Colorado Department of Health Care Policy and Financing

2021 Nursing Facilities Pay for Performance Application Review

Data Report

June 2021

PUBLIC CONSULTING GROUP

TABLE OF CONTENTS

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 2021 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, 2021. For the 2021 program year, there were 129 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 2021 due to the outbreak of COVID-19. The selection process is discussed in further detail later in this report.

Additionally, the content of the 2021 P4P application was significantly adjusted due COVID and its impact on nursing home operations. Because of this, the data from this year's report is not a completely accurate comparison point for past or future years. The application criteria were adjusted to a more narrative-based approach understanding the challenges homes faced in calendar year 2020.

This year's process also included the fourth 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 2021 P4P program year.

2021 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 2021 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) 2020 and found that sixteen facilities had a total of 28 tags that disqualified them from the 2021 application. Ten of these facilities had previously participated in the P4P program and were not eligible to submit in 2021.

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 CY2020, 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 129 participating nursing facilities.
   - Across the facilities who completed the P4P application, the average daily census values ranged from 24 to 178, with a median of 70 and a program average of 75.
   - The number of residents/families contacted ranged from 15 to 354, with a median of 65 and an average of 82.
   - The number of residents/families responded ranged from 5 to 206, with a median of 47 and an average of 51.
   - The survey response rate ranged from 5% to 100%, with a median of 68% and an average of 61%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Facility Name	Average Daily Census for CY2020	# of residents/ families contacted	# of residents/ families responded	Response Rate
Allison Care Center	68	101	12	12%
Alpine Living Center	73	74	73	99%
Amberwood Court Rehabilitation and Care Community	68	32	9	28%
Applewood Living Center	96	74	71	96%
Arborview Senior Community	97	166	98	59%
Arvada Care and Rehabilitation Center	46	104	26	25%

Facility Name	Average Daily Census for CY2020	# of residents/ families contacted	# of residents/ families responded	Response Rate
Aspen Living Center	76	101	12	12%
Autumn Heights Health Care Center	94	74	73	99%
Avamere Transitional Care and Rehabilitation- Brighton	76	32	9	28%
Avamere Transitional Care and Rehabilitation- Malley	134	74	71	96%
Bear Creek Center	128	166	98	59%
Belmont Lodge Health Care Center	79	104	26	25%
Bent County Healthcare Center	49	66	63	95%
Berkley Manor Care Center	60	124	53	43%
Berthoud Living Center	57	84	79	94%
Beth Israel at Shalom Park	118	120	104	87%
Boulder Manor	93	55	46	84%
Briarwood Health Care Center	65	60	50	83%
Brookshire House Rehabilitation and Care Community	59	44	31	70%
Brookside Inn	106	37	34	92%
Broomfield Skilled Nursing and Rehabilitation Center	149	50	50	100%
Bruce McCandless CO State Veterans Nursing Home	87	230	130	57%
Cambridge Care Center	78	69	68	99%
Casey's Pond Senior Living LTC	52	65	60	92%
Castle Peak Senior Life and Rehabilitation	37	121	28	23%
Cedarwood Health Care Center	62	112	103	92%
Centennial Health Care Center	57	180	154	86%
Centura Health- Medalion Health Center	57	49	47	96%
Cherry Creek Nursing Center	156	112	65	58%
Cheyenne Mountain Center	123	45	39	87%
CHI Living Communities - Namaste Alzheimer's Center	60	52	50	96%
Christopher House Rehabilitation and Care Community	58	47	47	100%
Clear Creek Care Center	72	48	47	98%
Colonial Columns Nursing Center	73	32	31	97%
Colorado State Veterans Nursing Home - Fitzsimons	130	220	206	94%
Colorado State Veterans Nursing Home- Rifle	56	49	48	98%
Colorado Veterans Community Living Center at Homelake	46	60	40	67%
Colorow Care Center	56	98	51	52%
Columbine West Health and Rehab Facility	90	72	70	97%
Cottonwood Care Center	90	56	55	98%
Cottonwood Inn Rehabilitation and Extended Care Center	32	116	94	81%
Denver North Care Center	65	59	47	80%
E Dene Moore Care Center	42	43	40	93%

Facility Name	Average Daily Census for CY2020	# of residents/ families contacted	# of residents/ families responded	Response Rate
Eagle Ridge of Grand Valley	62	106	55	52%
Eben Ezer Lutheran Care Center	79	84	41	49%
Elms Haven Center	178	180	83	46%
Englewood Post Acute and Rehabilitation	69	29	15	52%
Fairacres Manor, Inc.	103	50	7	14%
Forest Ridge Senior Living, LLC	66	38	22	58%
Forest Street Compassionate Care Center	44	97	51	53%
Fort Collins Health Care Center	65	72	39	54%
Four Corners Health Care Center	106	303	130	43%
Glenwood Springs Health Care	44	85	58	68%
Golden Peaks Center	50	169	69	41%
Good Samaritan Society - Fort Collins Village	52	33	25	76%
Good Samaritan Society- Bonell Community	80	44	36	82%
Grace Manor Care Center	25	48	46	96%
Hallmark Nursing Center	108	84	79	94%
Harmony Pointe Nursing Center	100	97	32	33%
Highline Rehabilitation and Care Community	101	38	18	47%
Holly Heights Care Center	92	45	34	76%
Holly Nursing Care Center	29	60	34	57%
Horizons Care Center	39	36	30	83%
Irondale Post Acute	70	73	69	95%
Jewell Care Center of Denver	82	188	63	34%
Julia Temple Healthcare Center	110	107	25	23%
Juniper Village- The Spearly Center	122	81	53	65%
Kenton Manor	77	49	28	57%
Larchwood Inns	96	98	34	35%
Lemay Avenue Health and Rehabilitation Facility	116	103	45	44%
Life Care Center of Evergreen	64	66	65	98%
Life Care Center of Greeley	68	216	24	11%
Life Care Center of Littleton	93	36	30	83%
Mesa Manor Center	44	54	54	100%
Mesa Vista of Boulder	147	78	18	23%
Minnequa Medicenter	87	125	35	28%
Monaco Parkway Health and Rehabilitation Center	83	58	56	97%
Monte Vista Estates, LLC	33	168	160	95%
Mount St Francis Nursing Center	100	32	31	97%
Mountain Vista Health Center	84	39	20	51%
North Shore Health and Rehab Facility	92	186	56	30%

