



Colorado Department of Health Care Policy and Financing

2019 Nursing Facilities Pay for Performance Application
Review

Data Report

June 26, 2019

TABLE OF CONTENTS

1. Introduction & Approach	2
2. 2019 P4P Application Scoring and Analysis	3
2.1 Prerequisites	3
2.2 Preliminary Review Process	7
2.3 Application Results Overview	8
2.4 Application Measures Analysis	13
3. On-Site Reviews	32
On-site Review Selection Methodology	32
On-site Review Feedback	33
4. Appeals	35
Common Appeals Details	36

1. INTRODUCTION & APPROACH

Colorado started the Nursing Facility Pay for Performance (P4P) Program on 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 the achievement of performance measures around quality of life and quality of care for each participating facility's residents. Nursing facilities complete a P4P Application which consists of quality of life and quality of care measures with various points assigned to the fulfillment of 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 2019 (calendar year 2018) P4P program. PCG utilized a specially developed web-based portal to collect application submissions. This was the third year in which the P4P online application system portal was used and this year's portal included enhanced functionality to promote user friendliness.

The application submission deadline was February 28, 2019. For the 2019 program year, there were 138 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 second iteration of the "preliminary review" of the applications which afforded the facilities the opportunity to submit missing or incorrect documentation to measures they applied for before the final review commenced. Overall, this process has proven to be very successful 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 2019 P4P program year.

2. 2019 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. These prerequisites have remained consistent over the course of the program, with slight modifications to the submission requirements:

- 1) **Colorado Department of Public Health and Environment (CDPHE) Survey:** A home could not participate in the program if it had substandard deficiencies documented during the previous calendar year. The Department sent PCG a spreadsheet with stated deficiencies and PCG confirmed that all 2019 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 no 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, and is administered on an annual basis (calendar year 2018). Additionally, homes had to report their average daily census for CY18, 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 submit this survey information prior to completing the remainder of the application. Table 1 displays the data collected for this prerequisite for the 138 participating nursing homes. Across the 138 facilities who completed the P4P application, the average daily census values ranged from 23 to 194, with a median of 77 and a program average of 81. The number of residents/families contacted ranged from 8-396, with a median of 78 and an average of 92. The number of residents/families responded ranged from 4-248, with a median of 49 and an average of 53. The average survey response rate ranged from 10% to 100%, with a median of 67% and an average of 57%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Facility Name	Average Daily Census for CY2018	# of residents/families contacted	# of residents/families responded	Response Rate
Allison Care Center	86	128	38	30%
Alpine Living Center	82	35	35	100%
Amberwood Court Rehabilitation and Care Community	78	85	57	67%
Applewood Living Center	94	48	48	100%
Arborview Senior Community	102	232	109	47%
Arvada Care and Rehabilitation Center	46	35	13	37%
Aspen Center	78	115	84	73%
Autumn Heights Health Care Center	108	179	65	36%
Avamere Transitional Care and Rehabilitation- Brighton	88	99	72	73%
Avamere Transitional Care and Rehabilitation- Malley	147	129	93	72%
Bear Creek Center	139	330	126	38%
Bent County Healthcare Center	50	38	38	100%

Facility Name	Average Daily Census for CY2018	# of residents/families contacted	# of residents/families responded	Response Rate
Berkley Manor Care Center	67	29	26	90%
Berthoud Living Center	66	52	52	100%
Beth Israel at Shalom Park	126	161	101	63%
Boulder Manor	118	56	49	88%
Briarwood Health Care Center	84	56	45	80%
Brookshire House Rehabilitation and Care Community	59	95	40	42%
Brookside Inn	112	99	93	94%
Broomfield Skilled Nursing and Rehabilitation Center	151	207	144	70%
Bruce McCandless CO State Veterans Nursing Home	94	8	4	50%
Cambridge Care Center	91	113	62	55%
Casey's Pond Senior Living LTC	52	56	45	80%
Castle Peak Senior Life and Rehabilitation	36	50	27	54%
Cedars Healthcare Center	82	53	51	96%
Cedarwood Health Care Center	65	43	43	100%
Centennial Health Care Center	95	55	55	100%
Centura Health- Medallion Health Center	60	64	47	73%
Cherry Creek Nursing Center	194	90	64	71%
Cheyenne Mountain Center	122	63	60	95%
Christian Living Communities Suites at Someren Glen Care Center	89	55	41	75%
Christopher House Rehabilitation and Care Community	62	100	56	56%
Clear Creek Care Center	73	80	56	70%
Colonial Columns Nursing Center	73	45	45	100%
Colorado State Veterans Nursing Home- Rifle	72	12	10	83%
Colorado Veterans Community Living Center at Homelake	52	13	8	62%
Colorow Care Center	71	83	49	59%
Columbine West Health and Rehab Facility	97	96	63	66%
Cottonwood Care Center	102	194	95	49%
Cottonwood Inn Rehabilitation and Extended Care Center	32	20	11	55%
Denver North Care Center	79	154	58	38%
Devonshire Acres	72	74	68	92%
E Dene Moore Care Center	41	57	36	63%
Eagle Ridge of Grand Valley	65	113	48	42%
Eben Ezer Lutheran Care Center	96	130	47	36%
Elms Haven Center	181	396	160	40%
Englewood Post Acute and Rehabilitation	74	102	31	30%
Fairacres Manor, Inc.	105	142	68	48%
Forest Ridge Senior Living, LLC	56	104	68	65%

