATION AND CARE COMMUNITY	69	117	69	59%
APPLEWOOD LIVING CENTER	99	80	79	99%
ARVADA CARE AND REHABILITATION CENTER	46	44	18	41%
ASPEN CENTER	59	43	4	9%
ASPEN LIVING CENTER	94	51	50	98%
AUTUMN HEIGHTS HEALTH CARE CENTER	111	87	32	37%
AVAMERE TRANSITIONAL CARE AND REHABILITATION-MALLEY	135	170	96	56%
BELMONT LODGE HEALTH CARE CENTER	85	58	58	100%
BENT COUNTY HEALTHCARE CENTER	51	17	15	88%
BERKLEY MANOR CARE CENTER	71	69	37	54%
BERTHOUD LIVING CENTER	70	60	59	98%

Facility Name	Average Daily Census for CY2016	# of residents/ families contacted	# of residents/ families responded	Response Rate
BETH ISRAEL AT SHALOM PARK	127	126	53	42%
BOULDER MANOR	116	53	53	100%
BRIARWOOD HEALTH CARE CENTER	90	82	65	79%
BROOKSHIRE HOUSE REHABILITATION AND CARE COMMUNITY	56	104	53	51%
BROOKSIDE INN	113	132	84	64%
BROOMFIELD SKILLED NURSING AND REHABILITATION CTR	155	228	154	68%
BRUCE MCCANDLESS CO STATE VETERANS NURSING HOME	84	58	44	76%
CAMBRIDGE CARE CENTER	97	161	76	47%
CEDARS HEALTHCARE CENTER	75	42	42	100%
CEDARWOOD HEALTH CARE CENTER	72	49	49	100%
CENTENNIAL HEALTH CARE CENTER	95	61	61	100%
CENTURA HEALTH-MEDALION HEALTH CENTER	51	41	15	37%
CHERRELYN HEALTHCARE CENTER	154	150	145	97%
CHERRY CREEK NURSING CENTER	193	186	85	46%
CHEYENNE MOUNTAIN CENTER	129	83	10	12%
CHRISTIAN LIVING COMMUNITIES SUITES AT SOMEREN GLEN CARE CENTER	84	77	45	58%
CHRISTOPHER HOUSE REHABILITATION AND CARE COMMUNITY	66	140	64	46%
CLEAR CREEK CARE CENTER	82	146	79	54%
COLONIAL COLUMNS NURSING CENTER	73	45	45	100%
COLORADO LUTHERAN HOME	112	51	34	67%
COLORADO STATE VETERANS HOME AT FITZSIMONS	160	252	134	53%
COLORADO VETERANS COMMUNITY LVG CTR AT HOMELAKE	50	45	27	60%
COLOROW CARE CENTER	75	131	73	56%
COLUMBINE WEST HEALTH AND REHAB FACILITY	97	120	54	45%
COTTONWOOD CARE CENTER	107	84	43	51%
COTTONWOOD INN REHABILITATION AND EXTENDED CARE CENTER	33	20	10	50%
DENVER NORTH CARE CENTER	79	74	33	45%
DEVONSHIRE ACRES	71	67	54	81%
E DENE MOORE CARE CENTER	47	50	32	64%
EAGLE RIDGE OF GRAND VALLEY	65	164	73	45%
EBEN EZER LUTHERAN CARE CENTER	109	159	86	54%
ELMS HAVEN CENTER	198	188	71	38%
ENGLEWOOD POST ACUTE AND REHABILITATION	64	64	30	47%
FAIRACRES MANOR, INC.	104	203	118	58%
FOREST STREET COMPASSIONATE CARE CENTER	49	16	11	69%
FORT COLLINS HEALTH CARE CENTER	73	47	47	100%
FOUR CORNERS HEALTH CARE CENTER	118	83	83	100%
GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE	95	94	32	34%

Facility Name	Average Daily Census for CY2016	# of residents/ families contacted	# of residents/ families responded	Response Rate
GOLDEN PEAKS CENTER	48	52	33	63%
GOOD SAMARITAN SOCIETY - BONELL COMMUNITY	130	177	62	35%
GOOD SAMARITAN SOCIETY - FORT COLLINS VILLAGE	54	54	32	59%
GRACE MANOR CARE CENTER	28	47	29	62%
GREEN HOUSE HOMES AT MIRASOL, THE	58	119	78	66%
GUNNISON VALLEY HEALTH SENIOR CARE CENTER	42	72	29	40%
HALLMARK NURSING CENTER	115	42	40	95%
HARMONY POINTE NURSING CENTER	97	180	66	37%
HEALTH CENTER AT FRANKLIN PARK	69	58	40	69%
HIGHLINE REHABILITATION AND CARE COMMUNITY	118	200	101	51%
HILDEBRAND CARE CENTER	71	95	51	54%
HILLCREST CARE CENTER	40	16	13	81%
HOLLY HEIGHTS CARE CENTER	119	116	89	77%
HOLLY NURSING CARE CENTER	33	71	38	54%
HORIZONS CARE CENTER	59	98	51	52%
JEWELL CARE CENTER OF DENVER	92	77	77	100%
JULIA TEMPLE HEALTHCARE CENTER	116	158	46	29%
JUNIPER VILLAGE - THE SPEARLY CENTER	128	133	47	35%
KENTON MANOR	97	56	56	100%
LA VILLA GRANDE CARE CENTER	79	74	47	64%
LAMAR ESTATES LLC	43	66	54	82%
LARCHWOOD INNS	113	227	108	48%
LAUREL MANOR CARE CENTER	75	108	29	27%
LIFE CARE CENTER OF GREELEY	84	84	50	60%
LIFE CARE CENTER OF LONGMONT	144	141	31	22%
LINCOLN COMMUNITY HOSPITAL NURSING HOME	24	21	16	76%
MANORCARE HEALTH SERVICES - BOULDER	128	591	199	34%
MANORCARE HEALTH SERVICES - DENVER	130	900	192	21%
MANTEY HEIGHTS REHABILITATION AND CARE CENTER	77	77	76	99%
MESA MANOR CENTER	55	64	45	70%
MESA VISTA OF BOULDER	144	150	49	33%
MINNEQUA MEDICENTER	87	92	92	100%
MONTE VISTA ESTATES LLC	44	40	16	40%
MOUNT ST FRANCIS NURSING CENTER	105	106	91	86%
MOUNTAIN VISTA HEALTH CENTER	147	132	80	61%
NORTH SHORE HEALTH AND REHAB FACILITY	119	120	86	72%
NORTH STAR REHABILITATION AND CARE COMMUNITY	78	149	39	26%
PARK FOREST CARE CENTER, INC.	90	88	46	52%
PARKMOOR VILLAGE HEALTHCARE CENTER	101	84	36	43%

