Colorado Department of Health Care Policy and Financing

2018 Nursing Facilities Pay for Performance Application Review

Data Report

July 11, 2018

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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 2018 (calendar year 2017) P4P program year. This was the second year in which the P4P online application system portal was used and this year's portal included enhanced functionality to promote user friendliness.

The final submission deadline was March 1, 2018. For the 2018 program year, there were 130 submitted applications. 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.

Additionally, this year's process included a newly implemented "preliminary review" of the applications which afforded the homes the opportunity to submit missing or incorrect documentation to measures they applied for before the final review commenced. Overall, the addition of this process was largely successful and this is reflected in an increase of the Reviewer Scores in 2018 as many facilities received points that they may have not been able to obtain in previous years.

The following pages highlight the results and analysis from the application review process for the 2018 P4P program year.

2. 2018 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 2018, these prerequisites were:

1) **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 2018 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).

2) **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 2017). Additionally, homes had to report their average daily census for CY17, the number of residents/families contacted for this survey, and the number of residents/families who responded to this survey.

The 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 130 participating nursing homes. Across the 130 facilities who completed the P4P application, average daily census values ranged from 15 to 194, with a median of 79 and a program average of 84. The number of residents/families contacted ranged from 10-406, with a median of 68 and an average of 80. The number of residents/families responded ranged from 0-148, with a median of 50 and an average of 51. The average survey response rate ranged from 0 to 100%, with a median of 75.5% and an average of 64%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Facility Name	Average Daily Census for CY2017	# of residents/ families contacted	# of residents/ families responded	Response Rate
Allison Care Center	88	103	92	89%
Amberwood Court Rehabilitation and Care Community	70	80	54	68%
Arvada Care and Rehabilitation Center	46	39	16	41%
Aspen Center	58	26	6	23%
Aspen Living Center	96	59	59	100%
Autumn Heights Health Care Center	107	47	46	98%
Avamere Transitional Care and Rehabilitation- Brighton	90	83	74	89%
Avamere Transitional Care and Rehabilitation- Malley	135	101	92	91%
Bear Creek Center	135	101	53	52%
Bent County Healthcare Center	50	59	13	22%
Berkley Manor Care Center	69	49	32	65%
Berthoud Living Center	68	32	32	100%
Beth Israel at Shalom Park	130	50	0	0%

Facility Name	Average Daily Census for CY2017	# of residents/ families contacted	# of residents/ families responded	Response Rate
Boulder Manor	136	83	83	100%
Briarwood Health Care Center	90	83	83	100%
Brookshire House Rehabilitation and Care Community	58	63	58	92%
Brookside Inn	114	127	112	88%
Broomfield Skilled Nursing and Rehabilitation Center	164	162	145	90%
Bruce McCandless CO State Veterans Nursing Home	90	71	30	42%
Cambridge Care Center	87	79	63	80%
Casey's Pond Senior Living LTC	52	54	45	83%
Castle Rock Care Center	59	19	18	95%
Cedars Healthcare Center	78	41	40	98%
Cedarwood Health Care Center	75	64	64	100%
Centennial Health Care Center	102	52	52	100%
Centura Health- Namaste Alzheimer Center	63	63	25	40%
Cherry Creek Nursing Center	194	73	60	82%
Cheyenne Mountain Center	128	88	71	81%
Christian Living Communities Suites at Someren Glen Care Center	81	54	48	89%
Christopher House Rehabilitation and Care Community	67	116	63	54%
Clear Creek Care Center	79	117	79	68%
Colonial Columns Nursing Center	77	44	44	100%
Colorado Lutheran Home	105	75	16	21%
Colorado Veterans Community Living Center at Homelake	49	75	49	65%
Colorow Care Center	69	118	66	56%
Columbine West Health and Rehab Facility	95	84	56	67%
Cottonwood Care Center	108	84	46	55%
Cottonwood Inn Rehabilitation and Extended Care Center	34	21	6	29%
Denver North Care Center	78	22	21	95%
Devonshire Acres	75	81	50	62%
E Dene Moore Care Center	44	37	17	46%
Eagle Ridge of Grand Valley	65	148	65	44%
Eben Ezer Lutheran Care Center	111	123	54	44%
Elms Haven Center	182	359	131	36%
Englewood Post Acute and Rehabilitation	68	98	53	54%
Fairacres Manor, Inc.	106	133	117	88%
Forest Street Compassionate Care Center	51	52	11	21%
Fort Collins Health Care Center	77	48	48	100%
Four Corners Health Care Center	114	74	74	100%
Garden Terrace Alzheimer's Center of Excellence	102	70	56	80%
Golden Peaks Center	49	89	50	56%

Facility Name	Average Daily Census for CY2017	# of residents/ families contacted	# of residents/ families responded	Response Rate
Good Samaritan Society - Fort Collins Village	58	60	33	55%
Good Samaritan Society- Bonell Community	113	135	61	45%
Good Samaritan Society- Loveland Village	85	70	60	86%
Grace Manor Care Center	24	35	34	97%
Hallmark Nursing Center	114	10	9	90%
Harmony Pointe Nursing Center	88	66	55	83%
Health Center at Franklin Park	79	77	60	78%
Highline Rehabilitation and Care Community	116	137	104	76%
Hildebrand Care Center	71	103	63	61%
Hillcrest Care Center	40	46	18	39%
Holly Heights Care Center	120	113	113	100%
Holly Nursing Care Center	33	35	20	57%
Horizons Care Center	60	51	33	65%
Jewell Care Center of Denver	92	69	69	100%
Julia Temple Healthcare Center	114	157	50	32%
Juniper Village- The Spearly Center	125	98	31	32%
Kenton Manor	100	48	48	100%
La Villa Grande Care Center	80	90	40	44%
Larchwood Inns	111	328	75	23%
Laurel Manor Care Center	75	13	8	62%
Lemay Avenue Health and Rehabilitation Facility	123	125	59	47%
Life Care Center of Littleton	106	68	59	87%
Life Care Center of Longmont	139	89	67	75%
Life Care Center of Westminster	75	69	58	84%
Littleton Care and Rehabilitation Center	32	221	63	29%
Manorcare Health Services- Boulder	118	406	148	36%
Mantey Heights Rehabilitation and Care Center	70	80	20	25%
Mesa Manor Center	53	53	53	100%
Mesa Vista of Boulder	144	81	50	62%
Minnequa Medicenter	93	93	93	100%
Monte Vista Estates LLC	43	43	16	37%
Mountain Vista Health Center	144	146	69	47%
North Shore Health and Rehab Facility	113	111	78	70%
North Star Rehabilitation and Care Community	79	66	33	50%
Palisades Living Center	81	30	30	100%
Park Forest Care Center, Inc.	90	114	65	57%
Parkmoor Village Healthcare Center	107	88	71	81%
Parkview Care Center	67	42	33	79%
Pikes Peak Center	121	41	27	66%