Facility Name	Average Daily Census for CY2020	# of residents/ families contacted	# of residents/ families responded	Response Rate
North Star Rehabilitation and Care Community	66	69	69	100%
Palisades Living Center	70	73	70	96%
Paonia Care and Rehabilitation Center	52	26	24	92%
Parkmoor Village Healthcare Center	105	104	98	94%
Parkview Care Center	55	58	22	38%
Pearl Street Health and Rehabilitation Center	68	73	35	48%
Pikes Peak Center	141	84	53	63%
Pine Ridge Extended Care Center	47	31	31	100%
Pueblo Center	95	51	33	65%
Regent Park Nursing and Rehabilitation	41	101	45	45%
Rehabilitation and Nursing Center Of The Rockies	62	48	26	54%
Rehabilitation Center at Sandalwood	77	59	58	98%
Rio Grande Inn	43	232	109	47%
River Valley Inn Nursing Home	42	45	28	62%
Rock Canyon Respiratory and Rehabilitation Center	117	52	48	92%
Rowan Community, Inc	58	101	62	61%
San Juan Living Center	49	62	9	15%
Sandrock Ridge Care and Rehab	47	90	49	54%
Sierra Rehabilitation and Care Community	83	40	18	45%
Sierra Vista Health Care Center	86	31	17	55%
Skyline Ridge Nursing and Rehabilitation Center	69	354	58	16%
Southeast Colorado Hospital LTC Center	46	60	25	42%
Spanish Peaks Veterans Community Living Center	80	39	36	92%
Spring Creek Health Care Center	103	31	18	58%
St Paul Health Center	104	140	7	5%
Sterling Living Center	51	65	62	95%
Suites at Clermont Park Care Center	51	140	69	49%
Summit Rehabilitation and Care Community	85	59	27	46%
Sunset Manor	51	81	48	59%
Terrace Gardens Health Care Center	72	81	79	98%
The Gardens	41	97	96	99%
The Green House Homes at Mirasol	57	42	42	100%
The Pavillion at Villa Pueblo	83	38	34	89%
The Valley Inn	55	127	48	38%
The Villas at Sunny Acres	126	23	21	91%
University Heights Rehab and Care Community	76	62	62	100%
Uptown Health Care Center	72	29	27	93%
Valley Manor Care Center	71	85	56	66%

Facility Name	Average Daily Census for CY2020	# of residents/ families contacted	# of residents/ families responded	Response Rate
Valley View Health Care Center Inc.	55	60	47	78%
Villa Manor Care Center	80	55	35	64%
Vista Grande Inn	58	81	59	73%
Washington County Nursing Home	39	112	72	64%
Western Hills Health Care Center	79	73	65	89%
Westlake Care Community	57	55	21	38%
Wheatridge Manor Care Center	55	97	45	46%
Willow Tree Care Center	36	64	64	100%
Windsor Health Care Center	91	50	46	92%
Yuma Life Care Center	24	70	18	26%

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. Participants 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 40 nursing facilities that had at least one finding. The below is a breakdown of findings by number and type.

- There was a total of 62 findings in the preliminary review across the 40 facilities.
- 24 facilities did not upload the prerequisite documentation.
- There were 30 total findings related to a self-scored measure with missing documentation.
- 8 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. It should be noted that preliminary review findings have been decreasing in each

year as PCG has implemented more QA mechanisms for participants during submission. Examples of this include conducting an additional training session to specifically review application changes and adding a field to the application that requires participants to input the date ranges of their uploaded CASPER reports.

APPLICATION RESULTS OVERVIEW

A total of 129 nursing facilities submitted an application for the 2021 P4P program year. Of those 129 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	2021 Facilities	Percentage
0-20	None	0	0%
21-45	$1.00	0	0%
46-60	$2.00	16	12%
61-79	$3.00	56	43%
80-100	$4.00	57	44%
	Total	**129**	**100%**

Table 3 below includes this same payment analysis for the past five years. Over the past four 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, every home received at least $2.00.
- For the first year, the $4.00 per diem add on had the highest percentage of facilities. As mentioned in the introduction of this report, this year is not a completely accurate comparison point due to the significant changes that were made to application. The application criteria were adjusted to a more narrative-based approach which allowed homes to apply for more measures than they would have in previous years.

Table 3 – Per Diem Historical Analysis

Per Diem Add-On	2017 Facilities	%	2018 Facilities	%	2019 Facilities	%	2020 Facilities	%	2021 Facilities	%
None	7	5%	8	6%	0	0%	2	2%	0	0%
$1.00	31	24%	19	15%	17	12%	10	8%	0	0%
$2.00	33	26%	25	19%	30	22%	15	12%	16	12%
$3.00	39	31%	49	38%	54	39%	51	40%	56	43%
$4.00	18	14%	29	22%	37	27%	47	38%	57	44%
Total	**128**		**130**		**138**		**125**		**129**	

Table 4 shows the final nursing facility Self Scores and Reviewer Scores for each facility for the 2021 P4P program year.
- In 2021, the Self Scores ranged from 48-96 and the Reviewer Scores ranged from 45-93.
- The averages and medians of both the reviewer and self-scores were relatively spread out (73 and 84, 75 and 86), suggesting that the scores were largely concentrated in the higher scoring ranges.

Table 4 – 2021 Application Final Score Summary

Facility Name	2021 Self Score	2021 Final Score
Allison Care Center	82	70
Alpine Living Center	89	81
Amberwood Court Rehabilitation and Care Community	86	76
Applewood Living Center	89	81

Facility Name	2021 Self Score	2021 Final Score
Arborview Senior Community	88	84
Arvada Care and Rehabilitation Center	81	72
Aspen Living Center	90	85
Autumn Heights Health Care Center	91	82
Avamere Transitional Care and Rehabilitation- Brighton	87	81
Avamere Transitional Care and Rehabilitation- Malley	86	81
Bear Creek Center	86	73
Belmont Lodge Health Care Center	71	58
Bent County Healthcare Center	92	78
Berkley Manor Care Center	81	71
Berthoud Living Center	83	69
Beth Israel at Shalom Park	91	87
Boulder Manor	94	87
Briarwood Health Care Center	71	54
Brookshire House Rehabilitation and Care Community	88	74
Brookside Inn	90	81
Broomfield Skilled Nursing and Rehabilitation Center	87	78
Bruce McCandless CO State Veterans Nursing Home	90	80
Cambridge Care Center	94	77
Casey's Pond Senior Living LTC	88	88
Castle Peak Senior Life and Rehabilitation	95	70
Cedarwood Health Care Center	94	81
Centennial Health Care Center	85	83
Centura Health- Medalion Health Center	81	74
Cherry Creek Nursing Center	95	94
Cheyenne Mountain Center	88	75
CHI Living Communities - Namaste Alzheimer's Center	81	58
Christopher House Rehabilitation and Care Community	93	90
Clear Creek Care Center	79	73
Colonial Columns Nursing Center	90	82
Colorado State Veterans Nursing Home - Fitzsimons	63	53
Colorado State Veterans Nursing Home- Rifle	81	66
Colorado Veterans Community Living Center at Homelake	81	69
Colorow Care Center	88	80
Columbine West Health and Rehab Facility	81	63
Cottonwood Care Center	83	85
Cottonwood Inn Rehabilitation and Extended Care Center	95	52
Denver North Care Center	90	75
E Dene Moore Care Center	91	61

