

Colorado Department of Health Care Policy and Financing

2020 Nursing Facilities Pay for Performance Application Review

Data Report

June 2020



PUBLIC
CONSULTING GROUP

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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 facility applications for the 2020 P4P program. PCG utilized a specially developed web-based portal to collect application submissions. This was the fourth year in which the P4P online application system portal was used and this year's portal included enhanced functionality to improve the user interface.

The application submission deadline was February 28, 2020. For the 2020 program year, there were 125 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; generating review results reports; notifying providers of their results; and conducting an appeals process.

It should be noted that, in effort to not place further burden on nursing facility staff or sacrifice the safety of staff and residents, on-site reviews selections were made, but visits were not conducted in 2020 due to the outbreak of COVID-19. The selection process is discussed in further detail later in this report.

This year's process also included the third iteration of the "preliminary review" which afforded facilities the opportunity to resubmit missing or incorrect documentation 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 2020 P4P program year.

2020 P4P APPLICATION SCORING AND ANALYSIS

PREREQUISITES

As in previous years, nursing facilities had to meet certain prerequisite criteria to be eligible for participation 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 facility was not eligible to participate in the program if it had substandard deficiencies documented during the previous calendar year. Utilizing CMS data, PCG confirmed that all 2020 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 483.24, 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)."

PCG analyzed substandard deficiencies data from Calendar Year (CY) 2019 and found that five facilities had a total of seven tags that disqualified them from the 2020 application. Three of these facilities had participated in the 2019 application year and were notified that they were ineligible to participate in 2020.

- 2) Resident/Family Satisfaction Survey:** A facility must include a survey that was developed, recognized, and standardized by an entity external to the facility, and is administered on an annual basis. Additionally, facilities had to report their average daily census for CY2019, 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 125 participating nursing facilities. Across the facilities who completed the P4P application, the average daily census values ranged from 22 to 194, with a median of 80 and a program average of 82. The number of residents/families contacted ranged from 14 to 341, with a median of 65 and an average of 85. The number of residents/families responded ranged from 2 to 162, with a median of 45 and an average of 53. The average survey response rate ranged from 3% to 100%, with a median of 74% and an average of 62%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Facility Name	Average Daily Census for CY2019	# of residents/families contacted	# of residents/families responded	Response Rate
Allison Care Center	82	224	38	17%
Alpine Living Center	73	67	65	97%
Amberwood Court Rehabilitation and Care Community	82	132	89	67%
Applewood Living Center	92	60	60	100%
Arborview Senior Community	107	210	135	64%
Arvada Care and Rehabilitation Center	46	36	17	47%
Autumn Heights Health Care Center	104	150	78	52%
Avamere Transitional Care and Rehabilitation- Brighton	89	65	50	77%

Facility Name	Average Daily Census for CY2019	# of residents/families contacted	# of residents/families responded	Response Rate
Avamere Transitional Care and Rehabilitation- Malley	137	175	162	93%
Bent County Healthcare Center	51	33	29	88%
Berthoud Living Center	63	41	39	95%
Beth Israel at Shalom Park	128	220	141	64%
Boulder Manor	108	69	62	90%
Briarwood Health Care Center	87	65	50	77%
Brookshire House Rehabilitation and Care Community	59	64	30	47%
Brookside Inn	112	123	119	97%
Broomfield Skilled Nursing and Rehabilitation Center	180	161	157	98%
Bruce McCandless CO State Veterans Nursing Home	92	49	47	96%
Cambridge Care Center	91	128	98	77%
Casey's Pond Senior Living LTC	52	50	45	90%
Castle Peak Senior Life and Rehabilitation	39	64	55	86%
Castle Rock Care Center	58	63	31	49%
Cedarwood Health Care Center	63	46	45	98%
Centennial Health Care Center	90	45	45	100%
Centura Health- Medalion Health Center	58	41	40	98%
Centura Health- Progressive Care Center	60	58	50	86%
Cherrelyn Healthcare Center	131	101	28	28%
Cherry Creek Nursing Center	194	95	88	93%
Cheyenne Mountain Center	132	78	24	31%
Christian Living Communities Suites at Someren Glen Care Center	95	39	35	90%
Christopher House Rehabilitation and Care Community	67	118	70	59%
Clear Creek Care Center	72	127	91	72%
Colonial Columns Nursing Center	76	48	48	100%
Colorado State Veterans Nursing Home- Rifle	64	83	73	88%
Colorado Veterans Community Living Center at Homelake	48	49	45	92%
Colorow Care Center	70	104	66	63%
Columbine West Health and Rehab Facility	94	182	131	72%
Cottonwood Care Center	103	203	52	26%
Cottonwood Inn Rehabilitation and Extended Care Center	34	30	16	53%
Denver North Care Center	78	75	39	52%
E Dene Moore Care Center	42	55	32	58%
Eben Ezer Lutheran Care Center	95	166	56	34%
Elms Haven Center	191	114	92	81%
Englewood Post Acute and Rehabilitation	73	65	48	74%
Fairacres Manor, Inc.	101	177	102	58%