Facility Name	Average Daily Census for CY2017	# of residents/ families contacted	# of residents/ families responded	Response Rate
Pine Ridge Extended Care Center	48	47	38	81%
Pueblo Center	107	98	94	96%
Rehabilitation and Nursing Center of the Rockies	68	70	17	24%
Rehabilitation Center at Sandalwood	89	41	32	78%
Rio Grande Inn	46	41	9	22%
River Valley Inn Nursing Home	15	19	17	89%
Riverwalk Post Acute and Rehabilitation	45	60	42	70%
Rock Canyon Respiratory and Rehabilitation Center	66	80	51	64%
Rowan Community, Inc	69	110	42	38%
San Juan Living Center	77	60	60	100%
Sandrock Ridge Care and Rehab	49	48	20	42%
Sierra Rehabilitation and Care Community	97	54	32	59%
Skyline Ridge Nursing and Rehabilitation Center	77	54	53	98%
Southeast Colorado Hospital LTC Center	85	68	20	29%
Spanish Peaks Veterans Community Living Center	92	128	63	49%
Spring Village Care Center	78	90	57	63%
St Paul Health Center	134	139	137	99%
Summit Rehabilitation and Care Community	103	86	71	83%
Sundance Skilled Nursing and Rehabilitation	59	37	35	95%
Sunny Vista Living Center	106	60	52	87%
Sunset Manor	74	37	37	100%
Terrace Gardens Health Care Center	82	59	59	100%
The Gardens	40	34	32	94%
The Green House Homes at Mirasol	58	88	75	85%
The Pavillion at Villa Pueblo	83	65	58	89%
The Peaks Care Center	80	88	73	83%
The Valley Inn	53	53	15	28%
The Villas at Sunny Acres	122	156	35	22%
Trinidad Inn Nursing Home	89	90	20	22%
Valley Manor Care Center	72	30	25	83%
Valley View Health Care Center Inc.	57	33	26	79%
Valley View Villa	65	30	26	87%
Villa Manor Care Center	77	39	38	97%
Vista Grande Inn	57	56	28	50%
Walsh Healthcare Center	22	61	29	48%
Western Hills Health Care Center	85	41	37	90%
Westlake Care Community	65	98	57	58%
Wheatridge Manor Care Center	64	116	82	71%
Willow Tree Care Center	43	42	35	83%

Facility Name	Average Daily Census for CY2017	# of residents/ families contacted	# of residents/ families responded	Response Rate
Windsor Health Care Center	100	49	49	100%

2.2 Preliminary Review Process

The preliminary review process was a new addition to this year's P4P application review process. The preliminary review's purpose is to identify instances in which a home may have unintentionally forgot to upload a document or uploaded CASPER reports for the incorrect reporting periods. The nursing home would then be given the opportunity to update their application before the final review period began. The preliminary review, as indicated by its name, is not a comprehensive review, therefore is only meant to catch clear instances of application oddities. It is still each nursing home's responsibility to review their application for completeness and accuracy. Preliminary reviews focused on identifying the following instances:

1) A nursing home submitted an application, but did not upload the required pre-requisites;
2) A nursing home applied for a measure, but did not have at least one uploaded document for this measure; and,
3) A nursing home uploaded CASPER reports as requested by a minimum requirement, but did not submit the reports with the correct reporting periods.

Reviewers tracked when they identified any of the instances described above. Subsequently, PCG informed nursing homes if their preliminary review resulted in findings and rolled back the nursing homes' applications. PCG reported to nursing homes the specific finding and directed the home to access their application, upload documents as necessary, and resubmit their application within a given time period. Applicants could only upload documents during this time period and were not allowed to change any of their initially submitted scores.

As a result of the preliminary review process, PCG identified 58 nursing homes that had at least one finding. The below is a breakdown of findings by number and type. It should be noted that some applicants had multiple findings, therefore the below has a sum greater than 58.

- 33 nursing homes had a missing prerequisite documentation.
- 13 nursing homes had a discrepancy in the requested 2017 Quarter 3 and Quarter 4 CASPER reports. The reports were either for the wrong reporting period, inaccessible, or missing.
- 22 nursing homes had a discrepancy in the requested calendar year 2016 and 2017 CASPER reports. The reports were either for the wrong reporting period or missing.
- 7 nursing homes did not upload at least one document for a measure they applied for.

PCG ensured re-submitted applications all adhered to the guidelines of the preliminary review period. At the conclusion of the preliminary review process, PCG closed the application portal and began conducting comprehensive reviews.

2.3 Application Results Overview

A total of 130 nursing homes submitted an application for the 2018 P4P program year. Of those 130 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	2018 Homes	Percentage
0-20	None	8	6%
21-45	$1.00	19	15%
46-60	$2.00	25	19%
61-79	$3.00	49	38%
80-100	$4.00	29	22%
Total		**130**	**100%**

Table 3 below includes this same payment analysis for the past five years. Over the past three years, there has been a steady increase in the number of applicants receiving the maximum $4.00 per diem add-on and a decrease of homes receiving no per diem add-on compared to 2016. Nearly 80% of homes received at least $2.00, which was an increase of about 10% from 2017. For the fifth consecutive year, the $3.00 per diem add on had the highest percentage of homes falling within its range.