Facility Name	2021 Self Score	2021 Final Score
Eagle Ridge of Grand Valley	84	76
Eben Ezer Lutheran Care Center	81	77
Elms Haven Center	88	72
Englewood Post Acute and Rehabilitation	81	76
Fairacres Manor, Inc.	87	82
Forest Ridge Senior Living, LLC	93	70
Forest Street Compassionate Care Center	88	67
Fort Collins Health Care Center	80	78
Four Corners Health Care Center	96	91
Glenwood Springs Health Care	80	64
Golden Peaks Center	88	69
Good Samaritan Society - Fort Collins Village	87	60
Good Samaritan Society- Bonell Community	88	79
Grace Manor Care Center	82	70
Hallmark Nursing Center	80	62
Harmony Pointe Nursing Center	98	90
Highline Rehabilitation and Care Community	89	85
Holly Heights Care Center	94	91
Holly Nursing Care Center	88	88
Horizons Care Center	82	74
Irondale Post Acute	95	84
Jewell Care Center of Denver	88	73
Julia Temple Healthcare Center	89	83
Juniper Village- The Spearly Center	94	65
Kenton Manor	92	90
Larchwood Inns	84	75
Lemay Avenue Health and Rehabilitation Facility	74	57
Life Care Center of Evergreen	50	49
Life Care Center of Greeley	85	61
Life Care Center of Littleton	83	77
Mesa Manor Center	85	76
Mesa Vista of Boulder	88	80
Minnequa Medicenter	94	82
Monaco Parkway Health and Rehabilitation Center	95	89
Monte Vista Estates, LLC	73	47
Mount St Francis Nursing Center	91	91
Mountain Vista Health Center	79	67
North Shore Health and Rehab Facility	80	70
North Star Rehabilitation and Care Community	88	82

Facility Name	2021 Self Score	2021 Final Score
Palisades Living Center	94	91
Paonia Care and Rehabilitation Center	87	81
Parkmoor Village Healthcare Center	94	91
Parkview Care Center	87	82
Pearl Street Health and Rehabilitation Center	91	84
Pikes Peak Center	89	80
Pine Ridge Extended Care Center	87	69
Pueblo Center	91	79
Regent Park Nursing and Rehabilitation	83	73
Rehabilitation and Nursing Center Of The Rockies	88	77
Rehabilitation Center at Sandalwood	84	79
Rio Grande Inn	88	70
River Valley Inn Nursing Home	63	52
Rock Canyon Respiratory and Rehabilitation Center	86	80
Rowan Community, Inc	96	89
San Juan Living Center	88	85
Sandrock Ridge Care and Rehab	86	86
Sierra Rehabilitation and Care Community	90	82
Sierra Vista Health Care Center	86	83
Skyline Ridge Nursing and Rehabilitation Center	94	54
Southeast Colorado Hospital LTC Center	91	81
Spanish Peaks Veterans Community Living Center	87	84
Spring Creek Health Care Center	86	83
St Paul Health Center	92	83
Sterling Living Center	79	76
Suites at Clermont Park Care Center	79	68
Summit Rehabilitation and Care Community	94	85
Sunset Manor	86	77
Terrace Gardens Health Care Center	95	88
The Gardens	64	51
The Green House Homes at Mirasol	87	77
The Pavillion at Villa Pueblo	93	52
The Valley Inn	94	82
The Villas at Sunny Acres	80	68
University Heights Rehab and Care Community	89	81
Uptown Health Care Center	94	70
Valley Manor Care Center	82	67
Valley View Health Care Center Inc.	88	84
Villa Manor Care Center	85	61

Facility Name	2021 Self Score	2021 Final Score
Vista Grande Inn	83	55
Washington County Nursing Home	85	64
Western Hills Health Care Center	62	50
Westlake Care Community	87	82
Wheatridge Manor Care Center	84	67
Willow Tree Care Center	62	51
Windsor Health Care Center	89	84
Yuma Life Care Center	91	88

Table 5 displays data summarizing the P4P program's final scores from 2017-2021. Since 2017, the number of participating facilities has stayed relatively consistent, with a slight increase this year (129 up from 125). 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 86 this year. This is also evident through the average Reviewer Score, which has increased over the past five years from 56 to 73. In 2021, the average Self Score was 86 and the average Reviewer Score was 75, which represented a significant increase from last year of 77 and 70 respectively. It should be noted that the application criteria were adjusted to a more narrative-based approach which allowed homes to apply for more measures than they would have in previous years. However, we still have been seeing this trend over the past few years.

Table 5 – Scoring Historical Analysis

Statistic	2017	2018	2019	2020	2021
Average Self Score	70	72	75	77	86
Average Reviewer Score	56	61	66	70	75
Avg. Difference (Reviewer minus Self Score)	**-14**	**-11**	**-9**	**-7**	**-11**

APPLICATION MEASURES ANALYSIS

The 2021 P4P application consisted of 23 measures, separated into two domains and seven subcategories:

Domain: Quality of Life
Resident Directed Care
1. Enhanced Dining
2. Enhanced Personal Care
3. End of Life Program
4. Connection and Meaning
5. Person-Directed Care Training
6. Trauma – Informed Care
7. Daily Schedules and Care Planning
Community Centered Living
8.1 Physical Environment – Appearance
8.2 Physical Environment – Noise Management
9.   QAPI
Relationships with Staff, Family, Resident and Home
10. Consistent Assignments
11. Volunteer Program

Staff Empowerment	
12. Staff Engagement	
Quality of Care	
13. Transition of Care – Admissions, Transfer and Discharge Rights	
Domain: Quality of Care	
Quality of Care	
14. Vaccination Data	
15. Reducing Avoidable Hospitalizations	
Quality Measures	
16. Nationally Reported Quality Measures Scores (16.1- 16.8)	
Quality of Care	
17.1 Best Practices – Safe Physical Environment	
17.2 Best Practices – Pain Management	
17.3 Best Practices – Prevention of Abuse and Neglect	
Antibiotics Stewardship/Infection Prevention & Control	
18.1 Antibiotics Stewardship/Infection Prevention & Control – Documentation	
18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures	
Home Management	
19. Medicaid Occupancy Average	
Staff Stability	
20. Staff Retention Rate/Improvement	
21. DON and NHA Retention	
22. Nursing Staff Turnover Rate	
23. Behavioral Health Care	

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 2021;
- The number of nursing facilities that received points last year (2020) for the measure, applied for the same measure in 2021, but did not receive points in 2021;
- The number of nursing facilities that applied for the measure in 2021, but did not receive points; and,
- The percentage of nursing facilities that applied for the measure in 2021 but did not receive points.