Facility Name	Average Daily Census for CY2019	# of residents/families contacted	# of residents/families responded	Response Rate
Forest Ridge Senior Living, LLC	62	62	37	60%
Forest Street Compassionate Care Center	51	18	15	83%
Fort Collins Health Care Center	71	26	25	96%
Four Corners Health Care Center	71	105	105	100%
Glenwood Springs Health Care	41	55	24	44%
Golden Peaks Center	50	31	20	65%
Grace Manor Care Center	31	39	36	92%
Harmony Pointe Nursing Center	97	97	73	75%
Health Center at Franklin Park	74	20	16	80%
Highline Rehabilitation and Care Community	110	110	23	21%
Holly Heights Care Center	121	115	81	70%
Holly Nursing Care Center	26	41	23	56%
Horizons Care Center	61	65	21	32%
Jewell Care Center of Denver	88	76	76	100%
Julia Temple Healthcare Center	120	133	38	29%
Juniper Village- The Speary Center	124	84	29	35%
La Villa Grande Care Center	82	69	20	29%
Lakewood Villa	46	47	38	81%
Larchwood Inns	115	341	19	6%
Laurel Manor Care Center	70	74	2	3%
Lemay Avenue Health and Rehabilitation Facility	123	120	83	69%
Life Care Center of Littleton	110	169	116	69%
Littleton Care and Rehabilitation Center	31	46	14	30%
Mesa Manor Center	65	35	8	23%
Mesa Vista of Boulder	136	41	3	7%
Minnequa Medicenter	92	69	69	100%
Monaco Parkway Health and Rehabilitation Center	83	87	87	100%
Mount St Francis Nursing Center	102	100	61	61%
Mountain Vista Health Center	134	89	84	94%
North Shore Health and Rehab Facility	114	112	90	80%
North Star Rehabilitation and Care Community	73	98	64	65%
Palisades Living Center	80	58	58	100%
Paonia Care and Rehabilitation Center	52	76	30	39%
Park Forest Care Center, Inc.	89	109	59	54%
Parkmoor Village Healthcare Center	105	226	45	20%
Parkview Care Center	66	105	65	62%
Pearl Street Health and Rehabilitation Center	75	65	64	98%
Pikes Peak Center	147	48	46	96%
Pine Ridge Extended Care Center	48	52	17	33%

Facility Name	Average Daily Census for CY2019	# of residents/families contacted	# of residents/families responded	Response Rate
Pioneer Health Care Center	80	180	100	56%
Pueblo Center	101	54	45	83%
Regent Park Nursing and Rehabilitation	46	50	42	84%
Rehabilitation Center at Sandalwood	85	55	29	53%
Rio Grande Inn	50	47	17	36%
River Valley Inn Nursing Home	39	42	38	90%
Rock Canyon Respiratory and Rehabilitation Center	127	158	111	70%
Rowan Community, Inc	66	127	13	10%
San Juan Living Center	57	33	32	97%
Sandrock Ridge Care and Rehab	50	22	19	86%
Sierra Rehabilitation and Care Community	91	134	33	25%
Sierra Vista Health Care Center	86	54	54	100%
Skyline Ridge Nursing and Rehabilitation Center	81	52	51	98%
Spanish Peaks Veterans Community Living Center	90	141	105	74%
Spring Village Care Center	82	66	25	38%
St Paul Health Center	123	69	39	57%
Suites at Clermont Park Care Center	61	36	35	97%
Summit Rehabilitation and Care Community	96	92	51	55%
Sundance Skilled Nursing and Rehabilitation	62	28	24	86%
Sunset Manor	64	39	37	95%
Terrace Gardens Health Care Center	70	41	40	98%
The Gardens	39	29	27	93%
The Green House Homes at Mirasol	58	148	85	57%
The Pavillion at Villa Pueblo	83	62	57	92%
The Peaks Care Center	90	82	82	100%
The Valley Inn	55	57	18	32%
The Villas at Sunny Acres	133	148	33	22%
Trinidad Inn Nursing Home	97	99	68	69%
Uptown Health Care Center	73	80	66	83%
Valley Manor Care Center	73	23	23	100%
Valley View Health Care Center Inc.	57	104	56	54%
Villa Manor Care Center	93	138	133	96%
Vista Grande Inn	62	54	41	76%
Walsh Healthcare Center	22	14	13	93%
Washington County Nursing Home	39	62	31	50%
Western Hills Health Care Center	80	53	49	92%
Westlake Care Community	65	65	45	69%
Wheatridge Manor Care Center	59	97	33	34%
Willow Tree Care Center	38	41	19	46%

Facility Name	Average Daily Census for CY2019	# of residents/families contacted	# of residents/families responded	Response Rate
Windsor Health Care Center	95	47	47	100%
Windsor Health Care Center	95	47	47	100%
Uptown Health Care Center	82	224	38	17%
Valley Manor Care Center	73	67	65	97%
Valley View Health Care Center Inc.	82	132	89	67%
Villa Manor Care Center	92	60	60	100%
Vista Grande Inn	107	210	135	64%
Walsh Healthcare Center	46	36	17	47%
Washington County Nursing Home	104	150	78	52%
Western Hills Health Care Center	89	65	50	77%
Westlake Care Community	137	175	162	93%
Wheatridge Manor Care Center	51	33	29	88%
Willow Tree Care Center	63	41	39	95%
Windsor Health Care Center	128	220	141	64%
Yuma Life Care Center	108	69	62	90%

PRELIMINARY REVIEW PROCESS

The preliminary review's purpose is to identify instances in which a facility may have unintentionally failed to submit a document or provided data from the incorrect reporting periods. If issues were identified, the nursing facility would be given the opportunity to update their application and submit new or updated documentation 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 facility's responsibility to review their application for completeness and accuracy prior to submission. Preliminary reviews focused on identifying the following instances:

- 1) A nursing facility submitted an application, but did not upload the required pre-requisite supporting documentation;
- 2) A nursing facility 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 facility uploaded CASPER reports as requested by a minimum requirement, but the reports were not for the correct time periods.