Facility Name	Average Daily Census for CY2016	# of residents/ families contacted	# of residents/ families responded	Response Rate
PARKVIEW CARE CENTER	65	110	45	41%
PAVILION AT VILLA PUEBLO, THE	81	80	52	65%
PEAKS CARE CENTER THE	76	149	95	64%
PEARL STREET HEALTH AND REHABILITATION CENTER	70	61	61	100%
PIKES PEAK CENTER	108	123	80	65%
PINE RIDGE EXTENDED CARE CENTER	51	45	12	27%
PUEBLO CENTER	82	45	42	93%
REHABILITATION CENTER AT SANDALWOOD	91	100	31	31%
RIO GRANDE INN	45	105	78	74%
RIVERWALK POST ACUTE AND REHABILITATION	48	134	41	31%
ROCK CANYON RESPIRATORY AND REHABILITATION CENTER	73	77	34	44%
ROWAN COMMUNITY, INC	69	59	37	63%
SANDROCK RIDGE CARE AND REHAB	49	23	18	78%
SIERRA REHABILITATION AND CARE COMMUNITY	95	84	35	42%
SIERRA VISTA HEALTH CARE CENTER	97	43	43	100%
SKYLINE RIDGE NURSING AND REHABILITATION CENTER	76	72	62	86%
SPANISH PEAKS VETERANS COMMUNITY LIVING CENTER	92	138	71	51%
SPRING CREEK HEALTH CARE CENTER	103	75	75	100%
SPRINGS VILLAGE CARE CENTER	74	81	35	43%
ST PAUL HEALTH CENTER	135	113	94	83%
SUITES AT CLERMONT PARK CARE CENTER	58	57	34	60%
SUMMIT REHABILITATION AND CARE COMMUNITY	103	113	83	73%
SUNNY VISTA LIVING CENTER	109	116	65	56%
SUNSET MANOR	72	45	45	100%
TERRACE GARDENS HEALTH CARE CENTER	97	51	51	100%
TRINIDAD INN NURSING HOME	89	88	52	59%
VALLEY INN, THE	54	55	33	60%
VALLEY MANOR CARE CENTER	71	64	18	28%
VALLEY VIEW HEALTH CARE CENTER INC	57	69	33	48%
VALLEY VIEW VILLA	65	51	46	90%
VILLA MANOR CARE CENTER	83	278	48	17%
VISTA GRANDE INN	67	63	35	56%
WALSH HEALTHCARE CENTER	21	62	42	68%
WESTERN HILLS HEALTH CARE CENTER	90	81	23	28%
WESTLAKE CARE COMMUNITY	66	60	43	72%
WHEATRIDGE MANOR CARE CENTER	61	116	76	66%
WILLOW TREE CARE CENTER	40	43	43	100%
WINDSOR HEALTH CARE CENTER	100	47	47	100%

2.2 Application Results Overview

A total of 128 nursing homes submitted an application for the 2017 P4P program year. Of those 128 nursing homes, the final breakdown of scoring, based on the Per Diem Add-On groupings, is as follows:

Table 2 – Score & Per Diem Overview

Points Achieved	Per Diem Add-On	2017 Homes	Percentage
0-20	None	7	5.5%
21-45	$1.00	31	24.2%
46-60	$2.00	33	25.8%
61-79	$3.00	39	30.5%
80-100	$4.00	18	14.0%
Total		**128**	**100.0%**

Table 3 below includes this same payment analysis for the past five years. There was an increase in applicants who received the $4.00 per diem add-on from last year (11 to 18 homes) and a decrease in homes who applied and received no add-on per diem (14 to 7 homes). The $3.00 per diem add on consisted of the highest percentage of homes for the fourth consecutive program year.

Table 3 – Per Diem Historical Analysis

	Applicants									
Per Diem Add-On	2013 Homes	%	2014 Homes	%	2015 Homes	%	2016 Homes	%	2017 Homes	%
None	5	4%	0	0%	0	0%	14	11%	7	5%
$1.00	25	21%	27	21%	26	21%	34	26%	31	24%
$2.00	21	18%	28	22%	30	24%	28	22%	33	26%
$3.00	28	24%	51	40%	40	32%	42	33%	39	31%
$4.00	38	32%	21	17%	29	23%	11	9%	18	14%
Total	117		127		125		129		128	

Table 4 shows the final nursing home self-scores and reviewer scores for each facility for the 2017 P4P program year. Among these 128 facilities, the average Self Score was 70 and the average Reviewer Score was 56.

