Colorado Department of Health Care Policy and Financing

2022 Nursing Facilities Pay for Performance Application Review

Recommendations Report

June 2022

PUBLIC CONSULTING GROUP

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INTRODUCTION

Public Consulting Group LLC (PCG) was contracted by the Colorado Department of Health Care Policy and Financing (the Department) to review, evaluate, and validate nursing home applications for the 2022 (calendar year 2021) Pay for Performance (P4P) program. This Recommendations Report is supplemental to the 2022 P4P Data Report, which includes final scores, historical data analysis, and a measure-by-measure data breakdown. This report provides analysis and recommendations for the P4P Program application and process to help ensure continuous program improvement. Considerations for the Department to implement in the P4P Program are based on:

- Observations and feedback throughout the application creation and review process,
- Research into Centers for Medicare and Medicaid Services (CMS) initiatives,
- Other states' P4P programs, and
- A literature review of best practices.

Each section offers specific details on the focus areas identified above and provides recommendations related to the findings and observations.

P4P PROGRAM REVIEW

Since its implementation in 2009, the Colorado P4P Program has continuously evolved to ensure that nursing homes consistently strive to provide high quality care to its residents. Each year, the Department has implemented changes to the application and submission process with the aim of improving clarity, increasing participation, easing administrative burden, and encouraging nursing facilities to improve on key quality measures in Colorado. Revisions to the 2022 application included improvements in measures, minimum requirements, and scoring from the previous application period as well as modifications to the application in light of COVID-19 and the impact it had on nursing facilities.

To promote program participation and aid the provider submission process, PCG developed a web portal which has been used by nursing facilities to complete and submit applications. The 2022 application cycle marked the sixth year that the PCG web portal was used to collect provider submissions. The experiences and feedback from the previous year informed enhancements to the web portal application, aimed at improving user experience from both the applicant and reviewer perspective.

Each P4P application year is unique, therefore this section reports on the following:

- Noted observations throughout the review process,
- Feedback collected from the Department/provider community on the application submission and review process, and
- Analysis of the final scores and measure analysis.

From the information collected above, PCG has outlined opportunities for further application, process, and program refinement.

SUMMARY OF 2022 APPLICATION CHANGES

The second year of the COVID-19 pandemic continued to impact the P4P program. Persons living in communal settings are at high risk for COVID-19 due to the infectiousness of the disease. Elder adults and those with co-morbidities are at high risk for poor outcomes from COVID-19. Nursing facilities participating in P4P program combine risk factors, serving elder adults or those with co-morbidities in a communal setting.

Due to the high-risk nursing home residents faced, nursing homes have had to continue infection control procedures to mitigate the risk posed to residents. Infection control procedures affected homes' ability to meet some criteria in the P4P application. For example, quality of life aspects such as dining, personal care, volunteering had to be altered to prevent the spread of COVID-19. The 2022 P4P program was

modified, understanding the challenges homes continued to face with regulatory and operational challenges.

The 2021 application was severely adjusted due to the impacts of COVID-19. These adjustments focused on mostly a narrative-based approach to how the home was coping with the pandemic. The 2022 application reinstated some of the previous application requirements, while still focusing on how the home was transitioning back to "normal" operations. The following changes were made to the 2022 P4P program application.

Measure 1: Enhanced Dining

- 1.1- Added into narrative, "how you are transitioning back to communal dining and how you have accommodated including input from resident/family advisory groups in the reintroduction of communal dining."
- The points available for this measure was increased from 2 to 3.

Measure 2: Enhanced Personal Care

- Reverted fully to pre-COVID measure

Measure 3: End of Life Program

- 3.2- Reimplemented pre-COVID measure
- 3.3- Added language into narrative for how the facility has made an effort to make resident wishes known to staff

Measure 4: Connection and Meaning

- 4.1- Added language to narrative on how the facility is working to reintroduce connection and meaning. Additionally, include details on any promising practices/opportunities that were implemented during the pandemic that you have decided to keep.
- 4.3- Added requirement for four resident testimonials and two non-management staff

Measure 5: Person-Directed Care Training (CMS, HCPF)

- 5.1- Added language to narrative about any practices/processes the facility would maintain that were implemented during COVID. Additionally, include details on any promising practices/opportunities that were implemented during the pandemic that you have decided to keep.
- 5.4- Reimplemented pre-COVID measure
- This measure was renamed from "Person-Directed Care Training" to "Person-Directed Care Programming & Training"

Measure 6: Trauma - Informed Care (CMS, HCPF)

- Changed 6.2- Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to influence programming and staff training. In your narrative, include a specific example.
- Changed 6.3- Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to recognize trauma, develop an approach, and alter a care plan for residents. In your narrative, include a specific example.
- 6.4 and 6.5- Reimplemented measures from pre-COVID application
- The points available for this measure was increased from 4 to 5.