Facility Name	Average Daily Census for CY2018	# of residents/families contacted	# of residents/families responded	Response Rate
Forest Street Compassionate Care Center	52	10	10	100%
Fort Collins Health Care Center	71	34	34	100%
Four Corners Health Care Center	113	85	84	99%
Garden Terrace Alzheimer's Center of Excellence	102	96	79	82%
Glenwood Springs Health Care	44	88	19	22%
Golden Peaks Center	51	89	35	39%
Good Samaritan Society - Fort Collins Village	59	59	31	53%
Good Samaritan Society- Bonell Community	111	115	53	46%
Good Samaritan Society- Loveland Village	91	91	58	64%
Grace Manor Care Center	25	48	36	75%
Harmony Pointe Nursing Center	89	164	39	24%
Health Center at Franklin Park	74	71	50	70%
Highline Rehabilitation and Care Community	112	208	20	10%
Holly Heights Care Center	120	115	80	70%
Holly Nursing Care Center	26	39	19	49%
Horizons Care Center	61	55	27	49%
Jewell Care Center of Denver	88	58	58	100%
Julia Temple Healthcare Center	117	132	38	29%
Juniper Village- The Speary Center	125	129	103	80%
Kenton Manor	89	47	45	96%
La Villa Grande Care Center	81	83	37	45%
Lakewood Villa	52	74	43	58%
Larchwood Inns	107	300	57	19%
Laurel Manor Care Center	71	50	35	70%
Lemay Avenue Health and Rehabilitation Facility	122	119	64	54%
Life Care Center of Littleton	109	256	248	97%
Littleton Care and Rehabilitation Center	31	37	14	38%
Manorcare Health Services- Boulder	119	247	52	21%
Mantey Heights Rehabilitation and Care Center	73	80	33	41%
Mesa Manor Center	56	77	51	66%
Mesa Vista of Boulder	136	253	59	23%
Minnequa Medicenter	90	63	63	100%
Monaco Parkway Health and Rehabilitation Center	76	32	32	100%
Mount St Francis Nursing Center	105	107	98	92%
Mountain Vista Health Center	136	154	53	34%
North Shore Health and Rehab Facility	118	115	59	51%
North Star Rehabilitation and Care Community	74	110	58	53%
Palisades Living Center	76	64	64	100%
Paonia Care and Rehabilitation Center	51	105	24	23%

Facility Name	Average Daily Census for CY2018	# of residents/families contacted	# of residents/families responded	Response Rate
Park Forest Care Center, Inc.	88	50	49	98%
Parkmoor Village Healthcare Center	101	65	49	75%
Parkview Care Center	66	70	57	81%
Pearl Street Health and Rehabilitation Center	70	74	74	100%
Pikes Peak Center	128	158	99	63%
Pine Ridge Extended Care Center	47	48	12	25%
Pioneer Health Care Center	87	87	73	84%
Pueblo Center	104	263	105	40%
Rehabilitation Center at Sandalwood	84	64	42	66%
Rio Grande Inn	44	31	18	58%
River Valley Inn Nursing Home	33	33	24	73%
Riverwalk Post Acute and Rehabilitation	50	28	6	21%
Rock Canyon Respiratory and Rehabilitation Center	73	78	53	68%
Rowan Community, Inc	66	133	59	44%
San Juan Living Center	52	34	34	100%
Sandrock Ridge Care and Rehab	49	18	15	83%
Sierra Rehabilitation and Care Community	95	95	20	21%
Sierra Vista Health Care Center	82	35	34	97%
Skyline Ridge Nursing and Rehabilitation Center	80	54	49	91%
Southeast Colorado Hospital LTC Center	46	49	6	12%
Spanish Peaks Veterans Community Living Center	91	152	65	43%
Spring Creek Health Care Center	101	54	49	91%
Spring Village Care Center	77	102	69	68%
St Paul Health Center	128	128	86	67%
Sterling Living Center	48	24	24	100%
Suites at Clermont Park Care Center	58	60	39	65%
Summit Rehabilitation and Care Community	93	162	74	46%
Sunny Vista Living Center	102	60	51	85%
Sunset Manor	70	35	35	100%
Terrace Gardens Health Care Center	75	39	39	100%
The Gardens	39	34	28	82%
The Green House Homes at Mirasol	58	100	44	44%
The Pavillion at Villa Pueblo	83	73	55	75%
The Peaks Care Center	73	102	76	75%
The Valley Inn	54	58	21	36%
The Villas at Sunny Acres	133	163	55	34%
Trinidad Inn Nursing Home	92	93	51	55%
Uptown Health Care Center	73	108	58	54%
Valley Manor Care Center	74	59	34	58%

Facility Name	Average Daily Census for CY2018	# of residents/families contacted	# of residents/families responded	Response Rate
Valley View Health Care Center Inc.	56	104	56	54%
Villa Manor Care Center	78	146	136	93%
Vista Grande Inn	64	42	41	98%
Walsh Healthcare Center	23	77	55	71%
Washington County Nursing Home	39	55	30	55%
Western Hills Health Care Center	83	93	81	87%
Westlake Care Community	67	84	62	74%
Wheatridge Manor Care Center	60	123	43	35%
Willow Tree Care Center	46	45	27	60%
Windsor Health Care Center	70	35	35	100%
Yuma Life Care Center	24	27	27	100%

2.2 Preliminary Review Process

The preliminary review process was conducted for a second year in the 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 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, it is only meant to catch clear instances of application oddities. It remains each nursing home's responsibility to review their application for completeness and accuracy prior to submission. Preliminary reviews focused on identifying the following instances:

- 1) A nursing home submitted an application, but did not upload the required pre-requisite supporting documentation;
- 2) A nursing home applied for a measure by assigning a self-score, 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 the reports were not for the correct time periods.

PCG was able to identify homes missing documentation through a system extract, but the CASPER reports were manually reviewed and tracked when they were determined to be for the incorrect periods. 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 42 nursing homes that had at least one finding. The below is a breakdown of findings by number and type.

- There was a total of 94 findings in the preliminary review across the 42 unique facilities.
- 15 facilities did not upload the prerequisite documentation.
- There were 41 total findings related to a self-scored measure with missing documentation across 26 unique facilities.
- 30 facilities had issues with their CASPER reports being improperly uploaded (either not at all, to the wrong measure, or with incorrect dates).