PCG was able to identify facilities 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 facilities if their preliminary review resulted in findings and rolled back the nursing facilities' applications. PCG reported the specific finding(s) and directed the facilities to access their application, upload documents as necessary, and resubmit their application within five business days of the notification. Applicants could only upload documents pertaining to the preliminary review findings and were not allowed to change any of their initially submitted scores.

As a result of the preliminary review process, PCG identified 46 nursing facilities that had at least one finding. The below is a breakdown of findings by number and type.

- There was a total of 67 findings in the preliminary review across the 46 facilities.
- 21 facilities did not upload the prerequisite documentation.
- There were 25 total findings related to a self-scored measure with missing documentation.

- 21 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 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.

APPLICATION RESULTS OVERVIEW

A total of 125 nursing facilities submitted an application for the 2020 P4P program year. Of those 125 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	2020 Facilities	Percentage
0-20	None	2	2%
21-45	\$1.00	10	8%
46-60	\$2.00	15	12%
61-79	\$3.00	51	40%
80-100	\$4.00	47	38%
Total		125	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 \$3.00 and \$4.00 per diem add-on. This year, 90% of homes received at least \$2.00, which is consistent with the amount from 2019. For the seventh consecutive year, the \$3.00 per diem add on had the highest percentage of facilities falling within its range.

Table 3 – Per Diem Historical Analysis

Per Diem Add-On	2016 Facilities	%	2017 Facilities	%	2018 Facilities	%	2019 Facilities	%	2020 Facilities	%
None	14	11%	7	5%	8	6%	0	0%	2	2%
\$1.00	34	26%	31	24%	19	15%	17	12%	10	8%
\$2.00	28	22%	33	26%	25	19%	30	22%	15	12%
\$3.00	42	33%	39	31%	49	38%	54	39%	51	40%
\$4.00	11	9%	18	14%	29	22%	37	27%	47	38%
Total	129		128		130		138		125	

Table 4 shows the final nursing facility Self Scores and Reviewer Scores for each facility for the 2020 P4P program year. In 2020, the Self Scores ranged from 14-96 and the Reviewer Scores ranged from 14-94. The averages and medians of both the reviewer and self-scores were similar (77 and 80, 70 and 75), suggesting a statistically normal distribution of scores.

Table 4 – 2020 Application Final Score Summary

Facility Name	2020 Self Score	2020 Final Score
Allison Care Center	75	72
Alpine Living Center	74	65
Amberwood Court Rehabilitation and Care Community	90	88
Applewood Living Center	91	83
Arborview Senior Community	74	71

Facility Name	2020 Self Score	2020 Final Score
Arvada Care and Rehabilitation Center	81	75
Autumn Heights Health Care Center	89	86
Avamere Transitional Care and Rehabilitation- Brighton	77	76
Avamere Transitional Care and Rehabilitation- Malley	83	81
Bent County Healthcare Center	88	88
Berthoud Living Center	74	57
Beth Israel at Shalom Park	90	81
Boulder Manor	71	54
Briarwood Health Care Center	64	49
Brookshire House Rehabilitation and Care Community	94	79
Brookside Inn	87	87
Broomfield Skilled Nursing and Rehabilitation Center	82	82
Bruce McCandless CO State Veterans Nursing Home	82	74
Cambridge Care Center	80	82
Casey's Pond Senior Living LTC	70	70
Castle Peak Senior Life and Rehabilitation	86	72
Castle Rock Care Center	14	14
Cedarwood Health Care Center	88	88
Centennial Health Care Center	89	86
Centura Health- Medalion Health Center	65	65
Centura Health- Progressive Care Center	49	32
Cherrelyn Healthcare Center	47	38
Cherry Creek Nursing Center	92	89
Cheyenne Mountain Center	79	66
Christian Living Communities Suites at Someren Glen Care Center	64	51
Christopher House Rehabilitation and Care Community	83	83
Clear Creek Care Center	70	70
Colonial Columns Nursing Center	89	89
Colorado State Veterans Nursing Home- Rifle	86	76
Colorado Veterans Community Living Center at Homelake	65	63
Colorow Care Center	75	77
Columbine West Health and Rehab Facility	72	64
Cottonwood Care Center	93	91
Cottonwood Inn Rehabilitation and Extended Care Center	80	77
Denver North Care Center	83	80
E Dene Moore Care Center	78	79
Eben Ezer Lutheran Care Center	84	81
Elms Haven Center	88	63
Englewood Post-Acute and Rehabilitation	83	81

Facility Name	2020 Self Score	2020 Final Score
Fairacres Manor, Inc.	79	76
Forest Ridge Senior Living, LLC	81	69
Forest Street Compassionate Care Center	93	66
Fort Collins Health Care Center	80	67
Four Corners Health Care Center	82	82
Glenwood Springs Health Care	52	14
Golden Peaks Center	78	63
Grace Manor Care Center	77	41
Harmony Pointe Nursing Center	85	74
Health Center at Franklin Park	85	85
Highline Rehabilitation and Care Community	83	81
Holly Heights Care Center	94	94
Holly Nursing Care Center	77	69
Horizons Care Center	59	59
Jewell Care Center of Denver	81	80
Julia Temple Healthcare Center	87	87
Juniper Village- The Spearly Center	88	85
La Villa Grande Care Center	70	55
Lakewood Villa	65	65
Larchwood Inns	85	83
Laurel Manor Care Center	72	74
Lemay Avenue Health and Rehabilitation Facility	53	48
Life Care Center of Littleton	67	35
Littleton Care and Rehabilitation Center	70	65
Mesa Manor Center	71	61
Mesa Vista of Boulder	95	81
Minnequa Medcenter	86	83
Monaco Parkway Health and Rehabilitation Center	85	80
Mount St Francis Nursing Center	86	81
Mountain Vista Health Center	63	46
North Shore Health and Rehab Facility	66	66
North Star Rehabilitation and Care Community	80	80
Palisades Living Center	82	70
Paonia Care and Rehabilitation Center	89	83
Park Forest Care Center, Inc.	64	59
Parkmoor Village Healthcare Center	73	75
Parkview Care Center	83	83
Pearl Street Health and Rehabilitation Center	86	86
Pikes Peak Center	82	77