There are a number of measures with a high percentage of facilities that applied for but did not receive points. These are:
- Measures where many facilities did not provide adequate examples of how their facility assessment was being used (Measure 1: Enhance Dining and Measure 6: Trauma Informed Care)
- Measures where many facilities did not provide adequate evidence of events that took place (Measure 11: Volunteer Program)
- New measures (Measure 23: Behavioral Health Care)

Table 6 – Score by Measure Analysis

Measure	Total Facilities Applied in 2021	Facilities Received Points in 2020, Applied in 2021 but Did Not Receive Points	Facilities Applied but Did Not Receive Points in 2021	% of Facilities Applied and Did Not Receive Points	
1. Enhanced Dining	119	44	63	53%	(B)
2. Enhanced Personal Care	117	23	31	26%	(B)
3. End of Life Program	128	20	31	24%	(B)
4. Connection and Meaning	127	4	7	6%	(B)
5. Person-Directed Care Training	126	11	15	12%	(B)
6. Trauma – Informed Care	121	56	67	55%	(B)
7. Daily Schedules and Care Planning	128	7	11	9%	(B)
8.1 Physical Environment – Appearance	120	4	4	3%	(B)
8.2 Physical Environment – Noise Management	118	6	15	13%	(B)
9. QAPI	124	5	11	9%	(B)
10. Consistent Assignments	128	12	18	14%	(B)
11. Volunteer Program	110	48	65	59%	(B)
12. Staff Engagement	127	4	10	8%	(B)
13. Transition of Care – Admissions, Transfer and Discharge Rights	124	3	11	9%	(B)
14. Vaccination Data	128	N/A	5	4%	(A)
15. Reducing Avoidable Hospitalizations	0	0	0	0%	(C)
Quality Measure – 16.1.1 (Narrative)	125	0	2	2%	
Quality Measure – 16.1.2 (Data Collection)	129	N/A	0	0%	(A)
Quality Measure – 16.2	44	3	3	7%	
Quality Measure – 16.3	47	1	2	4%	
Quality Measure – 16.4	52	2	4	8%	
Quality Measure – 16.5	35	2	3	9%	
Quality Measure – 16.6	51	3	5	10%	
Quality Measure – 16.7	45	2	4	9%	
Quality Measure – 16.8	15	0	1	7%	
17.1 Best Practices – Safe Physical Environment	124	N/A	3	2%	(A)
17.2 Best Practices – Pain Management	124	N/A	1	1%	(A)
17.3 Best Practices – Prevention of Abuse and Neglect	124	N/A	1	1%	(A)

Measure	Total Facilities Applied in 2021	Facilities Received Points in 2020, Applied in 2021 but Did Not Receive Points	Facilities Applied but Did Not Receive Points in 2021	% of Facilities Applied and Did Not Receive Points	
18.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation	123	21	38	31%	
18.2 Antibiotics Stewardship/Infection Prevention & Control - Quality Measures	128	2	4	3%	
19. Medicaid Occupancy Average	93	2	6	6%	
20. Staff Retention Rate/Improvement	128	4	6	5%	**(B)**
21. DON and NHA Retention	72	5	15	21%	
22. Nursing Staff Turnover Rate	127	5	7	6%	**(B)**
23. Behavioral Health Care	125	N/A	46	37%	**(A)**

Note that for this year's application analysis:
- (A) Indicates a new measure in 2021, including measures from the previous year that were renamed or combined.
- (B) Indicates that this measure was adjusted due to the impacts of COVID.
- (C) This measure was not evaluated in 2021 as COVID-related hospitalizations created outlier data. It will be reimplemented in future years when CY2020 is not utilized in the calculation.

Using this analysis, the PCG review team highlighted common insufficiencies across all 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 129 facilities that submitted an application. A table showing historical percentages for facilities that received points is also provided for each measure.

1. **Enhanced Dining**

Enhanced Dining - Awarded %			
2017	**2018**	**2019**	**2020**
81%	81%	83%	86%

2021	
Homes Applied	119
Applied %	92%
Homes Awarded	56
Awarded %	53%

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. Additionally, facilities were asked to detail how their dining program was adjusted due to COVID.

- Facilities were not awarded points for this measure for not providing a description of the adjustments they made to their dining program due to COVID.
- Many facilities did not provide evidence of how their facility assessment was used in developing menu options. This was an area of increased focus for scorers in 2021 and this was emphasized in P4P trainings.

2. **Enhanced Personal Care**

Enhanced Personal Care - Awarded %			
2017	**2018**	**2019**	**2020**
74%	79%	87%	93%

2021	
Homes Applied	117
Applied %	91%
Homes Awarded	86
Awarded %	74%

The goal of the Enhanced Personal Care measure is to ensure that personal care schedules are flexible and meet residents' desires and choices. Additionally, facilities were asked to detail how their personal care program was adjusted due to COVID.

- Facilities that lost points typically did not meet the minimum requirements of describing how bathing was accommodated during COVID.
- Facilities also did not include details on staff training and resident education.

3. **End of Life Program**

End of Life Program - Awarded %			
2017	**2018**	**2019**	**2020**
82%	92%	83%	91%

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	97
Awarded %	76%

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.

- Seventeen facilities were not awarded points because they did not provide details on staff education.
- Six facilities lost points for not providing information on accommodations for COVID.
- Four facilities that did not speak to how staff were supported with end-of-life programming.

4. **Connection and Meaning**

Connection and Meaning - Awarded %			
2017	**2018**	**2019**	**2020**
76%	87%	87%	92%

2021	
Homes Applied	127
Applied %	98%
Homes Awarded	120
Awarded %	94%

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 the required testimonials by residents, family members, and management staff.

5. Person-Directed Care Training

Person-Directed Care Training - Awarded %			
2017	**2018**	**2019**	**2020**
70%	90%	89%	88%

2021	
Homes Applied	126
Applied %	98%
Homes Awarded	111
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 did not meet the minimum requirements and did not address how support and training requirements were impacted due to COVID.
- Facilities were also not awarded points for not clearly identifying or contributing their mission and visions statement.