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 138 nursing homes applied for the 2019 P4P program year. Of those 138 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	2019 Homes	Percentage
0-20	None	0	0%
21-45	\$1.00	17	12%
46-60	\$2.00	30	22%
61-79	\$3.00	54	39%
80-100	\$4.00	37	27%
Total		138	100%

Table 3 below includes this same payment analysis for the past five years. Over the past three years, there has been an increase in the number of applicants overall, as well as those receiving the \$3.00 and \$4.00 per diem add-on. Notably, there has also been a relative decrease of homes receiving no per diem add-on (there were none in 2019). This year, nearly 90% of homes received at least \$2.00, an increase of about 10% from 2018, and over 65% of homes received at least \$3.00 – the highest in program history and showing that the quality of applications is increasing. For the sixth 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	2015 Homes	%	2016 Homes	%	2017 Homes	%	2018 Homes	%	2019 Homes	%
None	0	0%	14	11%	7	5%	8	6%	0	0%
\$1.00	26	21%	34	26%	31	24%	19	15%	17	12%
\$2.00	30	24%	28	22%	33	26%	25	19%	30	22%
\$3.00	40	32%	42	33%	39	31%	49	38%	54	39%
\$4.00	29	23%	11	9%	18	14%	29	22%	37	27%
Total	125		129		128		130		138	

Table 4 shows the final nursing home Self Scores and Final Scores for each facility for the 2019 P4P program year. In 2019, the Self Scores ranged from 29-98 and the Final Scores ranged from 22-98. The averages and medians of both the reviewer and self-scores are very close (66 and 67, 75 and 78), indicating a normal distribution of scores.

Table 4 – 2018 Application Final Score Summary

Nursing Home	2019 Self Score	2019 Final Score
Allison Care Center	82	67
Alpine Living Center	74	49
Amberwood Court Rehabilitation and Care Community	95	92
Applewood Living Center	68	61
Arborview Senior Community	87	87

Nursing Home	2019 Self Score	2019 Final Score
Arvada Care and Rehabilitation Center	89	74
Aspen Center	68	43
Autumn Heights Health Care Center	83	68
Avamere Transitional Care and Rehabilitation- Brighton	95	85
Avamere Transitional Care and Rehabilitation- Malley	90	89
Bear Creek Center	37	32
Bent County Healthcare Center	93	93
Berkley Manor Care Center	52	49
Berthoud Living Center	62	51
Beth Israel at Shalom Park	91	90
Boulder Manor	63	42
Briarwood Health Care Center	73	63
Brookshire House Rehabilitation and Care Community	98	98
Brookside Inn	85	85
Broomfield Skilled Nursing and Rehabilitation Center	70	62
Bruce McCandless CO State Veterans Nursing Home	70	62
Cambridge Care Center	83	72
Casey's Pond Senior Living LTC	85	83
Castle Peak Senior Life and Rehabilitation	71	31
Cedars Healthcare Center	86	84
Cedarwood Health Care Center	70	57
Centennial Health Care Center	83	64
Centura Health- Medalion Health Center	66	47
Cherry Creek Nursing Center	84	61
Cheyenne Mountain Center	84	52
Christian Living Communities Suites at Someren Glen Care Center	85	71
Christopher House Rehabilitation and Care Community	63	44
Clear Creek Care Center	82	80
Colonial Columns Nursing Center	84	73
Colorado State Veterans Nursing Home- Rifle	78	72
Colorado Veterans Community Living Center at Homelake	33	33
Colorow Care Center	78	67
Columbine West Health and Rehab Facility	74	66
Cottonwood Care Center	76	76
Cottonwood Inn Rehabilitation and Extended Care Center	77	77
Denver North Care Center	95	86
Devonshire Acres	69	61
E Dene Moore Care Center	94	91
Eagle Ridge of Grand Valley	98	98

Nursing Home	2019 Self Score	2019 Final Score
Eben Ezer Lutheran Care Center	86	84
Elms Haven Center	62	62
Englewood Post Acute and Rehabilitation	65	65
Fairacres Manor, Inc.	87	85
Forest Ridge Senior Living, LLC	75	57
Forest Street Compassionate Care Center	74	51
Fort Collins Health Care Center	65	23
Four Corners Health Care Center	84	72
Garden Terrace Alzheimer's Center of Excellence	37	37
Glenwood Springs Health Care	29	29
Golden Peaks Center	92	90
Good Samaritan Society - Fort Collins Village	53	44
Good Samaritan Society- Bonell Community	81	81
Good Samaritan Society- Loveland Village	51	46
Grace Manor Care Center	79	74
Harmony Pointe Nursing Center	90	82
Health Center at Franklin Park	88	85
Highline Rehabilitation and Care Community	86	86
Holly Heights Care Center	89	90
Holly Nursing Care Center	81	75
Horizons Care Center	76	74
Jewell Care Center of Denver	89	84
Julia Temple Healthcare Center	87	88
Juniper Village- The Spearly Center	78	75
Kenton Manor	68	62
La Villa Grande Care Center	71	70
Lakewood Villa	49	49
Larchwood Inns	80	80
Laurel Manor Care Center	76	76
Lemay Avenue Health and Rehabilitation Facility	68	65
Life Care Center of Littleton	65	65
Littleton Care and Rehabilitation Center	55	55
Manorcare Health Services- Boulder	81	81
Mantey Heights Rehabilitation and Care Center	63	57
Mesa Manor Center	80	47
Mesa Vista of Boulder	82	74
Minnequa Medcenter	83	75
Monaco Parkway Health and Rehabilitation Center	55	48
Mount St Francis Nursing Center	86	85

Nursing Home	2019 Self Score	2019 Final Score
Mountain Vista Health Center	68	50
North Shore Health and Rehab Facility	81	74
North Star Rehabilitation and Care Community	89	89
Palisades Living Center	46	46
Paonia Care and Rehabilitation Center	71	68
Park Forest Care Center, Inc.	73	67
Parkmoor Village Healthcare Center	72	73
Parkview Care Center	92	83
Pearl Street Health and Rehabilitation Center	73	59
Pikes Peak Center	75	68
Pine Ridge Extended Care Center	69	54
Pioneer Health Care Center	54	45
Pueblo Center	86	60
Rehabilitation Center at Sandalwood	88	66
Rio Grande Inn	95	81
River Valley Inn Nursing Home	34	28
Riverwalk Post Acute and Rehabilitation	95	55
Rock Canyon Respiratory and Rehabilitation Center	95	86
Rowan Community, Inc	90	85
San Juan Living Center	71	62
Sandrock Ridge Care and Rehab	68	68
Sierra Rehabilitation and Care Community	87	87
Sierra Vista Health Care Center	68	59
Skyline Ridge Nursing and Rehabilitation Center	70	61
Southeast Colorado Hospital LTC Center	77	76
Spanish Peaks Veterans Community Living Center	57	53
Spring Creek Health Care Center	58	56
Spring Village Care Center	65	62
St Paul Health Center	80	79
Sterling Living Center	43	36
Suites at Clermont Park Care Center	78	61
Summit Rehabilitation and Care Community	82	83
Sunny Vista Living Center	84	77
Sunset Manor	82	80
Terrace Gardens Health Care Center	76	78
The Gardens	30	22
The Green House Homes at Mirasol	82	79
The Pavillion at Villa Pueblo	85	64
The Peaks Care Center	52	48