Facility Name	2020 Self Score	2020 Final Score
Pine Ridge Extended Care Center	83	75
Pioneer Health Care Center	51	46
Pueblo Center	62	41
Regent Park Nursing and Rehabilitation	80	45
Rehabilitation Center at Sandalwood	80	71
Rio Grande Inn	86	83
River Valley Inn Nursing Home	37	37
Rock Canyon Respiratory and Rehabilitation Center	87	64
Rowan Community, Inc	88	81
San Juan Living Center	88	82
Sandrock Ridge Care and Rehab	80	78
Sierra Rehabilitation and Care Community	83	83
Sierra Vista Health Care Center	66	62
Skyline Ridge Nursing and Rehabilitation Center	68	49
Spanish Peaks Veterans Community Living Center	79	78
Spring Village Care Center	70	58
St Paul Health Center	82	73
Suites at Clermont Park Care Center	74	62
Summit Rehabilitation and Care Community	89	83
Sundance Skilled Nursing and Rehabilitation	63	57
Sunset Manor	77	77
Terrace Gardens Health Care Center	89	89
The Gardens	46	42
The Green House Homes at Mirasol	81	81
The Pavillion at Villa Pueblo	81	70
The Peaks Care Center	50	50
The Valley Inn	83	81
The Villas at Sunny Acres	77	77
Trinidad Inn Nursing Home	86	84
Uptown Health Care Center	73	73
Valley Manor Care Center	79	79
Valley View Health Care Center Inc.	96	89
Villa Manor Care Center	81	68
Vista Grande Inn	68	68
Walsh Healthcare Center	75	75
Washington County Nursing Home	48	43
Western Hills Health Care Center	72	53
Westlake Care Community	93	84
Wheatridge Manor Care Center	72	62

Facility Name	2020 Self Score	2020 Final Score
Willow Tree Care Center	28	26
Windsor Health Care Center	82	82
Yuma Life Care Center	81	81

Table 5 displays data summarizing the P4P program's final scores from 2016-2020. Since 2016, the number of participating facilities has stayed relatively consistent, with a decrease this year. As facilities have become more familiar with the application process, the average Self Score has continued to increase and reached an all-time high of 77 this year. This is also evident through the average Reviewer Score, which has increased over the past five years from 49 to 70. In 2020, the average Self Score was 77 and the average Reviewer Score was 70, which represented a consistent increase from last year of 75 and 66 respectively.

Most notably, the difference between Self and Reviewer Score has been steadily decreasing over the past five 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 been awarded in previous years.

Table 5 – Scoring Historical Analysis

Statistic	2016	2017	2018	2019	2020
Average Self Score	65	70	72	75	77
Average Reviewer Score	49	56	61	66	70
Avg. Difference (Reviewer minus Self Score)	-16	-14	-11	-9	-7

APPLICATION MEASURES ANALYSIS

The 2020 P4P application consisted of 21 measures, separated into two domains and seven subcategories:

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

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)
Antibiotics Stewardship/Infection Prevention & Control
17.1 Antibiotics Stewardship/Infection Prevention & Control – Documentation
17.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures
Home Management
18. Medicaid Occupancy Average
Staff Stability
19. Staff Retention Rate/Improvement
20. DON and NHA Retention
21. Nursing Staff Turnover Rate

The remainder of this section provides analysis of 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 facilities that applied for the measure in 2020;
- The number of nursing facilities that received points last year (2019) for the measure, applied for the same measure in 2020, but did not receive points in 2020;
- The number of nursing facilities that applied for the measure in 2020, but did not receive points; and,
- The percentage of nursing facilities that applied for the measure in 2020 but did not receive points.

Table 6 – Score by Measure Analysis

Measure	Total Facilities Applied in 2020	Facilities Received Points in 2019, Applied in 2020 but Did Not Receive Points	Facilities Applied but Did Not Receive Points in 2020	% of Facilities Applied and Did Not Receive Points	
1. Enhanced Dining	121	12	17	14%	(D)
2. Enhanced Personal Care	111	6	8	7%	(D)
3. End of Life Program	117	9	11	9%	
4. Connection and Meaning	118	7	9	8%	
5. Person-Directed Care Training	115	10	14	12%	
6. Trauma – Informed Care	119	3	6	5%	(D)
7. Daily Schedules and Care Planning	111	5	10	9%	
8.1 Physical Environment – Appearance	119	7	7	6%	
8.2 Physical Environment – Noise Management	109	9	11	10%	(D)
9. QAPI	93	6	12	13%	