Table 4 – 2017 Application Final Score Summary

Nursing Home	2017 Self Score	2017 Reviewer Score
ALLISON CARE CENTER	78	74
ALPINE LIVING CENTER	66	66
AMBERWOOD COURT REHABILITATION AND CARE COMMUNITY	89	90
APPLEWOOD LIVING CENTER	48	44
ARVADA CARE AND REHABILITATION CENTER	65	28
ASPEN CENTER	76	28

Nursing Home	2017 Self Score	2017 Reviewer Score
ASPEN LIVING CENTER	62	56
AUTUMN HEIGHTS HEALTH CARE CENTER	67	64
AVAMERE TRANSITIONAL CARE AND REHABILITATION-MALLEY	72	50
BELMONT LODGE HEALTH CARE CENTER	48	44
BENT COUNTY HEALTHCARE CENTER	75	69
BERKLEY MANOR CARE CENTER	31	5
BERTHOUD LIVING CENTER	80	71
BETH ISRAEL AT SHALOM PARK	82	73
BOULDER MANOR	24	24
BRIARWOOD HEALTH CARE CENTER	70	69
BROOKSHIRE HOUSE REHABILITATION AND CARE COMMUNITY	86	86
BROOKSIDE INN	80	80
BROOMFIELD SKILLED NURSING AND REHABILITATION CTR	53	37
BRUCE MCCANDLESS CO STATE VETERANS NURSING HOME	61	54
CAMBRIDGE CARE CENTER	82	82
CEDARS HEALTHCARE CENTER	70	60
CEDARWOOD HEALTH CARE CENTER	50	41
CENTENNIAL HEALTH CARE CENTER	81	81
CENTURA HEALTH-MEDALION HEALTH CENTER	42	37
CHERRELYN HEALTHCARE CENTER	78	62
CHERRY CREEK NURSING CENTER	82	53
CHEYENNE MOUNTAIN CENTER	51	27
CHRISTIAN LIVING COMMUNITIES SUITES AT SOMEREN GLEN CARE CENTER	70	51
CHRISTOPHER HOUSE REHABILITATION AND CARE COMMUNITY	96	88
CLEAR CREEK CARE CENTER	70	65
COLONIAL COLUMNS NURSING CENTER	80	46
COLORADO LUTHERAN HOME	77	72
COLORADO STATE VETERANS HOME AT FITZSIMONS	36	27
COLORADO VETERANS COMMUNITY LVG CTR AT HOMELAKE	83	68
COLOROW CARE CENTER	83	85
COLUMBINE WEST HEALTH AND REHAB FACILITY	69	51
COTTONWOOD CARE CENTER	78	72
COTTONWOOD INN REHABILITATION AND EXTENDED CARE CENTER	61	34
DENVER NORTH CARE CENTER	86	68
DEVONSHIRE ACRES	76	61
E DENE MOORE CARE CENTER	91	63
EAGLE RIDGE OF GRAND VALLEY	83	71
EBEN EZER LUTHERAN CARE CENTER	77	75
ELMS HAVEN CENTER	21	15

Nursing Home	2017 Self Score	2017 Reviewer Score
ENGLEWOOD POST ACUTE AND REHABILITATION	25	17
FAIRACRES MANOR, INC.	81	85
FOREST STREET COMPASSIONATE CARE CENTER	64	40
FORT COLLINS HEALTH CARE CENTER	51	46
FOUR CORNERS HEALTH CARE CENTER	84	80
GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE	48	43
GOLDEN PEAKS CENTER	96	73
GOOD SAMARITAN SOCIETY - BONELL COMMUNITY	81	81
GOOD SAMARITAN SOCIETY - FORT COLLINS VILLAGE	75	37
GRACE MANOR CARE CENTER	84	25
GREEN HOUSE HOMES AT MIRASOL, THE	75	71
GUNNISON VALLEY HEALTH SENIOR CARE CENTER	24	22
HALLMARK NURSING CENTER	63	63
HARMONY POINTE NURSING CENTER	71	69
HEALTH CENTER AT FRANKLIN PARK	79	60
HIGHLINE REHABILITATION AND CARE COMMUNITY	71	71
HILDEBRAND CARE CENTER	75	77
HILLCREST CARE CENTER	77	41
HOLLY HEIGHTS CARE CENTER	94	93
HOLLY NURSING CARE CENTER	77	76
HORIZONS CARE CENTER	69	54
JEWELL CARE CENTER OF DENVER	86	80
JULIA TEMPLE HEALTHCARE CENTER	85	81
JUNIPER VILLAGE - THE SPEARLY CENTER	78	55
KENTON MANOR	83	83
LA VILLA GRANDE CARE CENTER	64	41
LAMAR ESTATES LLC	84	40
LARCHWOOD INNS	65	58
LAUREL MANOR CARE CENTER	71	66
LIFE CARE CENTER OF GREELEY	42	13
LIFE CARE CENTER OF LONGMONT	73	51
LINCOLN COMMUNITY HOSPITAL NURSING HOME	69	50
MANORCARE HEALTH SERVICES - BOULDER	59	43
MANORCARE HEALTH SERVICES - DENVER	48	0
MANTEY HEIGHTS REHABILITATION AND CARE CENTER	75	65
MESA MANOR CENTER	88	73
MESA VISTA OF BOULDER	80	75
MINNEQUA MEDICENTER	54	38
MONTE VISTA ESTATES LLC	81	46