Nursing Home	2019 Self Score	2019 Final Score
The Valley Inn	92	84
The Villas at Sunny Acres	80	56
Trinidad Inn Nursing Home	83	61
Uptown Health Care Center	61	50
Valley Manor Care Center	65	60
Valley View Health Care Center Inc.	85	35
Villa Manor Care Center	74	62
Vista Grande Inn	80	65
Walsh Healthcare Center	87	49
Washington County Nursing Home	64	54
Western Hills Health Care Center	78	67
Westlake Care Community	97	85
Wheatridge Manor Care Center	76	43
Willow Tree Care Center	40	26
Windsor Health Care Center	81	79
Yuma Life Care Center	62	47

Table 5 displays data summarizing the P4P program's final scores from 2015-2019. Since 2015, the number of participating facilities has stayed relatively consistent, with a slight uptick this year. As facilities have become more familiar with the application process, the average Self Score has been gradually increasing and reached an all-time high of 75 this year. This is also evident through the average Final score, which has increased over the past four years from 49 to 66. In 2019, the average Self Score was 75 and the average Final Score was 66, which represented a consistent increase from last year of 72 and 61 respectively.

Most notably, the difference between Self and Final Score has been steadily decreasing over the past four years. There are two likely main reasons for this trend: 1) as mentioned above, 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 received in previous years.

Table 5 – Scoring Historical Analysis

	Application Year				
	2015	2016	2017	2018	2019
Number of Facilities	125	129	128	130	138
Average Self Score	64	65	70	72	75
Average Final Score	62	49	56	61	66
Average Difference (Reviewer minus Self Score)	-2	-16	-14	-11	-9

2.4 Application Measures Analysis

The 2019 P4P application was separated into two domains and seven subcategories with the following measures (numbered 1-22 in the web portal application):

Domain: Quality of Life
<i>Resident Directed Care</i>
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
<i>Community Centered Living</i>
8.1 Physical Environment – Appearance
8.2 Physical Environment – Noise Management
9. QAPI
<i>Relationships with Staff, Family, Resident and Home</i>
10. Consistent Assignments
11. Volunteer Program
<i>Staff Empowerment</i>
12. Staff Engagement
<i>Quality of Care</i>
13. Transition of Care – Admissions, Transfer and Discharge Rights
Domain: Quality of Care
<i>Quality of Care</i>
14. Continuing Education
15. Reducing Avoidable Hospitalizations
<i>Quality Measures</i>
16. Nationally Reported Quality Measures Scores (16.1- 16.9)
<i>Quality of Care</i>
17. Quality Measure Composite Score
18.1 Antibiotics Stewardship/Infection Prevention & Control – Documentation
18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures
<i>Home Management</i>
19. Medicaid Occupancy Average
<i>Staff Stability</i>
20. Staff Retention Rate/Improvement
21. DON and NHA Retention
22. 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 total number of nursing homes that applied for the measure in 2019
- The number of nursing homes that received points last year (2018) for the measure, applied for the same measure in 2019, but did not receive points in 2019;
- The number of nursing homes that applied for the measure in 2019, but did not receive points; 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	Total Homes Applied in 2019	Homes Received Points in 2018, Applied in 2019 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2019	% of Homes Applied and Did Not Receive Points	
Enhanced Dining	128	11	22	17%	
Enhanced Personal Care	108	10	12	11%	
End of Life Program	121	15	20	17%	
Connection and Meaning	128	12	17	13%	
Person-Directed Care Training	117	9	13	11%	
Trauma – Informed Care	109	8	14	13%	
Daily Schedules and Care Planning	113	9	16	14%	
Physical Environment - Appearance	120	N/a	15	13%	(A)
Physical Environment - Noise Management	113	N/a	27	24%	(A)
QAPI	86	N/a	14	16%	
Consistent Assignments	117	14	19	16%	(C)
Volunteer Program	120	11	17	14%	
Staff Engagement	101	11	15	15%	(C)
Transition of Care – Admissions, Transfer and Discharge Rights	107	15	29	27%	
Continuing Education	107	8	19	18%	
Reducing Avoidable Hospitalizations	87	8	16	18%	(C)
Quality Measure – 16.1 (Narrative)	129	N/a	7	5%	(A)
Quality Measure – 16.2	69	0	2	3%	(B)
Quality Measure – 16.3	67	5	6	9%	(B)
Quality Measure – 16.4	75	3	5	7%	(B)
Quality Measure – 16.5	76	3	6	8%	(B)
Quality Measure – 16.6	70	0	3	4%	(B)
Quality Measure – 16.7	124	0	2	2%	(B)
Quality Measure – 16.8	83	4	6	7%	(B)
Quality Measure – 16.9	83	3	6	7%	(B)
Quality Measure Composite Score	74	5	11	15%	

Measure	Total Homes Applied in 2019	Homes Received Points in 2018, Applied in 2019 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2019	% of Homes Applied and Did Not Receive Points	
Antibiotics Stewardship/Infection Prevention & Control - Documentation	97	N/a	31	32%	(A)
Antibiotics Stewardship/Infection Prevention & Control - Quality Measures	106	N/a	16	15%	(A)
Medicaid Occupancy Average	97	6	7	7%	
Staff Retention Rate/Improvement	109	6	9	8%	(C)
DON and NHA Retention	66	N/a	6	9%	(A)
Nursing Staff Turnover Ratio	104	1	5	5%	(C)

Note that for this year's application analysis:

- (A) Indicates a new measure in 2019, including measures from the previous year that were renamed or combined.
- (B) Some homes received higher or lower points for these measures than they applied for due to calculation errors in averaging Quality Measure scores.
- (C) If a home was unable to qualify for points based on the minimum requirements but had a QAPI project in 2019 for this measurement area, they were able to earn one (1) QAPI recovery point by submitting the QAPI project documentation.