Table 3 – Per Diem Historical Analysis

Per Diem Add-On	2014 Homes	%	2015 Homes	%	2016 Homes	%	2017 Homes	%	2018 Homes	%
None	0	0%	0	0%	14	11%	7	5%	8	6%
$1.00	27	21%	26	21%	34	26%	31	24%	19	15%
$2.00	28	22%	30	24%	28	22%	33	26%	25	19%
$3.00	51	40%	40	32%	42	33%	39	31%	49	38%
$4.00	21	17%	29	23%	11	9%	18	14%	29	22%
Total	**127**		**125**		**129**		**128**		**130**	

Table 4 shows the final nursing home Self Scores and Reviewer Scores for each facility for the 2018 P4P program year. In 2018, the Self Scores ranged from 15-97 and the Reviewer Scores ranged from 0-94. Additionally, the median of both the Self and Reviewer Scores are very close to the mean (75 and 64, respectively), indicating a normal distribution of scores.

Table 4 – 2018 Application Final Score Summary

Nursing Home	2018 Self Score	2018 Reviewer Score
Allison Care Center	92	87
Amberwood Court Rehabilitation and Care Community	89	74
Arvada Care and Rehabilitation Center	59	49
Aspen Center	70	50
Aspen Living Center	67	63
Autumn Heights Health Care Center	72	67
Avamere Transitional Care and Rehabilitation- Brighton	87	78
Avamere Transitional Care and Rehabilitation- Malley	76	73
Bear Creek Center	71	68
Bent County Healthcare Center	90	90
Berkley Manor Care Center	22	18
Berthoud Living Center	68	62

Nursing Home	2018 Self Score	2018 Reviewer Score
Beth Israel at Shalom Park	92	87
Boulder Manor	36	36
Briarwood Health Care Center	75	80
Brookshire House Rehabilitation and Care Community	96	77
Brookside Inn	85	84
Broomfield Skilled Nursing and Rehabilitation Center	74	67
Bruce McCandless CO State Veterans Nursing Home	88	71
Cambridge Care Center	83	74
Casey's Pond Senior Living LTC	71	63
Castle Rock Care Center	27	19
Cedars Healthcare Center	76	72
Cedarwood Health Care Center	64	60
Centennial Health Care Center	90	85
Centura Health- Namaste Alzheimer Center	54	26
Cherry Creek Nursing Center	96	84
Cheyenne Mountain Center	82	72
Christian Living Communities Suites at Someren Glen Care Center	82	82
Christopher House Rehabilitation and Care Community	86	83
Clear Creek Care Center	84	84
Colonial Columns Nursing Center	74	63
Colorado Lutheran Home	73	64
Colorado Veterans Community Living Center at Homelake	39	24
Colorow Care Center	85	82
Columbine West Health and Rehab Facility	75	66
Cottonwood Care Center	75	62
Cottonwood Inn Rehabilitation and Extended Care Center	69	46
Denver North Care Center	96	93
Devonshire Acres	68	42
E Dene Moore Care Center	97	87
Eagle Ridge of Grand Valley	93	89
Eben Ezer Lutheran Care Center	77	70
Elms Haven Center	63	62
Englewood Post Acute and Rehabilitation	43	31
Fairacres Manor, Inc.	83	83
Forest Street Compassionate Care Center	62	55
Fort Collins Health Care Center	53	45
Four Corners Health Care Center	76	72
Garden Terrace Alzheimer's Center of Excellence	36	18

Nursing Home	2018 Self Score	2018 Reviewer Score
Golden Peaks Center	86	83
Good Samaritan Society - Fort Collins Village	47	47
Good Samaritan Society- Bonell Community	81	81
Good Samaritan Society- Loveland Village	47	47
Grace Manor Care Center	71	52
Hallmark Nursing Center	37	39
Harmony Pointe Nursing Center	96	49
Health Center at Franklin Park	81	53
Highline Rehabilitation and Care Community	83	80
Hildebrand Care Center	76	60
Hillcrest Care Center	67	37
Holly Heights Care Center	94	94
Holly Nursing Care Center	96	90
Horizons Care Center	73	64
Jewell Care Center of Denver	95	70
Julia Temple Healthcare Center	82	76
Juniper Village- The Spearly Center	89	58
Kenton Manor	80	71
La Villa Grande Care Center	64	46
Larchwood Inns	72	61
Laurel Manor Care Center	75	65
Lemay Avenue Health and Rehabilitation Facility	65	56
Life Care Center of Littleton	62	42
Life Care Center of Longmont	15	12
Life Care Center of Westminster	30	6
Littleton Care and Rehabilitation Center	77	0
Manorcare Health Services- Boulder	85	76
Mantey Heights Rehabilitation and Care Center	54	36
Mesa Manor Center	84	72
Mesa Vista of Boulder	88	79
Minnequa Medicenter	61	61
Monte Vista Estates LLC	65	63
Mountain Vista Health Center	37	30
North Shore Health and Rehab Facility	53	48
North Star Rehabilitation and Care Community	94	94
Palisades Living Center	48	48
Park Forest Care Center, Inc.	67	67
Parkmoor Village Healthcare Center	69	73