6. Trauma Informed Care

Trauma Informed Care - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	93%	88%	95%

2021	
Homes Applied	121
Applied %	94%
Homes Awarded	54
Awarded %	45%

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.
- Facilities lost points for inadequately referencing aggregated data from the facility assessment in their narrative. This was an area of increased focus for scorers in 2021 and this was emphasized in P4P trainings.
- Five facilities also did not complete the Trauma and Stress Tool and were not awarded points.

7. **Daily Schedules and Care Planning**

Daily Schedules - Awarded %			
2017	**2018**	**2019**	**2020**
89%	82%	87%	92%

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	117
Awarded %	91%

The 2021 Daily Schedules measure asked facilities to include information on how they were able to accommodate residents' preferences into their daily schedules even with the impacts of COVID.
- Eleven facilities lost points on this measure for not including the adjustments that had to be made in response to COVID in their narrative.

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 %			
2017	**2018**	**2019**	**2020**
n/a	n/a	88%	94%

2021	
Homes Applied	120
Applied %	93%
Homes Awarded	116
Awarded %	97%

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.
- Most facilities were able to meet the minimum requirements of this measure, however, the facilities that were not awarded points either did not meet the requirements for uploading documentation on deinstitutionalization or did not upload supporting photos as evidence.

8.2 Physical Environment – Noise Management

Physical Environment (8.2) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	76%	90%

2021	
Homes Applied	118
Applied %	91%
Homes Awarded	103
Awarded %	87%

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.

- Twelve facilities did not meet the minimum requirements for this measure by not providing evidence of an evaluation or action plan to coordinate patient care, residents, and visitors to reduce disruptions and extraneous noise.
- Facilities also did not receive points for not providing a policy that includes specific information on overhead paging.

9. QAPI

QAPI - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	84%	87%

2021	
Homes Applied	124
Applied %	96%
Homes Awarded	113
Awarded %	91%

The 2021 QAPI measure asked that facilities provide a narrative describing their QAPI for infection control.

- The facilities that lost points did not meet the minimum requirements around including data trends in their narrative.

10. **Consistent Assignments**

Consistent Assignments - Awarded %			
2017	**2018**	**2019**	**2020**
89%	88%	84%	94%

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	110
Awarded %	86%

Most facilities were able to provide information around the criteria of this measure which asked for details on how consistent assignments were maintained.

- Nine facilities lost points in this measure for not mentioning any adjustments that had to be made in response to COVID.

11. **Volunteer Program**

Volunteer Program - Awarded %			
2017	**2018**	**2019**	**2020**
79%	86%	86%	91%

2021	
Homes Applied	110
Applied %	85%
Homes Awarded	45
Awarded %	41%

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 2021 application made accommodations for the impacts of COVID and reduced the number of events for which facilities needed to provide evidence.

- A large number of facilities were not awarded points as they either did not provide sufficient documentation to support their events or volunteer work. Many simply provided a narrative description of the events when more comprehensive documentation was required of the measure.

12. **Staff Engagement**

Staff Engagement - Awarded %			
2017	**2018**	**2019**	**2020**
81%	84%	76%	85%

2021	
Homes Applied	127
Applied %	98%
Homes Awarded	117
Awarded %	92%

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. Homes were also asked to describe how they supported staff with their stress and trauma related to COVID.
- Five facilities were not awarded points because they did not describe specific adjustments made for COVID and five facilities did not upload documentation or provide the correct policies to be awarded points.

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

Consistent Assignments - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	83%	73%	89%

2021	
Homes Applied	124
Applied %	96%
Homes Awarded	113
Awarded %	91%

In Measure 13, points are awarded to homes who increase community and resident awareness of transition options.
- Four facilities did receive points by not including the name of the individual with the local agency provided.
- Four additional facilities either did not upload any documentation or did not provide documentation that pertained to January 1, 2020, to December 31, 2020.

14. **Vaccination Data**

Vaccination Data - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	123
Awarded %	96%

- Most facilities were able to meet the minimum requirements of this measure, however, the small number that lost points did not provide specific details on resident education efforts.

15. **Reducing Avoidable Hospitalizations**

Reducing Avoidable Hospitalizations - Awarded %			
2017	**2018**	**2019**	**2020**
63%	76%	82%	86%

2021	
Homes Applied	129
Applied %	100%
Homes Awarded	129
Awarded %	0%

This measure was not evaluated in 2021 due to COVID-related hospitalizations and will be reimplemented in 2023. All facilities were given three points for this measure in 2021.

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. Additionally, it should be noted that measures 16.2 – 16.8 were scored with a maximum of three points as opposed to five points in previous years. The extra points were allocated to measure 16.1.2.

QM Narrative (16.1.1)

QM Narrative - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	95%	96%

2021	
Homes Applied	125
Applied %	97%
Homes Awarded	124
Awarded %	99%

The Quality Measure Narrative allows facilities the opportunity to earn one point for providing a narrative that addresses their three lowest quality measures.
- All facilities who lost points simply did not upload the required narrative.

QM Data Submission (16.1.2)

QM Narrative - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	129
Applied %	100%
Homes Awarded	129
Awarded %	100%

All facilities received 10 points for this measure by submitting their Q3 and Q4 CASPER reports.

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

Residents with One or More Falls with Major Injury (16.2) - Awarded %			
2017	**2018**	**2019**	**2020**
76%	86%	99%	96%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	44	31	4	9
Applied %	35%	25%	3%	7%
Homes Awarded	41	31	4	6
Awarded %	93%	100%	100%	67%

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

- No facility received more points than they applied for
- 3 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 %			
2017	**2018**	**2019**	**2020**
69%	80%	95%	96%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	47	36	6	5
Applied %	38%	29%	5%	4%
Homes Awarded	45	37	5	4
Awarded %	96%	103%	83%	80%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:
- 3 facilities received more points than they applied for
- 2 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 %			
2017	**2018**	**2019**	**2020**
n/a	79%	92%	97%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	52	40	3	9
Applied %	42%	32%	2%	7%
Homes Awarded	49	40	4	5
Awarded %	94%	100%	133%	56%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:
- 3 facilities received more points than they applied for
- 4 facilities received less points than they applied for

Residents who Received Antipsychotic Medications (16.5)

Residents who Received Antipsychotic Medications (16.5) - Awarded %			
2017	**2018**	**2019**	**2020**
68%	82%	97%	100%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	35	19	10	6
Applied %	28%	15%	8%	5%
Homes Awarded	32	19	9	4
Awarded %	91%	100%	90%	67%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:
- No facility received more points than they applied for
- 4 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 %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	96%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	51	47	1	3
Applied %	41%	38%	1%	2%
Homes Awarded	46	45	0	1
Awarded %	90%	96%	0%	33%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:
- No facility received more points than they applied for
- 5 facilities received less points than they applied for