Utilizing this analysis, the PCG review team highlighted common insufficiencies across all facility applications that led to a reduction in the final 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 five 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 2018 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, Reducing Avoidable Hospitalizations, Staff Retention/Improvement and Nursing Staff Turnover Rate.

1. Enhanced Dining

Enhanced Dining - Awarded %			
2015	2016	2017	2018
91%	82%	81%	81%

2019	
Homes Applied	128
Applied %	93%
Homes Awarded	106
Awarded %	83%

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 a day. In most cases, facilities were able to meet all the minimum requirements; however, a number of facilities lost points because they did not provide documentation around the facility assessment or did not include evidence of resident input into the dining atmosphere.

2. Enhanced Personal Care

Enhanced Personal Care - Awarded %			
2015	2016	2017	2018
92%	87%	74%	79%

2019	
Homes Applied	108
Applied %	78%
Homes Awarded	94
Awarded %	87%

The goal of the Enhanced Personal Care measure is to ensure that personal care schedules are flexible and meet residents' desires and choices. Facilities who lost points did not include photos, included black and white photos (they are required to be in color per the minimum requirement), or did not provide evidence of training for bathing and/or oral care.

3. End of Life Program

End of Life Program - Awarded %			
2015	2016	2017	2018
80%	82%	82%	92%

2019	
Homes Applied	121
Applied %	88%
Homes Awarded	100
Awarded %	83%

The minimum requirements for the End of Life Program 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 were a number of facilities that lost points because they did not provide proof of how these wishes were honored. Additionally, facilities also lost points because they did not provide documentation of staffing training and education.

4. Connection and Meaning

Connection and Meaning - Awarded %			
2015	2016	2017	2018
n/a	73%	76%	87%

2019	
Homes Applied	128
Applied %	93%
Homes Awarded	111
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, there were facilities that lost points for not providing all of the required testimonials by residents, family members, and management staff. Additional facilities lost points for not including details around providing connection and meaning that is centered around the specific needs of its residents.

5. Person-Directed Care Training

Person-Directed Care Training - Awarded %			
2015	2016	2017	2018
89%	89%	70%	90%

2019	
Homes Applied	117
Applied %	85%
Homes Awarded	104
Awarded %	89%

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. Facilities lost points on this measure because they either did not include their training objectives, or they did not specify how their training curriculum considered the facility assessment.

6. Trauma Informed Care

Trauma Informed Care - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	93%

2019	
Homes Applied	109
Applied %	79%
Homes Awarded	96
Awarded %	88%

Trauma Informed Care rewards facilities 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 higher scoring measures and most facilities were able to meet the minimum requirements. However, facilities lost points for not providing a satisfactory statistical report of residents in their community who were likely to need trauma-informed care or not providing adequate proof of staff trainings.

7. Daily Schedules and Care Planning

Daily Schedules - Awarded %			
2015	2016	2017	2018
95%	73%	89%	82%

2019	
Homes Applied	113
Applied %	82%
Homes Awarded	98
Awarded %	87%

The minimum requirements of Daily Schedules and Care Planning require that care plans be developed based on residents' preferences. Nearly all 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

The Physical Environment measure was split out into two sub-measures in 2019 which evaluate criteria around facilities' appearance and noise management.

8.1 Physical Environment - Appearance

Physical Environment (8.1) – Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	120
Applied %	87%
Homes Awarded	105
Awarded %	88%

Measure 8.1 indicates that the home must strive to create a home like environment, and this must be designed for stimulation, ease of access, and activity. Much of the criteria in this measurement involves providing photographs of the home to demonstrate the de-institutionalization of the physical environment. Many facilities were able to meet the expectations of this measure, but those who lost points did not meet the requirements of the photos.

8.2 Physical Environment – Noise Management

Physical Environment (8.2) – Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	113
Applied %	82%
Homes Awarded	86
Awarded %	76%

Measure 8.2 indicates that excess noise must be eliminated by decreasing the usage of alarms of all types except those necessary to fulfill life safety code and other state or federal mandates. 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 did not include a description of strategies used to reduce noise. Additionally, there were homes whose tracking information could not be validated by the application reviewer.

9. QAPI

The QAPI measure was consolidated from a three-part measure (9.1 – 9.3) into one single measure in 2019.

QAPI - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	86
Applied %	62%
Homes Awarded	72
Awarded %	84%

The QAPI measure states that each home, including a home that is part of a multiunit chain, must develop, implement and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life. Many of the facilities who applied were able to meet the requirements of this measure. However, those who lost points did not provide enough detail on how residents and their families are kept informed/aware/given an opportunity to support the QAPI project.

10. Consistent Assignments

Consistent Assignments - Awarded %			
2015	2016	2017	2018
90%	75%	89%	88%

2019	
Homes Applied	117
Applied %	85%
Homes Awarded	98
Awarded %	84%

Most facilities were able to provide information around the criteria of this measure. However, 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, or the reviewer was unable to validate the nursing schedules. Additionally, no homes applied for the QAPI recovery point on this measure.

11. Volunteer Program

Volunteer Program - Awarded %			
2015	2016	2017	2018
88%	74%	79%	86%

2019	
Homes Applied	120
Applied %	87%
Homes Awarded	103
Awarded %	86%

This measure places an emphasis on developing a thriving volunteer program between external community members and residents living in the home to bring purpose and meaningful activity into one's life. The facilities that lost points either: 1) Did not provide examples of 4 unique volunteer events; 2) Did not include a narrative or description of events; or 3) Did not include their volunteer policy.

12. Staff Engagement

Staff Engagement - Awarded %			
2015	2016	2017	2018
n/a	81%	84%	76%

2019	
Homes Applied	101
Applied %	73%
Homes Awarded	86
Awarded %	85%

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 their engagement in the home. Many facilities lost points for not adequately providing evidence around the existence of staff programs that foster development and engagement through participation. Additionally, there were homes that did not include a policy/procedures manual on staff advancement, tuition reimbursement, staff wellness, and posting of open positions.