Nursing Home	2018 Self Score	2018 Reviewer Score
Parkview Care Center	87	79
Pikes Peak Center	79	66
Pine Ridge Extended Care Center	61	61
Pueblo Center	61	47
Rehabilitation and Nursing Center of the Rockies	79	42
Rehabilitation Center at Sandalwood	82	82
Rio Grande Inn	77	74
River Valley Inn Nursing Home	82	41
Riverwalk Post Acute and Rehabilitation	83	80
Rock Canyon Respiratory and Rehabilitation Center	90	87
Rowan Community, Inc	94	61
San Juan Living Center	49	46
Sandrock Ridge Care and Rehab	77	52
Sierra Rehabilitation and Care Community	92	92
Skyline Ridge Nursing and Rehabilitation Center	51	51
Southeast Colorado Hospital LTC Center	86	57
Spanish Peaks Veterans Community Living Center	74	55
Spring Village Care Center	71	63
St Paul Health Center	82	76
Summit Rehabilitation and Care Community	78	65
Sundance Skilled Nursing and Rehabilitation	47	44
Sunny Vista Living Center	80	74
Sunset Manor	66	65
Terrace Gardens Health Care Center	64	60
The Gardens	29	20
The Green House Homes at Mirasol	77	71
The Pavillion at Villa Pueblo	75	20
The Peaks Care Center	62	57
The Valley Inn	82	81
The Villas at Sunny Acres	63	44
Trinidad Inn Nursing Home	71	72
Valley Manor Care Center	70	45
Valley View Health Care Center Inc.	91	75
Valley View Villa	36	30
Villa Manor Care Center	57	42
Vista Grande Inn	86	80
Walsh Healthcare Center	85	85
Western Hills Health Care Center	50	46

Nursing Home	2018 Self Score	2018 Reviewer Score
Westlake Care Community	92	73
Wheatridge Manor Care Center	76	62
Willow Tree Care Center	44	24
Windsor Health Care Center	89	83

Table 5 displays data summarizing the P4P program's final scores from 2014-2018. Since 2014, the number of participating facilities has stayed relatively consistent. The average Self Score has been gradually increasing and reached an all-time high of 72 this year. The Average Reviewer score has increased over the past three years from 49 to 61, which aligns with previous Average Reviewer Scores in 2014-2015. In 2018, the average Self Score was 72 and the average Reviewer Score was 61, which represented an increase from last year of 70 and 56 respectively. Most notably, the difference between Self and Reviewer Score has been steadily decreasing over the past three years. There are two likely main reasons for this trend: 1) the facilities understanding of the application and requirements has improved throughout their years of participation and 2) the addition of the Preliminary Review process in 2018 allowed facilities to submit missing documentation and receive points that they may not have gotten in previous years.

Table 5 – Scoring Historical Analysis

Application Year					
	2014	2015	2016	2017	2018
Number of Facilities	127	125	129	128	130
Average Self Score	63	64	65	70	72
Average Reviewer Score	60	62	49	56	61
Average Difference (Reviewer minus Self Score)	-3	-2	-16	-14	-11

2.4 Application Measures Analysis

The 2018 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. Enhanced Personal Care
3. End of Life Program
4. Connection and Meaning
5. Person-Directed Care Training
6. Trauma – Informed Care
7. Daily Schedules and Care Planning
Community Centered Living
8.   Physical Environment
9.   QAPI (9.1-9.3)
Relationships with Staff, Family, Resident and Home
10. Consistent Assignments
11. Volunteer Program
Staff Empowerment

12. Staff Engagement
Quality of Care
13. Transition of Care – Admissions, Transfer and Discharge Rights
Domain: Quality of Care
Quality of Care
14. Continuing Education
15. Reducing Avoidable Hospitalizations
Quality Measures
16. Nationally Reported Quality Measures Scores (16.1- 16.8)
Quality of Care
17. Quality Measure Composite Score
18. Antibiotics Stewardship/Infection Prevention & Control
Home Management
19. Medicaid Occupancy Average
Staff Stability
20. Staff Retention Rate/Improvement
21. DON Retention
22. NHA Retention
23. Nursing Staff Turnover Rate

The remainder of this section provides analysis on the scoring for each specific measure. Table 6 is a summary of the measure by measure analysis that follows. Table 6 displays the following for each measure:

- the number of nursing homes that received points last year (2017) for the measure, applied for the same measure in 2018, but did not receive points in 2018;
- the number of nursing homes that applied for the measure in 2018, but did not receive points;
- the total number of nursing homes that applied for the measure in 2018; and,
- the percentage of nursing homes that applied for the measure in 2018, but did not receive points.

Table 6 – Score by Measure Analysis

Measure	Homes Received Points in 2017, Applied in 2018 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2018	Total Homes Applied in 2018	% of Homes Applied and Did Not Receive Points	
Enhanced Dining	13	22	114	19%	
Enhanced Personal Care	13	22	105	21%	
End of Life Program	5	9	110	8%	
Connection and Meaning	6	15	119	13%	
Person-Directed Care Training	5	10	100	10%	
Trauma – Informed Care	-	6	84	7%	**(A)**
Daily Schedules and Care Planning	11	19	108	18%	
Physical Environment	10	34	103	33%	
QAPI – 9.1	2	4	106	4%	
QAPI – 9.2	12	14	61	23%	
QAPI – 9.3	6	7	100	7%	

Measure	Homes Received Points in 2017, Applied in 2018 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2018	Total Homes Applied in 2018	% of Homes Applied and Did Not Receive Points	
Consistent Assignments	7	14	113	12%	(D)
Volunteer Program	12	14	102	14%	
Staff Engagement	14	23	94	24%	(D)
Transition of Care – Admissions, Transfer and Discharge Rights	-	16	86	19%	(A)
Continuing Education	4	13	89	15%	(B)
Reducing Avoidable Hospitalizations	7	18	76	24%	
Quality Measure – 16.1	3	12	69	17%	(C)
Quality Measure – 16.2	5	18	84	21%	(C)
Quality Measure – 16.3	1	18	83	22%	(C)
Quality Measure – 16.4	-	16	73	22%	(A)
Quality Measure – 16.5	2	13	71	18%	(C)
Quality Measure – 16.6	-	12	117	10%	(A)
Quality Measure – 16.7	-	17	85	20%	(A)
Quality Measure – 16.8	-	17	88	19%	(A)
Quality Measure Composite Score	2	17	75	23%	
Antibiotics Stewardship/Infection Prevention & Control	-	15	74	20%	(A)
Medicaid Occupancy Average	0	6	86	7%	
Staff Retention Rate/Improvement	7	12	112	11%	(B)(D)
DON Retention	0	2	44	5%	
NHA Retention	1	4	51	8%	
Nursing Staff Turnover Ratio	6	15	88	17%	(D)

Note that for this year's application analysis:
- (A) New measure in 2018, including measures from the previous year that were renamed or combined
- (B) Comparison for these measures is based on any score received in 2017
- (C) Some homes received higher or lower points for these measures than they applied for due to calculation errors in averaging Quality Measure scores
- (D) If a home was unable to qualify for points based on the minimum requirements but had a QAPI project in 2017 for this measurement area, they were able to earn one (1) QAPI recovery point by submitting the QAPI project documentation

Taking this analysis, the PCG review team highlighted common insufficiencies across all facility applications that led to a reduction in the reviewer score from the self 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.