Residents with Depression Symptoms (16.7)

Residents with Depression Symptoms (16.7) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	99%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	45	22	16	7
Applied %	36%	18%	13%	6%
Homes Awarded	42	23	16	3
Awarded %	93%	105%	100%	43%

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

Residents Whose Ability to Move Independently Worsened (16.8)

Residents Whose Ability to Move Independently Worsened (16.8) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	96%

2021				
Statistic	**Overall**	**+3**	**+2**	**+1**
Homes Applied	15	11	2	2
Applied %	12%	9%	2%	2%
Homes Awarded	14	10	2	2
Awarded %	93%	91%	100%	100%

The bullets below show the number of facilities that received a different Reviewer Score than their Self Score:
- No facility received more points than they applied for
- 2 facilities received less points than they applied for

17. Best Practices

This measure was newly implemented in 2021. Points are awarded to communities who provide a narrative detailing their best practices pertaining to safe physical environment, pain management, and prevention of abuse and neglect. Communities had to provide two examples of each best practice to meet the minimum requirements.

17.1 Best Practices –Safe Physical Environment

Best Practices –Safe Physical Environment (17.1) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	124
Applied %	96%
Homes Awarded	121
Awarded %	98%

- Most facilities were able to meet the minimum requirements of this measure, however, those that lost points failed to provide the two required examples.

17.2 Best Practices – Pain Management

Best Practices – Pain Management (17.2) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	124
Applied %	96%
Homes Awarded	123
Awarded %	99%

- Most facilities were able to meet the minimum requirements of this measure, however, those that lost points failed to provide the two required examples.

17.3 Best Practices – Prevention of Abuse and Neglect

Best Practices –Prevention of Abuse and Neglect (17.3) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	124
Applied %	96%
Homes Awarded	123
Awarded %	99%

- Most facilities were able to meet the minimum requirements of this measure, however, those that lost points failed to provide the two required examples.

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

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 %			
2017	**2018**	**2019**	**2020**
n/a	n/a	68%	86%

2021	
Homes Applied	123
Applied %	95%
Homes Awarded	85
Awarded %	69%

- Twenty-three facilities did not meet the minimum requirements for not completing section three of the CDC Tool, which is required for the P4P program and to be awarded points.

18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Antibiotics Stewardship/Infection Prevention & Control (18.2) – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	85%	83%

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	124
Awarded %	97%

- This measure had a large increase in the Awarded % as the criteria for improvement or being better than the state average for the quality measures were removed.
- Four facilities did not receive points for this measure for not completing the tool necessary to meet the minimum requirements.

19. Medicaid Occupancy Average

Medicaid Occupancy Average - Awarded %			
2017	**2018**	**2019**	**2020**
97%	94%	93%	88%
75%	88%	90%	100%

(Row labels: 10%, 5%)

2021			
	Overall	**10%**	**5%**
Homes Applied	93	73	20
Applied %	72%	57%	16%
Homes Awarded	87	70	17
Awarded %	94%	96%	85%

- For this measure, the few facilities that did not receive points either had their Medicaid Occupancy Percentage outside the indicated range or did not provide a census summary in their application.

20. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2017	**2018**	**2019**	**2020**
79%	89%	92%	93%

2021	
Homes Applied	128
Applied %	99%
Homes Awarded	122
Awarded %	95%

- This measure had large increase in participation as the threshold and criteria for demonstrating improvement were removed due to COVID.
- Five facilities did not receive points for this measure for not having staff hired on or before January 1, 2020, highlighted and for not providing any indication that their payroll roster uploaded is specific to December 31, 2020.

21. <u>DON/NHA Retention</u>

DON/NHA Retention - Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	91%	93%

2021	
Homes Applied	72
Applied %	56%
Homes Awarded	58
Awarded %	81%

- Facilities that lost points on this measure did not meet the three-year retention requirement for their DON and/or NHA.

22. <u>Nursing Staff Turnover Rate</u>

Nursing Staff Turnover Rate - Awarded %			
2017	**2018**	**2019**	**2020**
86%	83%	96%	92%

2021	
Homes Applied	127
Applied %	98%
Homes Awarded	120
Awarded %	94%

- This measure had large increase in participation as the threshold and criteria for demonstrating improvement were removed due to COVID.
- However, the facilities that did not receive points either failed to upload supporting documentation or did not complete the Staff Turnover Calculation Tool.

23. <u>Behavioral Health Care</u>

Nursing Staff Turnover Rate – Awarded %			
2017	**2018**	**2019**	**2020**
n/a	n/a	n/a	n/a

2021	
Homes Applied	125
Applied %	97%
Homes Awarded	79
Awarded %	63%

- Forty-two facilities did not meet the minimum requirements for this measure for not specifically including the name of an individual at RAE in the documentation that they provided.

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 129 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 2021 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 2017 to 2020 were not selected for a 2021 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
Cottonwood Inn Rehabilitation and Extended Care Center
Castle Peak Senior Life and Rehabilitation
E Dene Moore Care Center
Monte Vista Estates, LLC
Regent Park Nursing and Rehabilitation
Bruce McCandless CO State Veterans Nursing Home
Rock Canyon Respiratory and Rehabilitation Center
Sierra Rehabilitation and Care Community
Allison Care Center
Paonia Care and Rehabilitation Center
Suites at Clermont Park Care Center
Applewood Living Center
Mesa Vista of Boulder

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. Providers had 31 days (May 1 – May 31) to submit an appeal request.

The Department received 24 appeals as part of the 2021 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
2017	27
2018	24
2019	16
2020	20
2021	24

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.
- The 24 homes appealed a total of 72 measures, 29 were approved.
- On average, facilities appealed measures worth 9.2 points and were awarded 3.9 points.

Table 9 – 2020 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Amberwood Court Rehabilitation & Care Community	73	76	3
Avamere Transitional Care and Rehabilitation-Malley	77	81	4
Bear Creek Center	59	73	14
Casey's Pond Senior Living LTC	78	88	10
Centennial Health Care Center	79	83	4
Cherry Creek Nursing Center	88	94	6
Cheyenne Mountain Center	75	75	0
Eben Ezer Lutheran Care Center	70	77	7
Elms Haven Center	72	72	0

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Englewood Post-Acute & Rehabilitation	74	76	2
Fort Collins Health Care Center	78	78	0
Golden Peaks Center	69	69	0
Good Samartian Society - Bonell Community	72	79	7
Holly Heights Care Center	89	91	2
Julia Temple Healthcare Center	77	83	6
Juniper Village at the Spearly Center	65	65	0
Monte Vista Estates, LLC	44	47	3
North Star Rehabilitation and Care Community	79	82	3
Pueblo Center	79	79	0
Sunset Manor	77	77	0
The Green House Homes at Mirasol	70	77	7
The Valley Inn	79	82	3
Valley Manor Care Center	60	67	7
Windsor Heath Care Center	79	84	5

COMMON APPEALS DETAILS

The most common measures for appeals were Measure 1 (Enhanced Dining), Measure 6 (Trauma Informed Care) and Measure 11 (Volunteer Program).