Two homes applied to receive the QAPI recovery point on this measure – one was awarded.

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

Consistent Assignments - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	83%

2019	
Homes Applied	107
Applied %	78%
Homes Awarded	78
Awarded %	73%

In Measure 13, points are awarded to homes who increase community and resident awareness of transition options. Facilities lost points on this measure because they did not provide adequate evidence of their training objectives or staff education. Additionally, a number of facilities did not provide the required CASPER MDS report.

14. Continuing Education

Continuing Education - Awarded %				
	2015	2016	2017	2018
+2	64%	13%	40%	50%
+4	67%	7%	38%	67%
+6	87%	80%	82%	90%

2019				
	Overall	+2	+4	+6
Homes Applied	107	7	4	96
Applied %	78%	7%	4%	90%
Homes Awarded	88	6	4	78
Awarded %	82%	86%	100%	81%

For Continuing Education, nearly all facilities lost points because they did not properly complete Appendix 3 and submit the required substantiating information.

15. Reducing Avoidable Hospitalizations

Reducing Avoidable Hospitalizations - Awarded %			
2015	2016	2017	2018
84%	44%	63%	76%

2019	
Homes Applied	87
Applied %	63%
Homes Awarded	71
Awarded %	82%

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 either not submitted or was not related to the correct time periods. Six homes applied for the QAPI recovery point for this measure – 5 were awarded.

Additionally, the Department has been collecting data on the reasons for hospitalizations and discharge diagnoses. There are plans to conduct analysis in the coming years to identify trends and commonalities among residents and facilities.

16. Nationally Reported Quality Measures Scores 16.1-16.9

Due to the fact that there are a range of scores for measures 16.2-16.9, 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%.

QM Narrative (16.1)

QM Narrative - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	129
Applied %	93%
Homes Awarded	122
Awarded %	95%

The Quality Measure Narrative was newly added as a separate measure in 2019 and allowed facilities the opportunity to earn one point for providing a narrative that addresses their three lowest quality measures. Nearly all facilities who lost points simply did not attach the narrative.

Residents with One or More Falls with Major Injury (16.2)

Residents with One or More Falls with Major Injury (16.2) - Awarded %			
2015	2016	2017	2018
n/a	n/a	76%	86%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	69	40	5	8	8	8
Applied %	50%	29%	4%	6%	6%	6%
Homes Awarded	68	40	6	7	8	7
Awarded %	99%	100%	120%	88%	100%	88%

Since 2017, there has been an increase in the number of homes receiving 3 points or higher for the Falls Quality Measure. However, the percentage of homes who were awarded 3 points or higher has remained relatively consistent between 78% and 80% over the same time period.

Residents who Self-Reported Moderate/Severe Pain (16.3)

Residents who Self-Reported Moderate/Severe Pain (16.3) - Awarded %			
2015	2016	2017	2018
n/a	n/a	74%	81%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	67	41	7	6	6	7
Applied %	49%	30%	5%	4%	4%	5%
Homes Awarded	63	40	3	5	8	7
Awarded %	94%	98%	43%	83%	133%	100%

Since 2017, there has been a decrease in the number of homes receiving 3 points or higher for the Self-Reported Pain Quality Measure. The percentage of homes who were awarded 3 points or higher has decreased from 85% in 2017 to approximately 75% in 2018 and 2019.

High Risk Residents with Pressure Ulcers (16.4)

High Risk Residents with Pressure Ulcers (16.4) - Awarded %			
2015	2016	2017	2018
n/a	n/a	69%	80%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	75	41	5	13	4	12
Applied %	54%	30%	4%	9%	3%	9%
Homes Awarded	71	38	6	15	3	9
Awarded %	95%	93%	120%	115%	75%	75%

Since 2017, there has been a large increase in the number of homes receiving 3 points or higher for the Pressure Ulcers Quality Measure. The percentage of homes who were awarded 3 points or higher has increased from 75% in 2017 and 2018 to a program-high 83% in 2019.

Low Risk Loss of B/B Con (16.5)

Low Risk Loss of B/B Con (16.5) - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	79%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	76	35	12	10	8	11
Applied %	55%	25%	9%	7%	6%	8%
Homes Awarded	70	26	12	12	10	10
Awarded %	92%	74%	100%	120%	125%	91%

The percentage of homes who were awarded 3 points or higher for the B/B Con Quality Measure has decreased from 78% to 71% from 2018 to 2019. This measure was not a part of the 2017 application.

Residents who Received Antipsychotic Medications (16.6)

Residents who Received Antipsychotic Medications (16.6) - Awarded %			
2015	2016	2017	2018
n/a	n/a	68%	82%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	70	28	9	11	7	15
Applied %	51%	20%	7%	8%	5%	11%
Homes Awarded	68	27	8	10	6	17
Awarded %	97%	96%	89%	91%	86%	113%

Since 2017, there has been a decrease in the percentage of homes receiving 3 points or higher for the Antipsychotic Medications Quality Measure. This percentage has decreased from nearly 80% in 2017 to approximately 65% in 2018 and 2019.

Residents who Received Antianxiety/Hypnotics (16.7)

Residents who Received Antianxiety/Hypnotics (16.7) - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	90%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	124	99	5	8	5	7
Applied %	90%	72%	4%	6%	4%	5%
Homes Awarded	124	99	5	9	4	7
Awarded %	100%	100%	100%	113%	80%	100%

Between 2018 and 2019, the number of homes receiving 3 points or higher for the Antianxiety/Hypnotics Quality Measure has been consistent at around 92%. This measure was not a part of the 2017 application.

Residents with Excess Weight Loss (16.8)

Residents with Excess Weight Loss (16.8) - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	81%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	83	41	9	8	8	17
Applied %	60%	30%	7%	6%	6%	12%
Homes Awarded	77	39	8	9	7	14
Awarded %	93%	95%	89%	113%	88%	82%

Between 2018 and 2019, the number of homes receiving 3 points or higher for the Excess Weight Loss Quality Measure has decreased from 77% to 72%. This measure was not a part of the 2017 application.