Please note that there are four measures in which a home had the opportunity to earn one recovery point if they were unable to meet the minimum requirements for that specific measure. This point was awarded if the home had a QAPI project in 2017 for this measurement area and submitted the QAPI project documentation in this year's application. Homes that received one recovery point for a measure are included in the calculation field "Awarded %". PCG details any instances that a QAPI recovery point was applied for and rewarded. The four measures with a QAPI recovery point option include Consistent Assignments, Staff Engagement, Staff Retention/Improvement and Nursing Staff Turnover Rate.

1. **Enhanced Dining**

Enhanced Dining - Awarded %			
2014	2015	2016	2017
94%	91%	82%	81%

2018	
Homes Applied	114
Applied %	88%
Homes Awarded	92
Awarded %	81%

The minimum requirements of the Enhanced Dining measure ask for facilities to demonstrate that menus and dining atmosphere are created with resident input and that residents have access to food 24 hours/day. In most cases, facilities were able to meet all the minimum requirements, however, ten facilities lost points as they failed to reference information that was obtained from the facility assessment. Additionally, there were a number of facilities that did not adequately demonstrate that residents had input into the dining at atmosphere and subsequently lost points on this measure.

2. **Enhanced Personal Care**

Enhanced Personal Care - Awarded %			
2014	2015	2016	2017
91%	92%	87%	74%

2018	
Homes Applied	105
Applied %	81%
Homes Awarded	83
Awarded %	79%

The Enhanced Personal Care measure's goal is to ensure that personal care schedules are flexible and meet residents' desires and choices. Ten facilities did not provide documentation for the minimum requirements which asks for evidence of oral care training. Additionally, twelve facilities did not provide photographs of their décor and therefore lost points on this measure.

3. **End of Life Program**

End of Life Program - Awarded %			
2014	2015	2016	2017
94%	80%	82%	82%

2018	
Homes Applied	110

Applied %	85%
Homes Awarded	101
Awarded %	92%

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" – there was only one facility that lost points because they did not touch on all of these required items. Six facilities lost points because they did not meet the requirement of providing two testimonials from non-management staff describing the end of life plan process and four facilities lost points for not providing documentation of how individual residents wishes were honored.

4. **Connection and Meaning**

Connection and Meaning - Awarded %			
2014	2015	2016	2017
n/a	n/a	73%	76%

2018	
Homes Applied	119
Applied %	92%
Homes Awarded	104
Awarded %	87%

Connection and Meaning strives to ensure that each home is unique based on the needs and preferences of its residents. Facilities must provide support for connection and meaning through companionship, spontaneity, variety, and opportunities to give and receive care for each other. Most facilities were able to meet the minimum requirements of this measure, however, nine facilities lost points for not providing all of the required testimonials by residents, family members, and management staff. Seven facilities also lost points for not adequately demonstrating that they provided connection and meaning to their residents based on items identified in the facility assessment.

5. **Person-Directed Care Training**

Person-Directed Care Training - Awarded %			
2014	2015	2016	2017
91%	89%	89%	70%

2018	
Homes Applied	100
Applied %	77%
Homes Awarded	90
Awarded %	90%

Person-Directed Care Training is designed to ensure that each home has systems in place to provide training on person-directed care to all staff. Eleven facilities lost points on this measure because they either did not specify how their training curriculum considered the community assessment or adequately demonstrate their staff competency based on their facility assessment.

6. **Trauma Informed Care**

Trauma Informed Care - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018	
Homes Applied	84
Applied %	65%
Homes Awarded	78
Awarded %	93%

Trauma Informed Care was newly implemented in the 2018 P4P application. Facilities are rewarded for identifying residents with a strong potential for or known past trauma and providing education to their staff on trauma-informed care. Overall, this was one of the highest scoring measures and most facilities were able to meet the minimum requirements. However, four facilities lost points for not providing a satisfactory statistical report of residents in their community who were likely to need trauma-informed care and three facilities did not provide adequate proof of staff trainings.

7. **Daily Schedules and Care Planning**

Daily Schedules - Awarded %			
2014	2015	2016	2017
91%	95%	73%	89%

2018	
Homes Applied	108
Applied %	83%
Homes Awarded	89
Awarded %	82%

The minimum requirements of Daily Schedules and Care Planning require that care plans be developed based on residents' preferences. Over half of the facilities that lost points on this measure did not meet the requirements around the resident or CNA and Food and Nutrition staff testimonials.

8. **Physical Environment**

Physical Environment - Awarded %			
2014	2015	2016	2017
n/a	n/a	58%	55%

2018	
Homes Applied	103
Applied %	79%
Homes Awarded	69
Awarded %	67%

Even though this measure's minimum requirements are some of the most complex, requiring a variety of criteria to be met within one requirement, there has been significant improvement in the percentage of facilities earning points. The most common area where homes did not meet the requirements was around the tracking of the audible alarm usage. Facilities either did not identify an improvement in the reduction of extraneous noise or include a description of strategies use to reduce the noise.

Additionally, fourteen facilities did not meet the requirements around providing testimonials that overhead paging is only limited to emergency use and twelve facilities did not provide adequate photographic support for the common area and homelike environment requirements.