Measure 6 had fourteen appeals – six were approved. In most of the appeals for Measure 6 (Trauma Informed Care), the reviewer indicated that the facility did not meet the requirements of identifying what was done with aggregated data from the facility assessment around known trauma in the facility's population. Many facilities described why trauma informed care was important, but did not address how the macro-level data from their facility assessment was used to influence care programming in the facility. A handful of these appeals were overturned as the facility provided clarification on the initially submitted data.

Measure 1 had ten appeals - four were approved. Most of the appeals in Measure 1 (Enhanced Dining) were centered around the facility assessment and how it was used to develop menu options for residents. Many facilities did not provide adequate detail on how demographic data was used to adapt food options. The majority of these were not overturned on appeal, but those that were provided the entire facility assessment and the relevant information was not obvious to the reviewer.

Measure 11 had fourteen appeals – three were approved. Many of the appeals in Measure 11 (Volunteer Program) were related to the documentation of volunteer events. The measure requirements ask facilities to provide specific pieces of documentation as proof that the volunteer events took place. Many facilities simply provided a narrative description, which did not suffice. Those appeals that were approved provided enough detail that PCG and the Department could determine that events did occur.

Overall, the 24 facilities appealed a total of 72 items. Measures 1, 6, and 11 described above, were the only measures with more than five 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.

COVID NARRATIVE THEMES

This section provides the results of PCG's analysis of the COVID-related narratives that were included in the 2021 application. PCG utilized a text analysis software which was able to pull out common words and themes from each of the narratives.

Measure 1: Enhanced Dining

- **Social Distanced Eating:** Facilities cited shift from communal, dining room-style meals to meals eaten individually in resident rooms as the most significant COVID driven dining change across all facilities. Most adopted a meal delivery model, with exceptions made for residents who required eating assistance
- **PPE:** Facilities were largely vague on the specific PPE used for infection control; the switch to disposable dishware and utensils and utilizing sanitized wipes most frequently cited infection control methods
- **Integrating Residents' Food Preferences:** Most utilized "food committees" (monthly or bimonthly menu planning meetings open to residents) as primary means of integrating residents' preferences

Measure 2: Enhanced Personal Care

- **Socially Distanced Bathing:** Some facilities mentioned "bath beds" as their more socially distant means of protecting residents from infectious exposure

- **PPE:** Facilities largely cited face masks, face shields, and disinfection of communal shower facilities in between every use as their primary means of infection control
- **Integrating Residents' Bathing Preferences:** Interviews upon admission (a few respondents specified that these were Zoom interviews) to establish residents' bathing and grooming preferences was the most frequently cited method of accommodating residents' personal care preferences

Measure 3: End of Life Program

- **Socially Distanced Familial Visits:** Facilities overwhelmingly cited the shift from in-person "compassion visits" with residents and their loved ones to virtual visits (video calls) as the most significant COVID driven change to End of Life programming. Respondents were candid in their attestations that cutting down on in-person familial visits during the pandemic was one of the most difficult COVID-era decisions made facility wide
- **PPE:** Almost every facility that permitted in-person visits from families and religious leaders also provided a description of the required PPE (masks, gloves, face shields) for visitors to don on the premises.
- **Accommodating Religious/Other Preferences:** Most facilities included descriptions of their policies allowing religious leaders to perform appropriate end of life ceremonies if residents so chose

Measure 4: Connection and Meaning

- **Socially Distanced Recreation & Familial Visits:** Hallway-based activities (hallway Bingo, hallway exercise classes) was the most frequently cited method by facilities to keep their residents socialized and engaged. Facilities overwhelmingly attested to virtual family visits (instead of in-person) as most effective in maintaining connection and meaning for residents
- **Accommodating Religious/Other Preferences:** Some responses cited virtual religious services as means of keeping residents with religious affiliations connected to their faith

Measure 5: Person-Directed Care

- **PPE:** Most facilities described how they educated staff and residents on how to properly wear masks, gloves, eyewear and other PPE to comply with infection control guidelines
- **Staff Training:** Several facilities cited established enterprise learning software such as Relias as their means of providing person-directed care training for staff. Some facilities mentioned educational methods such as Teepa Snow's Positive Approach to Care and the Eden Alternative as being contributory to effective to staff training

Measure 7: Daily Schedules and Care Planning

- **Lack of Consistency Across All Facilities:** *To note, there was very little consistency or even coherence across facilities' responses, likely due to the open-ended nature of the Measure's*

question. Respondents interpreted "describe your approach to care planning and daily schedules" in a wide variety of ways

- **Virtual Care Conferences:** The one consistent theme across responses was the implementation of Zoom- or phone-based "Care Conferences" where residents and their families could design a care plan with the facility. These replaced in-person care plan meetings

Measure 10: Consistent Assignments

- **Outside (Agency) Staff:** Facilities overwhelmingly described the necessity of leveraging agency staff or contracted staff (primarily travel CNAs) to accommodate staff personnel being out with coronavirus and/or infection control precautions
- **Infected Resident Sequestration:** Some facilities described the creation of "COVID units" where infected residents were sequestered and the same staffing team assigned to that unit, keeping away from the noninfected units

Measure 11: Volunteer Program

- **External Volunteering:** Every facility that provided a comprehensive description of their external volunteer program named donated gifts from their communities as their primary means of keeping

residents connected with volunteers. These included letters, craft/art supplies, reading material, holiday gifts and snacks

- **Resident Volunteering:** While every single respondent attested to the limitations imposed on resident volunteer programs, several described implementing socially distanced (individual) art projects completed by residents as gifts for nursing staff

Measure 12: Staff Engagement

- **Non-Tangible Support:** Most facilities cited throwing staff appreciation days and continuing existing staff wellness/tuition reimbursement programs as their primary means of staff engagement and support throughout the pandemic
- **Tangible Support:** A handful of facilities attested to implementing monetary compensation (bonuses for staff members working COVID units, for example) for their staff, but to note, this was a small percentage of respondents

OTHER ANALYSIS

MEASURE 6 – TRAUMA INFORMED CARE

This tool was implemented solely for the 2021 application and collects data on the types, frequency, and severity of trauma/stressors that were experienced in the home throughout the year. The tables below show the results of 98 homes that completed the tool in the P4P portal.