Nursing Home	2017 Self Score	2017 Reviewer Score
MOUNT ST FRANCIS NURSING CENTER	83	83
MOUNTAIN VISTA HEALTH CENTER	34	25
NORTH SHORE HEALTH AND REHAB FACILITY	64	38
NORTH STAR REHABILITATION AND CARE COMMUNITY	82	69
PARK FOREST CARE CENTER, INC.	68	38
PARKMOOR VILLAGE HEALTHCARE CENTER	81	58
PARKVIEW CARE CENTER	80	64
PAVILION AT VILLA PUEBLO, THE	84	51
PEAKS CARE CENTER THE	59	28
PEARL STREET HEALTH AND REHABILITATION CENTER	85	66
PIKES PEAK CENTER	81	48
PINE RIDGE EXTENDED CARE CENTER	78	56
PUEBLO CENTER	75	56
REHABILITATION CENTER AT SANDALWOOD	91	72
RIO GRANDE INN	67	52
RIVERWALK POST ACUTE AND REHABILITATION	75	38
ROCK CANYON RESPIRATORY AND REHABILITATION CENTER	80	55
ROWAN COMMUNITY, INC	75	69
SANDROCK RIDGE CARE AND REHAB	68	53
SIERRA REHABILITATION AND CARE COMMUNITY	80	76
SIERRA VISTA HEALTH CARE CENTER	51	51
SKYLINE RIDGE NURSING AND REHABILITATION CENTER	59	40
SPANISH PEAKS VETERANS COMMUNITY LIVING CENTER	78	78
SPRING CREEK HEALTH CARE CENTER	61	41
SPRINGS VILLAGE CARE CENTER	72	44
ST PAUL HEALTH CENTER	86	69
SUITES AT CLERMONT PARK CARE CENTER	58	58
SUMMIT REHABILITATION AND CARE COMMUNITY	80	82
SUNNY VISTA LIVING CENTER	75	62
SUNSET MANOR	68	50
TERRACE GARDENS HEALTH CARE CENTER	61	53
TRINIDAD INN NURSING HOME	75	31
VALLEY INN, THE	87	85
VALLEY MANOR CARE CENTER	76	48
VALLEY VIEW HEALTH CARE CENTER INC	74	51
VALLEY VIEW VILLA	42	28
VILLA MANOR CARE CENTER	57	0
VISTA GRANDE INN	54	55
WALSH HEALTHCARE CENTER	78	65

Nursing Home	2017 Self Score	2017 Reviewer Score
WESTERN HILLS HEALTH CARE CENTER	67	52
WESTLAKE CARE COMMUNITY	86	82
WHEATRIDGE MANOR CARE CENTER	80	66
WILLOW TREE CARE CENTER	55	19
WINDSOR HEALTH CARE CENTER	63	56

Table 5 displays descriptive statistics summarizing the P4P program's final scores from 2013-2017. Since 2013, the number of participating facilities has stayed relatively consistent; although there has been an increase from 117 to 128 participating facilities during this time, with the biggest jump occurring between 2013-2014. The average self-score has stayed within 7 points over these five years, reaching a low in 2014 and climbing up to 70 in 2017. The large difference in Self and Reviewer Score seen in 2016 (-16) can be seen again in 2017 (-14), although the average Reviewer Score was higher overall in 2017 (56) compared to 2016 (49). The difference in scoring can be attributed to new measures that were added to the application in 2016 because of CMS regulations and program enhancements. These measures and associated requirements were included in the 2017 program year as well, as the P4P program continues to evolve.

Table 5 – Scoring Historical Analysis

Application Year					
	2013	2014	2015	2016	2017
Number of Facilities	117	127	125	129	128
Average Self Score	66	63	64	65	70
Average Reviewer Score	61	60	62	49	56
Average Difference (Reviewer minus Self Score)	-5	-3	-2	-16	-14

Although facility participation remained consistent in 2017, compared to previous years, there are always opportunities to work towards increased participation. With the advent of the online application and an increased ability for facilities to complete elements of the application within the online portal, the overall administrative burden of completing an application is anticipated to be reduced. There is however a training curve for applicants and staff to become comfortable with the use of a new online system. Through lessons learned and feedback from providers and the review team, additional training and ongoing support will help to continue to ease the application process, as well as ensure providers are more familiar with the application itself.

2.3 Application Measures Analysis

The 2017 P4P application was separated into two domains and seven subcategories with the following measures (numbered 1-23 in the web portal application):

Domain: Quality of Life
Resident Directed Care

1. Enhanced Dining
2. Flexible and Enhanced Bathing
3. End of Life Program
4. Connection and Meaning
5. Person-Directed Care Training
6. Daily Schedules

Community Centered Living

7. Physical Environment
8. QAPI (1-3)

Relationships with Staff, Family, Resident and Home

9. Consistent Assignments
10. Volunteer Program

Staff Empowerment

11. Care Planning
12. Staff Engagement

Domain: Quality of Care
Quality of Care

13. Continuing Education
14. Reducing Avoidable Hospitalizations
15. Nationally Reported Quality Measures Scores (15.1- 15.5)
16. Quality Measure Composite Score

Home Management

17. Medicaid Occupancy Average

Staff Stability

18-19. Staff Retention Rate/Improvement
20. DON Retention
21. NHA Retention
22. Nursing Staff Turnover Rate
23. Staff Satisfaction Survey Response Rate

This section provides analysis on the scoring for each specific measure. The subsequent table displays the following for each measure:

- The number of nursing homes that received points last year (2016) for the measure, applied for the same measure in 2017, but did not receive points in 2017.
- The number of nursing homes that applied for the measure in 2017, but did not receive points.
- The total number of nursing homes that applied for the measure in 2017.
- The percentage of nursing homes that applied for the measure in 2017, but did not receive points.