9. QAPI

The QAPI Measure was introduced in 2016. In 2017, the measure was split up into three sub-measures, each with distinct number of points available.

QAPI (9.1)

QAPI (9.1) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	95%

2018	
Homes Applied	106
Applied %	82%
Homes Awarded	102
Awarded %	96%

The majority of facilities who applied, received points for measure 9.1; the four that did not receive points either did not upload any documentation or did not follow the instructions in Appendices 7 and 8 or did not clearly identify the 5 QAPI elements as they relate to the home.

QAPI (9.2)

QAPI (9.2) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	84%

2018	
Homes Applied	61
Applied %	47%
Homes Awarded	47
Awarded %	77%

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 documentation of a minimum of three quality improvement cycles.

QAPI (9.3)

QAPI (9.3) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	93%

2018	
Homes Applied	100
Applied %	77%
Homes Awarded	93
Awarded %	93%

Measure 9.3 required only an updated QAPI self-assessment tool to be submitted. Homes that lost points simply did not upload the tool.

10. Consistent Assignments

Consistent Assignments - Awarded %			
2014	2015	2016	2017
90%	90%	75%	89%

2018	
Homes Applied	113
Applied %	87%
Homes Awarded	100
Awarded %	88%

Most facilities were able to provide information around the criteria of this measure. However, nine facilities lost points as they did not meet the requirements around providing three staff and three resident testimonials that reflect the existence of consistent assignments. Additionally, one home applied for and received the QAPI recovery point on this measure.

11. Volunteer Program

Volunteer Program - Awarded %			
2014	2015	2016	2017
99%	88%	74%	79%

2018	
Homes Applied	102
Applied %	78%
Homes Awarded	88
Awarded %	86%

This measure places an emphasis on developing a thriving volunteer program with both the external community members, as well as residents living in the home to bring purpose and meaningful activity into one's life. Nearly all facilities that lost points did not meet requirements around resident testimonials.

12. **Staff Engagement**

Staff Engagement - Awarded %			
2014	2015	2016	2017
n/a	n/a	81%	84%

2018	
Homes Applied	94
Applied %	72%
Homes Awarded	71
Awarded %	76%

The Staff Engagement measure is designed to ensure that each home has systems in place to promote and support staff in their personal and professional development as well as engagement in the home. Seven facilities lost points for not adequately providing evidence around the existence of staff programs that foster development and engagement through participation. Similarly, seven facilities also lost points for failing to provide one example per quarter of staff support or engagement unrelated to the typical policies and benefits package of the provider.

Additionally, three homes applied to receive the QAPI recovery point on this measure – two were awarded. The home that was not awarded the point did not submit a QAPI project specific to staff engagement.

13. **Transitions of Care: Admissions, Transfer and Discharge Rights**

Consistent Assignments - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018	
Homes Applied	86
Applied %	66%
Homes Awarded	71
Awarded %	83%

This measure was newly implemented in 2018. Points are awarded to homes who increase community and resident awareness of transition options. The reasons why facilities lost points on this measure were fairly spread out: seven did not submit the name and contact information of their liaison, eight did not submit the staff education and training objectives for Options Counseling, and five did not meet the requirements around the discharge plan supporting documentation.

14. **Continuing Education**

Continuing Education - Awarded %			
2014	2015	2016	2017
138%	64%	13%	40%
111%	67%	7%	38%
92%	87%	80%	82%

(row labels, left of table: +2, +4, +6)

2018				
	Overall	+2	+4	+6
Homes Applied	89	6	6	77
Applied %	68%	5%	5%	59%
Homes Awarded	76	3	4	69
Awarded %	85%	50%	67%	90%

For Continuing Education, seven facilities lost points because they did not properly complete Appendix 3 and submit the required substantiating information. Additionally, six facilities did not meet the minimum requirements around submitting lists of their in-house continuing education.

15. **Reducing Avoidable Hospitalizations**

Reducing Avoidable Hospitalizations - Awarded %			
2014	2015	2016	2017
80%	84%	44%	63%

2018	
Homes Applied	76
Applied %	58%
Homes Awarded	58
Awarded %	76%

Homes are awarded points for any improvement in rehospitalization rates between the two previous fiscal years. The majority of facilities lost points for this measure because re-hospitalization data was submitted, however, an increase was noted as opposed to the required decrease.

16. **Nationally Reported Quality Measures Scores 16.1-16.8**

Due to the fact that there are a range of scores for measures 16.1-16.8, the "Homes Awarded" data below correspond to homes awarded a particular point value, regardless of which point value they applied for. This was due to calculation errors for the quality measures when nursing homes applied for the measure. Please note that this can lead to some of the Awarded Percentages being greater than 100%.

Residents with One or More Falls with Major Injury (16.1)

Residents with One or More Falls with Major Injury (16.1) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	76%

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	69	30	12	9	5	13
Applied %	53%	23%	9%	7%	4%	10%
Homes Awarded	59	21	12	10	4	12
Awarded %	86%	70%	100%	111%	80%	92%

Residents who Self-Reported Moderate/Severe Pain (16.2)

Residents who Self-Reported Moderate/Severe Pain (16.2) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	74%

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	84	38	7	13	8	18
Applied %	65%	29%	5%	10%	6%	14%
Homes Awarded	68	34	9	8	6	11
Awarded %	81%	89%	129%	62%	75%	61%

High Risk Residents with Pressure Ulcers (16.3)

High Risk Residents with Pressure Ulcers (16.3) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	69%

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	83	53	3	11	6	10
Applied %	64%	41%	2%	8%	5%	8%
Homes Awarded	66	40	4	7	4	11
Awarded %	80%	75%	133%	64%	67%	110%

Low Risk Loss of B/B Con (16.4)

Low Risk Loss of B/B Con (16.4) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	73	48	2	4	10	9
Applied %	56%	37%	2%	3%	8%	7%
Homes Awarded	58	33	3	6	9	7
Awarded %	79%	69%	150%	150%	90%	78%