Residents with Increased ADL Help (16.9)

Residents with Increased ADL Help (16.9) - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	81%

2019						
	Overall	+5	+4	+3	+2	+1
Homes Applied	83	41	9	8	8	17
Applied %	60%	30%	7%	6%	6%	12%
Homes Awarded	77	39	8	9	7	14
Awarded %	93%	95%	89%	113%	88%	82%

Between 2018 and 2019, the number of homes receiving 3 points or higher for the ADL Help Quality Measure has increased from 66% to 73%. This measure was not a part of the 2017 application.

Measures 16.2-16.9 all required submission of Q3 and Q4 Casper reports from 2018. Facilities who did not receive points on these eight measures either failed to upload Casper reports altogether or failed to upload Casper reports for the correct time periods even after the preliminary review findings.

It should be noted that while the percentage of homes that are awarded points on the Quality Measures appears to be increasing overall, the distribution of points appears to be trending towards the lower end in many of the cases. The Department will plan to examine this data on an ongoing basis over the life of the P4P program to evaluate the effectiveness of the Quality Measure.

17. Quality Measure Composite Score

Quality Measure Composite Score - Awarded %			
2015	2016	2017	2018
n/a	31%	63%	79%

2019	
Homes Applied	74
Applied %	54%
Homes Awarded	64
Awarded %	86%

Points are awarded to homes for any improvement of their Quality Measure Composite Score between the 2017 calendar year and 2018 calendar year. All facilities that lost points did not complete the tool correctly, or their scores did not meet the requirements of the measure.

18. Antibiotics Stewardship/Infection Prevention & Control

This measure was newly implemented in 2018 and then split out into two sub-measures for 2019. 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.

18.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation

Antibiotics Stewardship/Infection Prevention & Control (18.1) – Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	97
Applied %	70%
Homes Awarded	66
Awarded %	68%

The most common reasons for lost points in this measure include not fully completing all sections of the CDC Infection Prevention and Control Assessment, and not providing proper proof of staff training.

18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Antibiotics Stewardship/Infection Prevention & Control (18.2) – Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	106
Applied %	77%
Homes Awarded	90
Awarded %	85%

The only reason facilities lost points on this measure was for not demonstrating improvement in the UTI or Catheter quality measures.

19. Medicaid Occupancy Average

Medicaid Occupancy Average - Awarded %				
	2015	2016	2017	2018
10%	91%	81%	97%	94%
5%	100%	64%	75%	88%

2019			
	Overall	10%	5%
Homes Applied	97	76	21
Applied %	70%	55%	15%
Homes Awarded	90	71	19
Awarded %	93%	93%	90%

All but seven facilities who applied for this measure were able to earn points. Homes lost points if the documentation they submitted did not support the required occupancy percentage.

20. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2015	2016	2017	2018
n/a	n/a	79%	89%

2019	
Homes Applied	109
Applied %	79%
Homes Awarded	100
Awarded %	92%

Nearly all 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. There were also a number of facilities that did not highlight the employees hired on or before January 1st as required by the minimum requirements. Additionally, two homes applied and received the QAPI recovery point on this measure.

21. DON/NHA Retention

DOH Retention - Awarded %			
2015	2016	2017	2018
n/a	n/a	n/a	n/a

2019	
Homes Applied	66
Applied %	48%
Homes Awarded	60
Awarded %	91%

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

22. Nursing Staff Turnover Rate

Nursing Staff Turnover Rate - Awarded %			
2015	2016	2017	2018
n/a	65%	86%	83%

2019	
Homes Applied	104
Applied %	75%
Homes Awarded	100
Awarded %	96%

Documentation to meet the requirements for this measure were 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. Six homes applied for and were awarded the QAPI recovery point on this measure.

Additionally, the Department has been collecting data on the Nursing Staff Turnover Rates across the state. The below table provides details on the statewide trend from 2017 to 2018. Overall, the nursing staff turnover rate has been decreasing and is well below the state's benchmark of 56.6%.

The Department plans to further enhance the data collection process by adding in a field to collect the total number of employees that have had less than 90 days and greater than 90 days on the job in order to provide more insight into these specific attrition rates.

Statewide Nursing Staff Turnover Rate			
Statistic	2017	2018	Variance
Nursing Staff Turnover Rate	48%	45%	-3%
Nursing Staff Turnover Rate of > 90 Day Employees	15%	14%	-1%
Nursing Staff Turnover Rate of < 90 Day Employees	33%	31%	-2%

3. ON-SITE REVIEWS

As part of the annual review process, PCG conducted on-site visits for a sample of the participating 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 (30%)
- Year to Year Total Score Variance (20%)
- Unclear or Unorganized Documentation (10%)
- Calculation Errors in Application (10%)
- 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 138 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 25% of facilities are in the High and Low risk level groups and approximately 50% of facilities in the Medium risk group. PCG then randomly generated four High, six Medium, and four Low risk facilities for 2019 on-site reviews. This distribution allows PCG to verify review methodologies for nursing homes at different risk levels and analyze how they compare. 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 2018 were not selected for a 2019 on-site review.

Based upon the described process, 14 (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
Brookshire House Rehabilitation and Care Community	Denver
Cambridge Care Center	Lakewood
Cedarwood Health Care Center	Colorado Springs
Centennial Health Care Center	Greeley
Cherry Creek Nursing Center	Aurora
Christopher House Rehabilitation and Care Community	Wheat Ridge
Good Samaritan Society- Bonell Community	Greeley
Good Samaritan Society- Loveland Village	Loveland
Holly Heights Care Center	Denver
Spring Village Care Center	Colorado Springs
The Pavillion at Villa Pueblo	Pueblo

Facility	Location
Villa Manor Care Center	Lakewood
Washington County Nursing Home	Akron
Yuma Life Care Center	Yuma

On-site Review Feedback

Application-specific Feedback

During the site reviews, facility staff were asked for feedback on the application process. Most facilities felt they performed well in the Connection and Meaning measure. Others also noted they performed well in areas such as Dining. Consistent Assignments was a mixed measure with some facilities performing well while others felt the measure was difficult to attain and prove.