Table 10 shows the percentage of homes that indicated that they had experienced each of the trauma or stressor types. Given the impact that COVID had on nursing home operations, it is unfortunately not surprising to see that over 90% of homes experienced a resident positive case, over 80% experienced a resident death, and nearly every home had a staff positive case.

Table 10 – Trauma and Stressors Experienced

Description	Percentage of Homes that Experienced Trauma/Stressor
Resident positive case(s)	92.9%
Resident death(s)	81.6%
Staff positive case(s)	99.0%
Staff death(s)	11.1%

Table 11 shows the frequency of operational stressors in the home. Most notably, over 70% of homes said that they experienced stress from PPE shortages, communication with family/responsible party, and constantly changing regulatory guidance 4 or more times per week and over 80% of homes said they experienced staff shortages 4 or more times per week. Many homes indicated that the PPE and staffing shortages were a major concern in the beginning of the pandemic as staff were working a significant amount of overtime to cover shifts and homes had to resort to "signing out" masks to ensure that each member had one available. However, it was reported that as the pandemic went on, stress reduced in these areas as the state provided assistance with staffing when there was an outbreak and homes were more easily able to create stockpiles of PPE.

Table 11 – Operational Stressors (Frequency)

Description	Once per Week	2 to 3 Times per Week	4 to 5 Times per Week	6+ Times per Week (Daily)
Family/responsible parties	7%	23%	34%	37%
Nursing home industry regulatory and government guidance (e.g. CMS guidance; CDC guidance; CDPHE guidance; HCPF guidance; Local public health agency guidance)	4%	26%	36%	34%
Other government agencies (e.g. OSHA, etc.)	35%	39%	19%	7%
Other medical providers (e.g. primary care, hospital, dentist, etc.)	38%	38%	14%	10%
Shortage of personal protective equipment (PPE)	8%	20%	38%	34%
Staffing shortage(s)	1%	16%	22%	61%
Vendor	30%	31%	14%	26%

Table 12 shows the severity level of the operational stressors. Understandably, the most stressful area was family/responsible parties as they were unable to see their loved ones in person. Many family members were used to visiting multiple times a week and overnight, they became dependent on staff to communicate with them and arrange virtual visits. Additionally, most decision-making capabilities were stripped from the homes' staff, residents, and their families. Constantly changing and sometimes conflicting guidance was coming from state and federal authorities which increased stress levels for all involved.

Table 12 – Operational Stressors (Severity)

Description	A Little Stressful	Somewhat Stressful	Very Stressful	Extremely Stressful
Family/responsible parties	8%	26%	17%	49%
Nursing home industry regulatory and government guidance (e.g. CMS guidance; CDC guidance; CDPHE guidance; HCPF guidance; Local public health agency guidance)	18%	16%	29%	37%
Other government agencies (e.g. OSHA, etc.)	87%	11%	0%	2%
Other medical providers (e.g. primary care, hospital, dentist, etc.)	30%	49%	8%	13%
Shortage of personal protective equipment (PPE)	45%	20%	13%	22%
Staffing shortage(s)	26%	28%	20%	25%
Vendor	24%	29%	14%	33%

Table 13 shows the severity level of the resident stressors. Many homes indicated significant stress around residents being unable to connect with each other in social settings or their loved ones. Homes reported that no amount of a weekly packet or sporadic food carts or bingo at the doors makes up for the loss of social events. Residents expressed feeling lonely and bored. Fortunately, many homes were able to get creative with their event offerings and were able to give residents some semblance of normalcy with outdoor and smaller group events.

Table 13 – Resident Stressors (Severity)

Description	A Little Stressful	Somewhat Stressful	Very Stressful	Extremely Stressful
Discontinuation of social events	2%	15%	38%	45%
Family and loved ones	0%	10%	26%	64%
Isolation/physical distancing	4%	8%	31%	57%
Loss of ancillary services	11%	38%	26%	25%

Table 14 shows the severity level of the staff stressors. Similarly to the above tables, much of the staff's stress was related to the emotional and physical impacts that COVID had on residents, personal safety, and staffing shortages. Many homes also cited that a significant concern of staff members was the possibility of bringing COVID home to their families. Homes were able to help staff cope with the issues brought on by working during a pandemic by providing childcare options and outside grief counseling.

Table 14 – Staff Stressors (Severity)

Description	A Little Stressful	Somewhat Stressful	Very Stressful	Extremely Stressful
Childcare/homeschooling	9%	22%	35%	34%
Disease impact on residents	6%	12%	34%	48%
Family and loved ones	3%	24%	32%	41%
Health of residents	4%	11%	36%	49%
Pandemic response impact on lifestyle (e.g. inability to go to the dentist due to COVID-19 exposure, etc.)	14%	27%	36%	23%
Pandemic responses impact on residents	4%	14%	38%	43%
Personal safety (e.g. PPE; exposure from others such as co-workers, residents, public; etc.)	6%	15%	37%	41%
Staffing/scheduling	4%	16%	30%	49%

MEASURE 19 – STAFF RETENTION

This tool collects data for each facility's staff retention. Historically, 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. However, in 2021, these criteria were removed, and facilities were awarded points for reporting the data. Table 10 below shows the aggregated 2019 application (67 facilities) 2020 application (78 facilities), and 2021 application (119 facilities) data for providers that reported figures in the portal's tool. Overall, the retention statistics remained consistent between 2019 and 2020, but decreased by about 3% in 2021. This decrease was expected due to the impacts that COVID had on nursing home staffing.

Table 15 – Staff Retention Tool Analysis

Statistic	2019	2020	2021
Staff Retention Rate	69.5%	69.8%	66.6%

MEASURE 21 – NURSING STAFF TURNOVER

This tool collects data around the turnover rate of each applicant's nursing staff. Historically, to qualify for points, the facility must demonstrate a rate below 56.6% or a documented improvement (lower rate) between the current and previous year. However, in 2021, these criteria were removed, and facilities were awarded points for reporting the data. 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 (78 facilities) and 2020 and 2021 application data (114 facilities) that reported data using the portal's tool. Overall, there has been a sharp increase in the nursing staff turnover rates from 2019 – 2021. Again, this increase was expected due to the impact that COVID had on nursing home staffing.

Table 16 – Nursing Staff Turnover Tool Analysis

Statistic	2019	2020	2021
Nursing Staff Turnover Rate	52.4%	58.2%	64.6%
% of Terminations for Employees with <90 Days on the Job	30.3%	28.1%	31.0%

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