Measure	Total Facilities Applied in 2020	Facilities Received Points in 2019, Applied in 2020 but Did Not Receive Points	Facilities Applied but Did Not Receive Points in 2020	% of Facilities Applied and Did Not Receive Points	
10. Consistent Assignments	116	5	7	6%	(C)
11. Volunteer Program	116	6	10	9%	
12. Staff Engagement	100	5	11	11%	(C)
13. Transition of Care – Admissions, Transfer and Discharge Rights	108	5	13	12%	
14. Continuing Education	104	8	17	16%	(D)
15. Reducing Avoidable Hospitalizations	96	7	13	14%	(C)
Quality Measure – 16.1 (Narrative)	119	3	5	4%	
Quality Measure – 16.2	70	1	3	4%	(B)
Quality Measure – 16.3	75	0	3	4%	(A)(B)
Quality Measure – 16.4	71	1	1	1%	(B)
Quality Measure – 16.5	47	1	2	4%	(B)
Quality Measure – 16.6	75	1	1	1%	(B)
Quality Measure – 16.7	53	1	2	4%	(B)
Quality Measure – 16.8	68	1	3	4%	(B)
17.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation	110	6	15	14%	
17.2 Antibiotics Stewardship/Infection Prevention & Control - Quality Measures	109	9	18	17%	
18. Medicaid Occupancy Average	88	5	11	13%	
19. Staff Retention Rate/Improvement	105	4	7	7%	(C)
20. DON and NHA Retention	60	4	5	8%	
21. Nursing Staff Turnover Rate	97	3	8	8%	(C)(D)

Note that for this year's application analysis:

- (A) Indicates a new measure in 2020, including measures from the previous year that were renamed or combined.
- (B) Some facilities received higher or lower points for these measures than they applied for due to calculation errors in averaging Quality Measure scores.
- (C) If a facility was unable to qualify for points based on the minimum requirements but had a Quality Assurance & Performance Improvement (QAPI) project in 2019 for this measurement area, they were able to earn one (1) QAPI recovery point by submitting the QAPI project documentation.
- (D) Indicates a new minimum requirement was added to this measure in 2020.

Utilizing 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. PCG has provided common reasons for why facilities were not awarded points by the reviewer and it is important to note that some facilities may have failed multiple areas within each measure. For this reason, it is possible

that the number of facilities described in the bullets of each measure below, would be greater than the total number of facilities that applied but did not receive points as indicated in the 2020 table.

The following sections break out each measure, showing a summary of the percentage of facilities that applied and received points for each measure. It is important to note that the percentage awarded is based on the number of facilities that applied for that specific measure and not all 125 facilities that submitted an application. A table showing historical percentages for facilities that received points is also provided for each measure.

Please note that there are five measures in which a facility 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 facility had a QAPI project for this measurement area and submitted the project documentation in this year's application. Facilities 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 five 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 %			
2016	2017	2018	2019
82%	81%	81%	83%

2020	
Homes Applied	121
Applied %	97%
Homes Awarded	104
Awarded %	86%

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.

- Ten facilities did not provide the appropriate level of menu evidence.
- Seven did not submit external survey questions that are used to evaluate residents' food satisfaction.

2. Enhanced Personal Care

Enhanced Personal Care - Awarded %			
2016	2017	2018	2019
87%	74%	79%	87%

2020	
Homes Applied	111
Applied %	89%
Homes Awarded	103
Awarded %	93%

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 were not awarded points did not submit the two bathing and oral care plans that demonstrate creative approaches and include resident choices.

3. End of Life Program

End of Life Program - Awarded %			
2016	2017	2018	2019
82%	82%	92%	83%

2020	
Homes Applied	117
Applied %	94%
Homes Awarded	106
Awarded %	91%

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 seven facilities that were not awarded points because they did not provide proof of how these wishes were honored.
- Facilities also lost points for not providing the required testimonials.

4. Connection and Meaning

Connection and Meaning - Awarded %			
2016	2017	2018	2019
73%	76%	87%	87%

2020	
Homes Applied	118
Applied %	94%
Homes Awarded	109
Awarded %	92%

Connection and Meaning strives to ensure that each facility 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, the most common reason for lost points was not providing all of the required testimonials by residents, family members, and management staff.

5. Person-Directed Care Training

Person-Directed Care Training - Awarded %			
2016	2017	2018	2019
89%	70%	90%	89%

2020	
Homes Applied	115
Applied %	92%
Homes Awarded	101
Awarded %	88%

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.

- Seven facilities were not awarded points because the narrative did not meet the requirement of fully describing their person-directed care program.
- Five facilities were not awarded points for not having distinct Mission and Vision statements.

6. Trauma Informed Care

Trauma Informed Care - Awarded %			
2016	2017	2018	2019
n/a	n/a	93%	88%

2020	
Homes Applied	119
Applied %	95%
Homes Awarded	113
Awarded %	95%

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.

7. Daily Schedules and Care Planning

Daily Schedules - Awarded %			
2016	2017	2018	2019
73%	89%	82%	87%

2020	
Homes Applied	111
Applied %	89%
Homes Awarded	102
Awarded %	92%

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

- Many facilities that lost points on this measure did not meet the requirement of providing four care plans.

8. Physical Environment

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

8.1 Physical Environment - Appearance

Physical Environment (8.1) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	88%

2020	
Homes Applied	119
Applied %	95%
Homes Awarded	112
Awarded %	94%

Measure 8.1 indicates that the facility 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 were not awarded points did not meet the requirements of the photos.

8.2 Physical Environment – Noise Management

Physical Environment (8.2) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	76%

2020	
Homes Applied	109
Applied %	87%
Homes Awarded	98
Awarded %	90%

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.

- Most facilities lost points on this measure as their noise management policies or action plans were either not submitted with the application or were not sufficient and did not meet the measure's requirements.

9. QAPI

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

QAPI - Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	84%

2020	
Homes Applied	93
Applied %	74%
Homes Awarded	81
Awarded %	87%

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.