Facilities provided the following feedback on the application and process:

- **Measure 0: Pre-requisites**
 - Further clarify the prerequisites, a deeper breakdown would be helpful
- **Measure 1: Enhanced Dining**
 - Facilities who did not receive points lacked documentation
- **Measure 2: Personal Care**
 - Facilities who did not receive points lacked documentation for oral training
- **Measure 4: Connection and meaning**
 - Pictures are sometimes very hard to find if the person doing the application is new and starts at the end of the calendar year. It is felt that having to go back to find pictures of different activities is difficult and excessive.
 - Facilities feel there are many different methods of proof besides pictures.
 - Another facility noted that because they are not a typical one building facility, it's difficult to show whole community events since they're done as smaller communities.
- **Measure 5: Care Planning**
 - It is difficult to be able to get nurses aids to care planning meetings and that tracking is difficult for proving consistent assignments.
- **Measure 8: Physical Environment**
 - Some facilities inquired as to the type of supporting documentation they should provide if they don't have alarms.
- **Measure 9: QAPI Measure**
 - Multiple facilities did not understand what the measure was asking for.
 - Facilities who did not receive points lacked documentation.
 - A facility noted that QAPI on medications can be difficult to achieve because of their high population with mental illness and substance abuse.
- **Measure 10: Consistent Assignments**
 - Facilities who did not receive points lacked documentation.
 - One organization noted the difficulty of tracking the staff schedules.
- **Measure 11: Volunteer Program**
 - One facility that did not receive points interpreted the documentation required to be duplicate testimonials for the 4 outreach events.
- **Measure 12: Staff Engagement**
 - Facilities who did not receive points did not have a high enough response rate.

- **Measure 15: Reducing Avoidable Hospitalizations**
 - Measure should allow for data other than trend tracker or National Nursing Home Quality Improvement Campaign.
 - One facility uses Point Click Care, which she says provides much more detail than trend tracker, and she feels this data should be allowable for the measure.
 - Some facilities thought the measure was not very intuitive.
- **Measure 16: QM**
 - Facilities had difficulty calculating CASPER points
 - It would be helpful if the Casper Reports automatically uploaded to the correct areas
- **Measure 17: Composite Score**
 - One facility was unclear on what was needed for the CASPER report.
- **Measure 20: Staff Retention**
 - Facilities who did not receive points lacked documentation.
- **Measure 21: NHA and DON Retention**
 - A facility was unable to apply for the NOH and DOH retention measure since they were lacking documentation for this year.
 - DON was promoted to NHA and it was felt that the cumulative years between DON and NHA should be considered – not just three consecutive years as DON and/or three consecutive years as NHA. It should be three consecutive years as DON and/or NHA.
 - One facility provided feedback stating that he does not think length of time should be the sole criteria for determination. Just because someone has not been there long does not mean they are doing good things for the home.

General Feedback

- QAPI improvement points are beneficial, and there should be more partial points; They can be a helpful steppingstone.
- There should be more training earlier in the year.
- Portal/application should be opened earlier.
- Little changes that are made in the application have a really big impact and can actually be very tedious for a facility, especially if they are notified in the second half of the year regarding these changes.
- Bullet points under the measure details helped clarify what we were looking for during the review.
- Difficulty of the all or none points system.

Portal Feedback

- Facilities would like to know the max size of documents that the portal would accept per measure.
- There were several criteria where a user forgot to attach the correct or all the documentation. She had the documentation in her binder but just didn't realize they weren't attached. She recommends having a better system making sure each measure is accounted for.
- Slowness/issues uploading documentation during the last week or so of the application deadline.
- System keeps logging one user in and out.

Resident Feedback

- Overall, residents had positive things to say about the facilities they were living in. No significant problems were identified during the on-site reviews.

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 16 appeals as part of the 2019 (2018 calendar year) review process. Table 8 provides the number of appeals received in previous years. Over the past four years, the program has been experiencing a consistent decrease in the number of appeals. This can likely be attributed to the facilities becoming more familiar with the application contents and process as well as the increased effectiveness of the preliminary review process.

Table 8 – Appeals Historical Data

Year	Number of Appeals
2015	11
2016	41
2017	27
2018	24
2019	16

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 – 2019 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Boulder Manor	39	42	3
Briarwood Health Care Center	59	63	4
Brookside Inn	77	85	8
Cedarwood Health Care Center	54	57	3
Cheyenne Mountain Center	43	52	9
Clear Creek Care Center	77	80	3
Colonial Columns	58	73	15
Fairacres Manor	71	85	14
Horizons Care Center	71	74	3
Jewell Care Center of Denver	79	84	5
Minnequa Medcenter	75	75	0
Pearl Street Health and Rehab	59	62	3
Pueblo Center	60	60	0

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
St Paul Health Center	74	74	0
Sunny Vista Living Center	71	77	6
The Villas at Sunny Acres	53	56	3

Common Appeals Details

The most common measures for appeals were Measure 13 (Transitions of Care) and Measure 18.1 (Antibiotic Stewardship – Documentation).

Measure 13 had six appeals – two were approved. In the cases where appeals were approved, the facility did not clearly label documentation in the initial submission and upon providing clarification to PCG, points were awarded. In cases where appeals were denied, facilities did not upload documentation in the initial submission and requested to upload it after the fact. However, per program regulations, we cannot accept any new documentation as a part of the appeals process.

Measure 18.1 had five appeals – three were approved. In cases where appeals were approved, similarly to above, the facility did not clearly label documentation in the initial submission and upon providing clarification to PCG, points were awarded. In one case where the appeal was denied, the facility did not apply for the measure in the initial application submission by not assigning a self-score. While the documentation for Measure 18.1 can be found in Measure 16, the Department and PCG determined that the facility has to intentionally apply for the measure in the initial submission in order to be eligible for points through appeal. In the second case, the facility did not upload the required documentation and attempted to submit it during the appeals process.

Overall, the 16 facilities appealed a total of 52 items. All measures except Measures 4, 19, and 21 were appealed at least once. However, Measures 13 and 18.1, described above, were the only measures where the frequency of appeals was greater than 3. Because of this, it is difficult to extract any further themes from the appeals process. However, as a whole, facilities were mostly commonly approved when they were able to provide further clarification around the location of certain pieces of documentation and criteria. Facilities were most commonly denied when they were unable to demonstrate that they had provided documentation in their initial submission package and attempted to submit during the appeals process.



www.publicconsultinggroup.com