Table 6 – Score by Measure Analysis

Measure	Homes Received Points in 2016, Applied in 2017 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2017	Total Homes Applied in 2017	% of Homes Applied and Did Not Receive Points	
Enhanced Dining	11	23	118	19%	
Flexible and Enhanced Bathing	19	29	111	26%	
End of Life Program	11	20	114	18%	
Connection and Meaning	13	28	119	24%	
Person-Directed Care	17	31	103	30%	
Daily Schedules	3	13	119	11%	
Physical Environment	14	48	106	45%	
QAPI - 8.1	-	5	105	5%	**(A)**
QAPI - 8.2	-	16	97	16%	**(A)**
QAPI – 8.3	-	7	107	7%	**(A)**
Consistent Assignments	5	12	113	11%	
Volunteer Program	9	24	117	21%	
Care Planning	7	17	101	17%	
Staff Engagement	9	18	112	16%	
Continuing Education	9	21	87	24%	**(B)**
Reducing Avoidable Hospitalizations	11	30	82	37%	
Quality Measure - 15.1	6	16	67	24%	**(C)**
Quality Measure - 15.2	8	20	82	24%	**(C)**
Quality Measure - 15.3	7	20	64	31%	**(C)**
Quality Measure - 15.4	11	25	89	28%	**(C)**
Quality Measure - 15.5	10	25	79	32%	**(C)**
Quality Measure Composite Score	4	30	81	37%	
Medicaid Occupancy Average	1	6	84	7%	
Staff Retention Rate/Improvement	8	20	94	21%	**(B)**
DON Retention	3	13	52	25%	
NHA Retention	1	9	51	18%	
Nursing Staff Turnover Ratio	3	12	87	14%	
Staff Satisfaction Survey Response Rate	1	4	105	4%	**(B)**

Note that for this analysis:
- (A) QAPI was separated into three separate measures in 2017, compared to 2016
- (B) Comparison for these measures is based on any score received in 2016
- (C) Some homes received higher or lower points for these measures than they applied for rather than zero points

Taking this analysis, the PCG review team highlighted common deficiencies across all facility applications that led to a reduction in the reviewer score for each measure. The following sections break out each measure, showing a summary of the percentage of homes that applied and then did receive points for each measure. A table showing historical percentages for homes that received points is also included in each measure's analysis.

Enhanced Dining

Enhanced Dining - Awarded %			
2013	2014	2015	2016
89%	94%	91%	82%

2017	
Homes Applied	118
Applied %	92%
Homes Awarded	95
Awarded %	81%

In most cases, facilities were able to meet all the minimum requirements. Sixteen facilities did not provide sufficient evidence of resident input into the appearance of the dining atmosphere and lost points accordingly. Also, there were seven instances where documentation fell outside the acceptable date range for this application – this was particularly evident in the submitted menu cycles, which either fell outside of the acceptable timeframe, or were only partial menu cycles. Lastly, unlike other measures, a minimum requirement for this measure states that resident testimonials must be signed; three providers lost points because their testimonials were not signed.

Flexible and Enhanced Bathing

Flexible and Enhanced Bathing - Awarded %			
2013	2014	2015	2016
87%	91%	92%	87%

2017	
Homes Applied	111
Applied %	87%
Homes Awarded	82
Awarded %	74%

One of the minimum requirements asks for evidence that residents are interviewed about choices regarding time, choice of caregiver, and type of bath. Facilities often submitted documentation that touched on only one or two of these areas, and twelve of the homes who lost points did so because documentation around training objectives was missing and/or insufficient per the requirement.

End of Life Program

End of Life Program - Awarded %			
2013	2014	2015	2016
85%	94%	80%	82%

2017	
Homes Applied	114
Applied %	89%
Homes Awarded	94
Awarded %	82%

The minimum requirements ask for identification of "individual preferences, spiritual needs, wishes, expectations, specific grief counselling, and a plan for honoring those that have died and a process to inform the home of such death" – seven facilities lost points because they did not touch on all of these required items. Additionally, the two testimonials required from non-management staff were found to be lacking relevant details to this minimum requirement for another seven facilities, and did little to describe the end of life planning at the facility.

Connection and Meaning

Connection and Meaning - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	73%

2017	
Homes Applied	119
Applied %	93%
Homes Awarded	91
Awarded %	76%

Connection and Meaning references the community assessment required under Person-Directed Care. Nineteen facilities lost points on Person-Directed Care because of the community assessment, and consequently lost points on this measure. Even when a community assessment was present, often opportunities were not expressly identified, or tied into how they were incorporated to foster the connection and meaning in residents' daily lives. Testimonials were also commonly lacking for this measure, as eleven facilities did not submit the required number of testimonials (eight resident or family members and two non-management staff).

Person-Directed Care Training

Person-Directed Care Training - Awarded %			
2013	2014	2015	2016
72%	91%	89%	89%

2017	
Homes Applied	103
Applied %	80%
Homes Awarded	72
Awarded %	70%

Facilities lost points on this measure because they did not submit a list of person-directed care trainings, or because, if they did, the trainings were often from outside of the applicable time period for documentation. Additionally, twenty-two facilities lost points because of their community assessment. The community assessment was either not included, or was insufficient in determining the needs and desires of the resident population.

Daily Schedules

Daily Schedules - Awarded %			
2013	2014	2015	2016
87%	91%	95%	73%

2017	
Homes Applied	119
Applied %	93%
Homes Awarded	106
Awarded %	89%

Most facilities were able to successfully meet the requirements for this measure. Approximately half of the homes that lost points did so because the submitted care plans and testimonials were not for the same four residents, as outlined in the minimum requirement.

Physical Environment

Physical Environment - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	58%

2017	
Homes Applied	106
Applied %	83%
Homes Awarded	58
Awarded %	55%

This measure's minimum requirements are some of the most complex, requiring a variety of criteria to be met within one requirement. Eight facilities lost points because there was a lack of photographic evidence. Although there was usually some photographic evidence submitted, this measure requires facilities to upload photographic support for each item listed in the submitted narrative.

Additionally, twenty-six facilities lost points for failing to submit all of the requested documentation related to the third minimum requirement. A plan/policy speaking to the reduction or elimination of extraneous noise was often lacking, as was detail around tracked alarm usage data. This made identifying an improvement in reducing extraneous noise from 2015-2016 impossible in many cases.

Lastly, twenty-eight facilities did not submit documentation of an evaluation to reduce patient disruptions that included residents, visitors, and staff, or a policy regarding the absence of overhead paging.

QAPI

The QAPI Measure was introduced in 2016. In 2017, the measure was split up into three sub-measures, each worth points individually.