- The facilities that were not awarded points on this measure did not provide enough detail on how residents and their families are kept informed/aware/given an opportunity to support the QAPI project.
- They also did not provide data trends as evidence of the QAPI project.

10. Consistent Assignments

Consistent Assignments - Awarded %			
2016	2017	2018	2019
75%	89%	88%	84%

2020	
Homes Applied	116
Applied %	93%
Homes Awarded	109
Awarded %	94%

Most facilities were able to provide information around the criteria of this measure including two facilities that applied for and were awarded the QAPI recovery point for this measure.

- There were seven facilities that were not awarded points for this measure.

11. Volunteer Program

Volunteer Program - Awarded %			
2016	2017	2018	2019
74%	79%	86%	86%

2020	
Homes Applied	116
Applied %	93%
Homes Awarded	106
Awarded %	91%

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.

- Six facilities were not awarded points as they did not provide the required number of examples of unique volunteer events and four facilities did not include a copy of their volunteer policy.

12. Staff Engagement

Staff Engagement - Awarded %			
2016	2017	2018	2019
81%	84%	76%	85%

2020	
Homes Applied	100
Applied %	80%
Homes Awarded	89
Awarded %	89%

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 were not awarded 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 %			
2016	2017	2018	2019
n/a	n/a	83%	73%

2020	
Homes Applied	108
Applied %	86%
Homes Awarded	96
Awarded %	89%

In Measure 13, points are awarded to homes who increase community and resident awareness of transition options.

- Facilities were not awarded 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 %				
	2016	2017	2018	2019
+2	13%	40%	50%	86%
+4	7%	38%	67%	100%
+6	80%	82%	90%	81%

2020	
Homes Applied	104
Applied %	83%
Homes Awarded	88
Awarded %	85%

The scoring for the Continuing Education measure has changed for the 2020 application. Previously, facilities could be awarded 2, 4, or 6 points based on how many hours of continuing education they had completed per staff member. Due to a change in regulations, facilities needed to meet a minimum of 18 hours per staff member to qualify for points.

- Seven facilities were not awarded points on this measure because they did not complete the Facility Labor Data tool.
- Additionally, six lost points because they did not complete properly complete Appendix 3 and submit the required substantiating information.

15. Reducing Avoidable Hospitalizations

Reducing Avoidable Hospitalizations - Awarded %				
	2016	2017	2018	2019
	44%	63%	76%	82%

2020	
Homes Applied	96
Applied %	77%
Homes Awarded	83
Awarded %	86%

Homes are awarded points for any improvement in rehospitalization rates between the two previous fiscal years.

- Nine facilities were not awarded points for this measure because re-hospitalization data was either not submitted, was not related to the correct time periods, or did not meet the measure requirements.
- Additionally, seven homes applied for the QAPI recovery point for this measure – five were awarded.

16. Nationally Reported Quality Measures Scores 16.1-16.8

Due to the fact that there are a range of scores for measures 16.2-16.8, the “Homes Awarded” data below correspond to homes awarded a particular point value, regardless of which point value they applied for. Please note that the Awarded Percentages can be greater than 100% as some facilities’ Reviewer Score for a Quality Measure may fall into a different bucket than their Self Score

QM Narrative (16.1)

QM Narrative - Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	95%

2020	
Homes Applied	119
Applied %	95%
Homes Awarded	114
Awarded %	96%

The Quality Measure Narrative allows 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 %			
2016	2017	2018	2019
n/a	76%	86%	99%

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	70	26	7	8	8	21
Applied %	56%	21%	6%	6%	6%	17%
Homes Awarded	67	26	5	8	7	21
Awarded %	96%	100%	71%	100%	88%	100%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 1 facility received more points than they applied for
- 4 facilities received less points than they applied for

High Risk Residents with Pressure Ulcers (16.3)

High Risk Residents with Pressure Ulcers (16.3) - Awarded %			
2016	2017	2018	2019
n/a	69%	80%	95%

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	70	45	9	5	4	12
Applied %	56%	36%	7%	4%	3%	10%
Homes Awarded	67	45	9	5	4	10
Awarded %	96%	100%	100%	100%	100%	83%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 1 facility received more points than they applied for
- 3 facilities received less points than they applied for

Low Risk Loss of B/B Con (16.4)

Low Risk Loss of B/B Con (16.4) - Awarded %			
2016	2017	2018	2019
n/a	n/a	79%	92%

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	75	36	10	4	5	16
Applied %	60%	29%	8%	3%	4%	13%
Homes Awarded	73	36	7	5	6	17
Awarded %	97%	100%	70%	125%	120%	106%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 2 facilities received more points than they applied for
- 3 facilities received less points than they applied for

Residents who Received Antipsychotic Medications (16.5)

Residents who Received Antipsychotic Medications (16.5) - Awarded %			
2016	2017	2018	2019
n/a	68%	82%	97%

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	71	25	4	1	7	10
Applied %	57%	20%	3%	1%	6%	8%
Homes Awarded	71	24	4	1	7	9
Awarded %	100%	96%	100%	100%	100%	90%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 1 facility received more points than they applied for
- 2 facilities received less points than they applied for

Residents with a Catheter Inserted and Left in Their Bladder (16.6)

Residents with a Catheter Inserted and Left in Their Bladder (16.6) - Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	n/a

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	47	45	2	6	9	13
Applied %	38%	36%	2%	5%	7%	10%
Homes Awarded	45	46	2	4	10	12
Awarded %	96%	102%	100%	67%	111%	92%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 1 facility received more points than they applied for
- 2 facilities received less points than they applied for

Residents with Depression Symptoms (16.7)