Residents who Received Antipsychotic Medications (16.5)

Residents who Received Antipsychotic Medications (16.5) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	68%

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	71	39	2	7	10	13
Applied %	55%	30%	2%	5%	8%	10%
Homes Awarded	58	30	0	6	11	11
Awarded %	82%	77%	0%	86%	110%	85%

Residents who Received Antianxiety/Hypnotics (16.6)

Residents who Received Antianxiety/Hypnotics (16.6) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	117	106	1	2	0	8
Applied %	90%	82%	1%	2%	0%	6%
Homes Awarded	105	95	1	2	1	6
Awarded %	90%	90%	100%	100%	0%	75%

Residents with Excess Weight Loss (16.7)

Residents with Excess Weight Loss (16.7) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	85	46	11	10	7	11
Applied %	65%	35%	8%	8%	5%	8%
Homes Awarded	69	33	10	10	6	10
Awarded %	81%	72%	91%	100%	86%	91%

Residents with Increased ADL Help (16.8)

Residents with Increased ADL Help (16.8) - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018						
	Overall	+5	+4	+3	+2	+1
Homes Applied	88	50	6	6	1	25
Applied %	68%	38%	5%	5%	1%	19%
Homes Awarded	71	36	5	6	3	21
Awarded %	81%	72%	83%	100%	300%	84%

Measures 16.1-16.8 all required submission of Q3 and Q4 Casper reports from 2017. Facilities who did not receive points on these eight measures either failed to upload Casper reports all together, or failed to upload Casper reports for the correct time periods even after the preliminary review findings. Additionally, six facilities lost points due to not submitting a narrative on the three lowest scored quality measures which was a minimum requirement for measures 16.1-16.8.

17. <u>Quality Measure Composite Score</u>

Quality Measure Composite Score - Awarded %			
2014	2015	2016	2017
n/a	n/a	31%	63%

2018	
Homes Applied	75
Applied %	58%
Homes Awarded	59
Awarded %	79%

Points are awarded to homes for any improvement of their Quality Measure Composite Score between the 2016 calendar year and 2017 calendar year. Most commonly, eleven facilities lost points because their Quality Measure Composite score was above 6 and they did not show documented improvement. Additionally, five facilities did not attach Casper Reports from 2016 and 2017.

18. <u>Antibiotics Stewardship/Infection Prevention & Control</u>

Antibiotics Stewardship/Infection Prevention & Control- Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	n/a

2018	
Homes Applied	74
Applied %	57%
Homes Awarded	60
Awarded %	81%

This measure was newly implemented in 2018. Points are awarded to communities who complete the CDC Infection Prevention and Control Assessment Tool for Long-term Care Facilities, who train staff on Antibiotic Stewardship and who submit information on UTI and antibiotic use. The most common reason for lost points in this measure was insufficient documentation for the third minimum requirement. Nine homes lost points because they had submitted either proof of training or a report from their lab provider as opposed to the requirement of the submission of both.

19. Medicaid Occupancy Average

Medicaid Occupancy Average - Awarded %			
2014	2015	2016	2017
100%	91%	81%	97%
84%	100%	64%	75%

(Row labels: 10%, 5%)

2018			
	Overall	10%	5%
Homes Applied	86	69	17
Applied %	66%	53%	13%
Homes Awarded	80	65	15
Awarded %	93%	94%	88%

All but six facilities who applied for this measure were able to earn points. Homes did lose points because they either failed to upload documentation or the documentation they submitted did not support the required occupancy percentage to gain points.

20. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2014	2015	2016	2017
n/a	n/a	n/a	79%

2018	
Homes Applied	112
Applied %	86%
Homes Awarded	100
Awarded %	89%

Twelve facilities lost points on this measure because they did not properly follow instructions for Appendix 4 or Appendix 4 was not completed and uploaded at all. However, this represents a 10% improvement from the 2017 application. Additionally, two homes applied and received the QAPI recovery point on this measure.

21. **DON Retention**

DOH Retention - Awarded %			
2014	2015	2016	2017
102%	98%	81%	75%

2018	
Homes Applied	44
Applied %	34%
Homes Awarded	43
Awarded %	98%

Similarly to last year, 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.

22. **NHA Retention**

NHA Retention - Awarded %			
2014	2015	2016	2017
105%	98%	71%	82%

2018	
Homes Applied	51
Applied %	39%
Homes Awarded	50
Awarded %	98%

Again, similarly to last year, 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.

23. **Nursing Staff Turnover Rate**

Nursing Staff Turnover Rate - Awarded %			
2014	2015	2016	2017
n/a	n/a	65%	86%

2018	
Homes Applied	88
Applied %	68%
Homes Awarded	73
Awarded %	83%

Documentation to meet requirements was generally met. However, as this measure is focused on meeting a threshold, facilities that lost points primarily had a turnover rate of above 56.6% or an unidentifiable change from the previous year.

Additionally, nine homes applied to receive the QAPI recovery point on this measure – eight were awarded. The home that was not awarded the point did not submit a QAPI project specific to nursing staff turnover.

3. ON-SITE REVIEWS

As part of the annual review process, PCG conducted on-site visits for selected facilities. This is 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."

On-site Review Selection Methodology

After an initial review was completed for all facility applications, PCG conducted a risk methodology assessment to select nursing homes for on-site reviews. The risk methodology consisted of multiple risk categories with varying weight on risk score. These risk categories and their weight on overall risk scores include:

- Reviewer Score vs. Self Score Variance (25%)
- Year to Year Total Score Variance (20%)
- Unclear or Unorganized Documentation (10%)
- Calculation Errors in Application (15%)
- Newly Participating Nursing Homes (5%)
- Preliminary Review Findings (15%)
- Total Self Score (10%)

These risk categories were scored independently for each nursing home that submitted a P4P application. All 130 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 are in the High and Medium risk level groups and approximately 40% of facilities in the Low risk group. PCG then randomly generated five High, four Medium, and four Low risk facilities for 2018 on-site reviews. This distribution allows PCG to verify review methodologies for different nursing homes at different risk levels and analyze how they compare, while still focusing on the High risk grouping. 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 from 2015 to 2017 were not selected for a 2018 on-site review.