QAPI - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	41%

QAPI (8.1)

2017	
Homes Applied	105
Applied %	82%
Homes Awarded	100
Awarded %	95%

The majority of facilities who applied, received points for measure 8.1; the five that did not receive points either did not upload any documentation or did not follow the instructions in Appendix 7.

QAPI (8.2)

2017	
Homes Applied	97
Applied %	76%
Homes Awarded	81
Awarded %	84%

The documentation requested in this measure's minimum requirement is extensive, and many facilities lost points for omitting one piece of documentation out of the many sub-requirements. Most commonly, facilities did not submit storyboards, or, in many cases, submitted photos of their storyboard that were poor quality images. A consideration is to split this minimum requirement into multiple requirements to allow for easier interpretation and organization when submitting the application.

QAPI (8.3)

2017	
Homes Applied	107
Applied %	84%
Homes Awarded	100
Awarded %	93%

Measure 8.3 required only an updated QAPI self-assessment tool to be submitted. Where homes lost points, they simply did not upload the tool.

Consistent Assignments

Consistent Assignments - Awarded %			
2013	2014	2015	2016
n/a	90%	90%	75%

2017	
Homes Applied	113
Applied %	88%
Homes Awarded	101
Awarded %	89%

Facilities lost points on this measure due to not submitting narratives or staffing schedules. There were few issues identified with documentation that was uploaded for this measure, as 89% of facilities were awarded points.

Volunteer Program

Volunteer Program - Awarded %			
2013	2014	2015	2016
93%	99%	88%	74%

2017	
Homes Applied	117
Applied %	91%
Homes Awarded	93
Awarded %	79%

The first minimum requirement asks for both a detailed narrative and a copy of a written volunteer policy. Eight facilities did not submit two separate documents for this requirement, and lost points. Thirteen facilities lost points because the sign-in/sign-out sheets submitted were not for external volunteers, and another eleven because they did not submit sufficient testimonials relevant to volunteer programs.

Care Planning

Care Planning - Awarded %			
2013	2014	2015	2016
90%	97%	92%	70%

2017	
Homes Applied	101
Applied %	79%
Homes Awarded	84
Awarded %	83%

The care planning measure requires both ten initial and ten quarterly care plan attendance forms to be submitted, but each of the care plan forms must be for a different individual resident. Eleven facilities lost points due to submitting fewer than twenty total care plan attendance forms, or submitting multiple forms for the same resident. Also, one of the minimum requirements is that all attendance forms be clearly labeled, and some homes also lost points because their submitted forms were not labeled as initial quarterly attendance forms.

Staff Engagement

Staff Engagement - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	81%

2017	
Homes Applied	112
Applied %	88%
Homes Awarded	94
Awarded %	84%

Twelve facilities failed to submit a detailed narrative describing what the home is doing to promote the engagement and work-life balance of staff or provide a written narrative of a staff mentoring and/or buddy system program. Eleven facilities did not provide evidence of existing staff programs that foster development or engagement through participation.

Continuing Education

	Continuing Education - Awarded %			
	2013	2014	2015	2016
+2	95%	138%	64%	13%
+4	83%	111%	67%	7%
+6	83%	92%	87%	80%

2017				
	Overall	+2	+4	+6
Homes Applied	87	5	8	74
Applied %	68%	4%	6%	58%
Homes Awarded	66	2	3	61
Awarded %	76%	40%	38%	82%

Seven homes lost points because they did not submit a list of continuing education provided in-house, and seventeen lost points because they did not provide reports substantiating information in Appendix 3. With both Appendix 2 and Appendix 3 now available to be completed directly in the online portal, a more focused effort to have providers use these tools should be enforced to help streamline the submission and review processes.

Reducing Avoidable Hospitalizations

Reducing Avoidable Hospitalizations - Awarded %			
2013	2014	2015	2016
82%	80%	84%	44%

2017	
Homes Applied	82
Applied %	64%
Homes Awarded	52
Awarded %	63%

The majority of facilities lost points for this measure because re-hospitalization data was not submitted using either Trend Tracker or Advancing Excellence. In some instances, reviewers were unable to calculate the correct re-hospitalization % to compare to the Colorado average of 12.1%. However, there were also cases where the correct data was submitted, but facilities were not under the 12.1% benchmark, and there was no documented improvement. Some facilities also failed to upload an INTERACT program policy.

Nationally Reported Quality Measures Scores 15.1-15.5

Due to the fact that there are a range of scores for measures 15.1-15.5, the "Homes Awarded" data below correspond to homes awarded a particular point value, regardless of which point value they applied for.

Residents with One or More Falls with Major Injury (15.1)

2017						
	Overall	+5	+4	+3	+2	+1
Homes Applied	67	43	5	8	4	7
Applied %	52%	34%	4%	6%	3%	5%
Homes Awarded	51	33	3	5	3	7
Awarded %	76%	77%	60%	63%	75%	100%

Residents who Self-Reported Moderate/Severe Pain (15.2)

2017						
	Overall	+5	+4	+3	+2	+1
Homes Applied	82	39	16	10	10	7
Applied %	64%	30%	13%	8%	8%	5%
Homes Awarded	61	38	7	7	5	5
Awarded %	74%	97%	44%	70%	50%	71%

High Risk Residents with Pressure Ulcers (15.3)

2017						
	Overall	+5	+4	+3	+2	+1
Homes Applied	64	35	5	9	7	8
Applied %	50%	27%	4%	7%	5%	6%
Homes Awarded	44	22	1	10	5	6
Awarded %	69%	63%	20%	111%	71%	75%

Residents with a UTI (15.4)

2017						
	Overall	+5	+4	+3	+2	+1
Homes Applied	89	65	9	4	1	10
Applied %	70%	51%	7%	3%	1%	8%
Homes Awarded	63	47	5	1	1	10
Awarded %	72%	71%	56%	25%	100%	100%

Residents who Received Antipsychotic Medications (15.5)

2017						
	Overall	+5	+4	+3	+2	+1
Homes Applied	79	47	6	9	3	14
Applied %	62%	37%	5%	7%	2%	11%
Homes Awarded	53	32	3	7	0	12
Awarded %	68%	66%	50%	78%	0%	86%

Measures 15.1-15.5 all required submission of Q3 and Q4 Casper reports from 2016. Facilities who did not receive points on these five measures either failed to upload Casper reports all together, or failed to upload Casper reports for the correct time periods. Many facilities had annual Casper reports uploaded for the Quality Measure Composite Score measure, but these annual reports can't be used to determine a score for measures 15.1-15.5.