Residents with Depression Symptoms (16.7) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	n/a

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	75	28	3	0	4	18
Applied %	60%	22%	2%	0%	3%	14%
Homes Awarded	74	27	3	0	4	17
Awarded %	99%	96%	100%	0%	100%	94%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- There were no facilities received more points than they applied for
- 2 facilities received less points than they applied for

Residents Whose Ability to Move Independently Worsened (16.8)

Residents Whose Ability to Move Independently Worsened (16.8) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	n/a

2020						
Statistic	Overall	+5	+4	+3	+2	+1
Homes Applied	53	28	12	13	6	9
Applied %	42%	22%	10%	10%	5%	7%
Homes Awarded	51	25	14	15	6	5
Awarded %	96%	89%	117%	115%	100%	56%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:

- 2 facilities received more points than they applied for
- 10 facilities received less points than they applied for

Measures 16.2-16.8 all required submission of Q3 and Q4 Casper reports from 2019. Facilities who did not receive points on these seven measures either failed to upload Casper reports altogether or failed to upload Casper reports for the correct time periods even after being notified of their preliminary review findings.

17. 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.

17.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation

Antibiotics Stewardship/Infection Prevention & Control (17.1) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	68%

2020	
Homes Applied	110
Applied %	88%
Homes Awarded	95
Awarded %	86%

- Seven facilities were not awarded points in this measure for not fully completing all sections of the CDC Infection Prevention and Control Assessment.
- Six facilities did not provide qualifications for their infection preventionist.

17.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Antibiotics Stewardship/Infection Prevention & Control (17.2) – Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	85%

2020	
Homes Applied	109
Applied %	87%
Homes Awarded	91
Awarded %	83%

Facilities were not awarded points on this measure for not demonstrating improvement in the UTI or Catheter quality measures.

18. Medicaid Occupancy Average

Medicaid Occupancy Average - Awarded %				
	2016	2017	2018	2019
10%	81%	97%	94%	93%
5%	64%	75%	88%	90%

2020			
	Overall	10%	5%
Homes Applied	88	78	10
Applied %	70%	62%	8%
Homes Awarded	79	69	10
Awarded %	90%	88%	100%

This measure awards points to facilities for their Medicaid occupancy percentage. Facilities were not eligible for points if the documentation they submitted did not support the required occupancy statistics.

19. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2016	2017	2018	2019
n/a	79%	89%	92%

2020	
Homes Applied	105
Applied %	84%
Homes Awarded	98
Awarded %	93%

- Five facilities were not awarded points on this measure for not properly providing a highlighted list of the employees hired on or before January 1st as required by the minimum requirements.
- Additionally, eleven homes applied for and received the QAPI recovery point on this measure.

20. DON/NHA Retention

DON/NHA Retention - Awarded %			
2016	2017	2018	2019
n/a	n/a	n/a	91%

2020	
Homes Applied	60
Applied %	48%
Homes Awarded	56
Awarded %	93%

Similar to last year, facilities that were not awarded 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.

21. Nursing Staff Turnover Rate

Nursing Staff Turnover Rate - Awarded %			
2016	2017	2018	2019
65%	86%	83%	96%

2020	
Homes Applied	97
Applied %	78%
Homes Awarded	89
Awarded %	92%

Documentation to meet the requirements for this measure were generally met. However, as this measure is focused on meeting a threshold, facilities that were not awarded points primarily had a turnover rate of above 56.6% or an unidentifiable change from the previous year.

- Additionally, eleven homes applied for the QAPI recovery point on this measure and ten were awarded.

ON-SITE REVIEWS

As part of the annual review process, the P4P Program requires that on-site visits be conducted 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.”

Unfortunately, due to the outbreak of COVID-19, PCG and the Department evaluated contingency plans in place of conducting the annual on-site visits for the P4P Program. Because of Colorado’s state of emergency declaration which limits visitation to nursing facilities, plans were created to remotely conduct these site visits to ensure the safety of the nursing facilities’ residents as well as Department/PCG staff. However, these plans were eventually canceled as it became clear that facility staff were already under significant burden due to the outbreak.

Even though the site visits were not conducted, on-site review selections were made according to the methodology below.

ON-SITE REVIEW SELECTION METHODOLOGY

After an initial review was completed for all facility applications, PCG conducted a risk methodology assessment to select nursing facilities for the proposed 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 facility that submitted a P4P application. All 125 nursing homes were scored for each risk category as either High = 3 points, Medium = 2 points, or Low = 1 point. Then, each facility was assigned a total risk score using a weighted average of each risk category score.

PCG then divided the nursing facilities 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, five Medium, and four Low risk facilities for the proposed 2020 on-site review process. This distribution allows PCG to verify review methodologies for nursing facilities 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 selection process. In addition, nursing facilities that received an on-site review from 2016 to 2019 were not selected for a 2020 on-site review.

Based upon the described process, 13 (10%) homes were selected for an on-site review as shown in Table 7.

Table 7 – Facilities Selected for On-Site Review

Facility Name	City
Centura Health- Progressive Care Center	Canon City
Forest Ridge Senior Living, LLC	Woodland Park
Forest Street Compassionate Care Center	Denver
Four Corners Health Care Center	Durango
Horizons Care Center	Eckert
Life Care Center of Littleton	Littleton
Littleton Care and Rehabilitation Center	Littleton
Regent Park Nursing and Rehabilitation	Holyoke
River Valley Inn Nursing Home	Del Norte
Spanish Peaks Veterans Community Living Center	Walsenburg
The Peaks Care Center	Longmont
Trinidad Inn Nursing Home	Trinidad
Vista Grande Inn	Cortez

APPEALS

Nursing facilities were given the opportunity to submit an appeal request after they received their score notification letter and accompanying reports. The appeals process gives each applicant the opportunity 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, resulting in a different score than their self-score. Typically, this process lasts 30 calendar days, but because the on-site reviews were cancelled, the process began earlier, and facilities were given 41 days to submit appeals.