Based upon the described process, 13 (10%) homes were selected for an on-site review as shown in Table 7. The reviews were conducted the week of April 16th, 2018.

Table 7 – Homes Selected for On-Site Review

Facility	Location
Berkley Manor Care Center	Denver
Cheyenne Mountain Center	Colorado Springs
Colorow Care Center	Olathe
Juniper Village- The Spearly Center	Denver
Larchwood Inns	Grand Junction
Laurel Manor Care Center	Colorado Springs
Lemay Avenue Health and Rehabilitation Facility	Fort Collins
Life Care Center of Longmont	Longmont
Life Care Center of Westminster	Westminster
Mountain Vista Health Center	Wheat Ridge
North Star Rehabilitation and Care Community	Denver

Facility	Location
Rehabilitation and Nursing Center of the Rockies	Fort Collins
Riverwalk Post Acute and Rehabilitation	Pueblo

On-site Review Feedback

PCG developed on-site review guides to gather information in a uniform way as well as to ensure key application measures were reviewed. The on-site review agenda consisted of fiver major agenda items:

- Nursing Home and Review Team Introductions;
- Nursing Home Feedback on Application Portal and Measures;
- Resident Interviews;
- Facility Tour; and,
- Exit Interview with Administrator.

On-site reviewers were flexible in the timing of completing the middle three tasks listed above. Overall, the structure and format of the on-site review was designed to get a better idea of the facility from a holistic view. Highlights and themes collected by the review team while conducting the on-site reviews include:

Web Portal

Web Portal – Overview
- In general, the portal experience has improved from last year, which was the first year the application could be completed online.
- The upgrades to the application portal were helpful and more user friendly.
- A few facilities noted difficulty in uploading documents when they used different web browsers.
- Support was helpful in guiding homes through the uploading problems.

Enhancements
- It would be helpful to save without answering every aspect of the questions.
- A few homes noted that it would be nice to have the upload functionality to be updated so the nursing home can see past the first few documents uploaded.
- A couple of nursing home staff mentioned that they would like to be able to use any web browser with the same ease in uploading.
- A nursing home staff mentioned that having multiple user names associated with the facility web portal account would be beneficial for the home when completing the application.

Preliminary Review Process

- Nursing homes who were contacted after the preliminary review process appreciated the opportunity to submit the correct documents for measures.
- This process should be continued moving forward.

Application/Program

- Nursing homes noted that this application was less administratively burdensome. For example, nursing homes did not have to submit as many care plans as previous years.
- The application measures help the nursing home improve on quality of life and care for their residents.
- Consistent assignment measure is much more time effective than how it was in the past.
- Most nursing homes mentioned that the application was easier this year, but a couple of homes indicated the application was difficult to understand in terms of what is acceptable documentation. There was also a mention that there were too many minimum requirements for some measures.

- Connection and Meaning, Trauma-informed Care, and Scored Quality Measures are examples where language clarity would be helpful.
- Include a component that addresses unique populations and specialty programs, such as mental health. Another nursing home mentioned including a section on Medicaid Therapy and Skilled Nursing.
- Nursing homes said they appreciated the opportunity to show what their home is doing and how its improving the residents' lives.

Training

- Provide educational material indicating examples of how a nursing home can correctly address minimum requirements.
- Provide information on which web browsers are best to use when uploading documents.

4. APPEALS

Nursing homes were given the opportunity to submit an appeal request after they received their score notification letter and accompanying reports. The appeals process allows each applicant to have 30 calendar days from the date of the score notification letter to review the evaluation of their P4P application score and to inform the Department in writing if they believe the documentation submitted with their P4P application was misinterpreted thus resulting in a different score than their self score. The Department received 24 appeals as part of the 2018 (2017 calendar year) review process. Table 8 provides the number of appeals received in previous years. In comparison to 2017, the 2018 program year experienced a slight decrease in the total number of submitted appeals.

Table 8 – Appeals Historical Data

Year	Number of Appeals
2014	10
2015	11
2016	41
2017	27
2018	24

Once the Department received an appeal, it was forwarded to PCG to document and review. The review team looked closely at each nursing home's appeal and reevaluated the documentation submitted in the initial application. After reviewer evaluation, PCG provided appeal review recommendations to the Department, who would then make the final decision for each appeal. The Department provided each nursing home who submitted an appeal with an Appeal Review Report, which detailed findings and any scoring changes as a result of the appeal.

Table 9 provides information on the specific facilities that appealed, their pre- and post-appeal scores, and the point difference after the appeal review.

Table 9 – 2017 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Brookside Inn	80	84	4
Centennial Healthcare Center	79	85	6
Colonial Columns Nursing Center	37	63	26
Cottonwood Inn Rehabilitation & Extended Care Center	37	46	9
Denver North Care Center	72	93	21
Devonshire Acres	29	42	13
Fairacres Manor, Inc.	83	83	10
Health Center at Franklin Park	45	53	8
Highline Rehabilitation and Care Community	58	80	22
Holly Heights Care Center	88	94	6
Horizons Care Center	57	64	7
Juniper Village - the Spearly Center	58	58	0
Life Care Center of Westminster	6	6	0
Minnequa Medicenter	58	61	3

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Palisades Living Center	45	48	3
Pikes Peak Center	63	66	3
Rehabilitation Center at Sandalwood	76	82	6
Sandrock Ridge Care & Rehab	52	52	0
Spanish Peaks Veterans Community Living Center	55	55	0
St Paul Health Center	73	76	3
Sunny Vista Living Center	70	74	4
Sunset Manor	58	65	7
Valley View Villa	8	30	22
Wheatridge Manor	58	62	4

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