Quality Measure Composite Score

Quality Measure Composite Score - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	31%

2017	
Homes Applied	81
Applied %	63%
Homes Awarded	51
Awarded %	63%

Similar to the Nationally Reported Quality Measures Scores, sixteen facilities lost points because they failed to upload the Casper reports required to fulfil this measure: Casper reports for both calendar years 2015 and 2016 were required. Thirteen facilities also lost points because they had a composite score above 6, and no improvement was documented from 2015-2016.

Medicaid Occupancy Average

	Medicaid Occupancy Average - Awarded %			
	2013	2014	2015	2016
10%	79%	100%	91%	81%
5%	77%	84%	100%	64%

2017			
	Overall	10%	5%
Homes Applied	84	68	16
Applied %	66%	53%	13%
Homes Awarded	78	66	12
Awarded %	93%	97%	75%

All but six facilities who applied for this measure were able to score points. Home did lost points because they either failed to upload documentation (two facilities), or the documentation they submitted did not support the required occupancy percentage to gain points (four facilities).

Staff Retention Rate/Improvement

In previous years, this measure was separated into two measures: Staff Retention Rate and Staff Retention Improvement:

Staff Retention Rate - Awarded %			
2013	2014	2015	2016
94%	97%	77%	75%

Staff Retention Improvement - Awarded %			
2013	2014	2015	2016
47%	67%	55%	6%

In 2017, these measures were combined, with the following results:

2017	
Homes Applied	94
Applied %	73%
Homes Awarded	74
Awarded %	79%

Fourteen facilities that lost points on this measure did so because Appendix 4 was not filled out properly, or was not filled out at all (either within the system tool or uploaded as documentation). Additionally, eight facilities who uploaded a payroll roster did not highlight staff hired before January 1, 2016, as indicated in the minimum requirement.

DON Retention

DOH Retention - Awarded %			
2013	2014	2015	2016
87%	102%	98%	81%

2017	
Homes Applied	52
Applied %	41%
Homes Awarded	39
Awarded %	75%

Facilities that lost points for this measure did so because the start date in the DON position was either not included in their documentation, or simply did not satisfy the minimum requirement of three years or more.

NHA Retention

NHA Retention - Awarded %			
2013	2014	2015	2016
85%	105%	98%	71%

2017	
Homes Applied	51
Applied %	40%
Homes Awarded	42
Awarded %	82%

Facilities that lost points for this measure did so because the start date in the NHA position was either not included in their documentation, or simply did not satisfy the minimum requirement of three years or more.

Nursing Staff Turnover Rate

Nursing Staff Turnover Rate - Awarded %			
2013	2014	2015	2016
n/a	n/a	n/a	65%

2017	
Homes Applied	87
Applied %	68%
Homes Awarded	75
Awarded %	86%

Facilities that lost points primarily had a turnover rate of above 56.6%. They lost points because improvement was unable to be determined based on 2015 data, or because 2015 data was not included to calculate an improvement between the two years.

Staff Satisfaction Survey Response Rate

	Staff Satisfaction Survey - Awarded %			
	2013	2014	2015	2016
>70%	n/a	n/a	n/a	93%
>60%	n/a	n/a	n/a	63%

2017			
	Overall	>70%	>60%
Homes Applied	105	92	13
Applied %	82%	72%	10%
Homes Awarded	101	89	12
Awarded %	96%	97%	92%

The four facilities that lost points for this measure either did not submit any documentation or the uploaded survey summary page did not meet the minimum requirement response rate indicated on the application.

3. ON-SITE REVIEWS

Pursuant to 10 CCR 2505 section 8.443.12 subsection 4, "The Department or the Department's designee will review and verify the accuracy of each facility's representations and documentation submissions. Facilities will be selected for onsite verification of performance measures representations based on risk."

After an initial review was completed for all facility applications, PCG conducted a risk methodology assessment to select nursing homes for on-site reviews. 13 (10%) homes were selected for an on-site review via this risk methodology, which consisted of multiple risk categories, including:

- Reviewer Score vs. Self-Score Variance
- Year to Year Total Score Variance
- Unclear or Unorganized Documentation
- Calculation Errors in Application
- Newly Participating Nursing Homes
- Total Self Score

These risk categories were scored independently for each nursing home that submitted a P4P application. All 128 nursing homes were scored for each risk category as either High = 3 points, Medium = 2 points, or Low = 1 point. Then, each home was assigned a total risk score, using a weighted average of each risk category score. PCG then divided the nursing homes into three risk level groups (High, Medium, and Low) based on these total risk scores. Using a bell-curve distribution while analyzing the range of calculated risk scores, approximately 30% of facilities were in the High and Low risk level groups and approximately 40% of facilities in the Medium risk group. PCG then randomly generated four High, five Medium, and four Low risk facilities for 2017 on-site reviews. Consideration was also given to location across the State, ensuring different regions were covered as part of the on-site review process. In addition, nursing homes that received an on-site review in 2015 or 2016 were not selected for a 2017 on-site review.