The Department received 20 appeals as part of the 2020 review process. Table 8 provides the number of appeals received in previous years. Over the past three years, the program has seen a relatively consistent number of appeals, which is a decrease from the earlier years of the program. 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
2016	41
2017	27
2018	24
2019	16
2020	20

Once the Department received an appeal, it was forwarded to PCG to document and review. The review team looked closely at each nursing facility'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 facility 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. On average, facilities appealed measures worth 8.8 points and were awarded 4.9 points.

Table 9 – 2020 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Alpine Living Center	55	65	10
Applewood Living Center	75	83	8
Berthoud Living Center	52	57	5
Beth Israel at Shalom Park	75	81	6
Boulder Manor	51	54	3
Centura Health - Medallion Health Center	59	65	6
Elms Haven Center	57	63	6
Four Corners Health Care	77	82	5
Golden Peaks Center	57	63	6
Health Center at Franklin Park	82	85	3

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Highline Rehabilitation & Care Community	75	81	6
Holly Heights Care Center	92	94	2
Lemay Avenue Health and Rehabilitation Facility	45	48	3
Monaco Parkway Health and Rehabilitation Center	76	80	4
Parkview Care Center	79	83	4
Pikes Peak Center	77	77	0
Pueblo Center	41	41	0
San Juan Living Center	79	82	3
St. Paul Health Center	59	73	14
The Villas at Sunny Acres	74	77	3

COMMON APPEALS DETAILS

The most common measures for appeals were Measure 6 (Trauma Informed Care), Measure 7 (Daily Schedules and Care Planning), Measure 14 (Continuing Education), and Measure 15 (Reducing Avoidable Hospitalizations).

Measure 14 had six appeals – five were approved. As mentioned in the *Recommendations Report*, many of the appeals associated with Measure 14 (Continuing Education) were due an issue with the calculation that did not weight training hours to account for staff who were not employed at the facility for the full year. Therefore, when scoring, the calculation showed that these facilities did not meet the 18-hour requirement, but when calculated outside the portal by PCG staff with weighting to account for partial years, these facilities met the requirement. One appeal was denied for Measure 14 because the facility did not describe how their facility assessment influenced their continuing education curriculum.

Measure 15 had five appeals – five were approved. As also mentioned in the *Recommendations Report*, many of the appeals associated with Measure 15 (Reducing Avoidable Hospitalizations) were due to supporting documentation that was not clearly labeled. Because of this, PCG reviewers had difficulty interpreting the data and were unable to award points on the initial review. These facilities provided clarification on the data through the appeals process and points were awarded.

Measure 6 had four appeals – three were approved. In most of the appeals for Measure 6 (Trauma Informed Care), the training objectives were not clearly labeled in the supporting documentation and PCG reviewers did not award points on the initial review. However, with the clarification provided during the appeals process, points were awarded once the objectives were clearly pointed out. One appeal was denied for Measure 6 because the facility attempted to submit new documentation during the appeals process, which is not allowable under program regulations.

Measure 7 had four appeals – three were approved. The appeals around Measure 7 (Daily Schedules and Care Planning) were due to facilities incorrectly uploading required data to a different minimum requirement as well as providing vague testimonials. Upon providing the location of the data or some additional clarification around the testimonials, points were awarded. One appeal was denied for Measure 7 because the documents that were indicated to be testimonials proving implementation of resident choices, were instead daily schedule preference questionnaires.

Overall, the 20 facilities appealed a total of 49 items. Measures 6, 7, 14, and 15, described above, were the only measures with more than four appeals. Generally, appeals were approved when a facility was able to provide further clarification around the location of certain pieces of documentation and criteria. Appeals were usually denied when a facility was unable to demonstrate that they had provided documentation that

met the application requirements in their initial submission package or attempted to submit additional documentation during the appeals process.

OTHER ANALYSIS

MEASURE 19 – STAFF RETENTION

This tool collects data for each facility's staff retention. To qualify for points, the facility must demonstrate a staff retention rate greater than 60% or a rate above 40% with greater than 5% improvement from the previous year. Table 10 below shows the aggregated 2019 application (67 providers) and 2020 application (78 providers) data for providers that reported figures in the portal's tool. Overall, there was not a significant increase between the two years.

Table 10 – Staff Retention Tool Analysis

Statistic	2019	2020
Staff Retention Rate	69.5%	69.8%

MEASURE 21 – NURSING STAFF TURNOVER

This tool collects data around the turnover rate of each applicant's nursing staff. To qualify for points, the facility must demonstrate a rate below 56.6% or a documented improvement (lower rate) between 2018 and 2019 must be present. A termination is defined as any person who is no longer employed by the home for any reason. Table 11 below shows aggregated 2019 application and 2020 application data for 78 providers that reported data using the portal's tool. This measure has existed for the past few P4P applications, however, the calculation changed in 2020 and therefore prior year's reporting data was able to be used.

Table 11 – Nursing Staff Turnover Tool Analysis

Statistic	2019	2020
Nursing Staff Turnover Rate	52.4%	51.4%
% of Terminations for Employees with <90 Days on the Job	30.3%	28.0%

PCG and the Department will continue to monitor and analyze this information in the future to identify any industry trends.