Table 7 – Homes Selected for On-Site Review

Facility	Location
AUTUMN HEIGHTS HEALTH CARE CENTER	Denver
BELMONT LODGE HEALTH CARE CENTER	Pueblo
BRIARWOOD HEALTH CARE CENTER	Denver
COLONIAL COLUMNS NURSING CENTER	Colorado Springs
FORT COLLINS HEALTH CARE CENTER	Fort Collins
GOOD SAMARITAN SOCIETY - FORT COLLINS VILLAGE	Fort Collins
HIGHLINE REHABILITATION AND CARE COMMUNITY	Denver
LA VILLA GRANDE CARE CENTER	Grand Junction
MESA MANOR CENTER	Grand Junction
PARKMOOR VILLAGE HEALTHCARE CENTER	Colorado Springs
PARKVIEW CARE CENTER	Denver
SUITES AT CLERMONT PARK CARE CENTER	Denver
THE PAVILION AT VILLA PUEBLO	Pueblo

PCG developed on-site review guides for each review team conducting the on-site reviews. Each on-site review started with a meeting with the nursing home's administrative and/or management staff, where the review team provided a P4P program overview, reviewed the P4P application, and received feedback from the home's staff on

the application and submission process. The review team also received a tour of the home and conducted resident interviews.

Highlights and themes collected by the review team while conducting the on-site reviews include:

Web Portal – Online Application

Web Portal – Overview
- The portal was easier than submitting binders
- Thought it was easier to submit online
- Liked the online tool, felt it was user friendly
- Liked the file upload functionality
- Support was helpful in guiding me through the uploading problems

Uploading & Functionality
- Experienced trouble uploading
- Scanning and uploading was very time-consuming
- Lack of technology – lack of scanning capabilities
- Had some confusion around the "Yes, No, Not Applying" dropdown
- I am looking forward to being able to upload documentation early. The process got started a little late. It would be nice to have clearer uploading instructions for people like me.

Enhancements
- Would like clear confirmation on upload/submit in the system
- Would like an email confirmation or receipt after submission
- Would like multiple logins so that multiple people could work on the application

Application/Program
- Like the focus on resident care, person-centered focus
- Application has smart, measurable goals and requirements
- The program is worth it - would be doing much of what is in the application, but the program helps with higher quality
- Would like to see more emphasis on the quality of programs and less on physical appearance
- All or nothing scoring – interesting; possibility to change?
- The application is intimidating, but we will improve. The application and program are clear and I've understood it since it has been around.
- Minimum requirements were clear, but some more clarity in descriptions would be good to have

2018 Application
- Happy that the 2017 application is already available
- Ensure that the 2017 application will not change now that it has been made public

Training
- Provide internal education to staff around P4P – explain it is for $ and for the residents. It is good for everyone to understand why we're doing something.
- Create a FAQ document for the program; create a FAQ document explaining how to convert to PDFs and how to work with zip files
- Include a comprehensive list of what supporting documentation qualifies as supporting documentation

4. APPEALS

After receiving reviewer score reports, nursing homes were given the opportunity to submit an appeal request. Each applicant had 30 calendar days to review the changes to the P4P application score, if any, and inform the Department in writing if they believe the documentation submitted with their P4P application was misinterpreted. The Department received 27 appeals as part of the 2017 (2016 calendar year) review process. In previous years, the number of appeals received were as follows:

Table 8 – Appeals Historical Data

Year	Number of Appeals
2013	22
2014	10
2015	11
2016	41
2017	27

The Department forwarded each appeal to PCG and the review team reviewed each nursing home's appeal and re-reviewed the documentation submitted in each initial application. PCG provided appeal review recommendations to the Department and the Department made final decisions on each appeal item for each facility. No additional documentation was accepted for review as part of the appeals process.

In comparison to 2016, 2017 saw a drop off in the total number of appeals. The specific facilities that appealed, as well as their pre- and post-appeal scores are listed in Table 9:

Table 9 – 2017 Appeals Summary

Facility Name	Initial Reviewer Score	Appealed Reviewer Score	Difference
AUTUMN HEIGHTS HEALTH CARE CENTER	58	64	6
AVAMERE TRANSITIONAL CARE AND REHABILITATION-MALLEY	40	50	10
BENT COUNTY HEALTHCARE CENTER	57	69	12
BROOKSIDE INN	77	80	3
BRUCE MCCANDLESS CO STATE VETERANS NURSING HOME	54	54	0
CHRISTOPHER HOUSE REHABILITATION AND CARE COMMUNITY	56	88	32
COLUMBINE WEST HEALTH AND REHAB FACILITY	45	51	6
COTTONWOOD INN REHABILITATION AND EXTENDED CARE CENTER	20	34	14
E DENE MOORE CARE CENTER	57	63	6
EAGLE RIDGE OF GRAND VALLEY	71	71	0
FOREST STREET COMPASSIONATE CARE CENTER	17	40	23
GRACE MANOR CARE CENTER	20	25	5
HORIZONS CARE CENTER	45	54	9
JUNIPER VILLAGE - THE SPEARLY CENTER	42	55	13
LA VILLA GRANDE CARE CENTER	35	41	6

Facility Name	Initial Reviewer Score	Appealed Reviewer Score	Difference
MONTE VISTA ESTATES LLC	32	46	14
MOUNT ST FRANCIS NURSING CENTER	75	83	8
PINE RIDGE EXTENDED CARE CENTER	28	56	28
SIERRA REHABILITATION AND CARE COMMUNITY	58	76	18
SPANISH PEAKS VETERANS COMMUNITY LIVING CENTER	60	78	18
ST PAUL HEALTH CENTER	67	69	2
TRINIDAD INN NURSING HOME	24	31	7
VALLEY INN, THE	66	85	19
VALLEY MANOR CARE CENTER	45	48	3
VISTA GRANDE INN	43	55	12
WALSH HEALTHCARE CENTER	61	65	4
WILLOW TREE CARE CENTER	12	19	7

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