Measure 7: Daily Schedules and Care Planning (CMS, HCPF)

- 7.2, 7.3, and 7.4- Two examples/testimonials for each

Measure 8.1: Physical Environment – Appearance

- 8.1.1- Removed reference to photos from the "last two years" and added language to ask about the impacts of social distancing and how the facility is reintroducing a de-institutionalized, homelike environment.

Measure 8.2: Physical Environment – Noise Management

- Added 8.2.4- Provide a narrative including minimum of two examples of your facility's approaches towards improving sleeping environments (e.g. policies, night owl wings, lighting options, and noise management).

Measure 9: QAPI (CMS) - Based on a Quality Measure

- Pre-COVID measure was fully reinstated.

Measure 10: Consistent Assignments

- 10.1- Added details into narrative about the process for moving towards consistent assignments, identifying challenges and any best practices you will keep that were implemented during COVID
- 10.2- Three total testimonials in total with at least one of each (resident and staff)
- QAPI recovery point was reinstated.

Measure 11: Volunteer Program

- 11.2, 11.3, and 11.4- Two examples of each are required
- 11.3 and 11.4- Language was adjusted to clarify that "evidence" of events is required.

Measure 12: Staff Engagement

- 12.3, 12.4, and 12.6- Pre-COVID measures were reinstated
- 12.5- Pre-COVID measure was reinstated and additionally asks what the facility's new buddy system and staffing looks like given the adjustments that had to be made due to COVID
- QAPI recovery point was reinstated.

Measure 13: Transitions of Care: Admissions, Transfer and Discharge Rights (CMS, HCPF)

- 13.2- Reimplemented pre-COVID measure

Measure 14: Vaccination Data

- Changed 14.1- Provide a detailed narrative describing your home's educational efforts on the following three vaccinations for both residents and staff:
    - Pneumococcal
    - Influenza
    - COVID-19
- The points available for this measure was increased from 1 to 2.
- This measure was renamed from "Vaccination Data" to "Vaccine Education".

Measure 15: Reducing Avoidable Hospitalizations (CMS, HCPF)

- This measure was removed. It will be reimplemented in 2023 and will have CY2021 as the baseline year.
- This measure was worth three points. One point was redistributed to each of the following measures:
    - Enhanced Dining
    - Trauma-Informed Care
    - Vaccinations

Measure 16.2-16.8: Nationally Reported Quality Measures Scores (CMS)

- Quality measures were reverted to pre-COVID scoring metrics with 5 points per QM.

Measure 18.2: Antibiotics Stewardship/Infection Prevention & Control (CMS) - Quality Measures

- 18.2.1 & 18.2.2 – These were previously one measure that was split into two separate, single point measures.
- A QAPI recovery point was added for both UTI and Catheter.
- Adjusted QAPI recovery point criteria - To earn the QAPI recovery point, you must have performed a QAPI project related to all areas of 18.2.1 or 18.2.2 for which you did not qualify for points. For example, if you did not qualify for either, there must be a QAPI for both Catheter and UTI. If you did not qualify for UTI but did qualify for Catheter, there only needs to be a QAPI related to UTI and vice versa.

Measure 20: Staff Retention Rate

- 20.1- This measure reinstated a minimum rate to receive points. Facilities must demonstrate a retention rate of at least 60% or improvement in their retention rate. In the 2020 application, the improvement threshold was 5% which has now been removed. QAPI recovery point has been reinstated.

Measure 22: Nursing Staff Turnover Rate (CMS)

- 22.1- This measure reinstated a minimum rate to receive points. In the 2020 application, the minimum turnover rate was 56.6%. The 2022 application minimum rate is 60% or demonstrated improvement.
- QAPI recovery point has been reinstated.

Measure 23: Behavioral Health Care

- Added 23.2- Submit documentation of the process for accessing supports through the RAE for behavioral health and substance abuse for your residents.

SUMMARY OF 2023 APPLICATION CHANGES

The P4P subcommittee met between September 2021 – May 2022 to discuss adjustments for the 2023 P4P application. The below section describes the committee-approved changes for the upcoming P4P application.

Measure 4: Connection and Meaning

- The points available for this measure have been reduced from 5 points to 4 points

Measure 6: Trauma - Informed Care (CMS, HCPF)

- There is an additional minimum requirement for the home's initiatives and training related to current trauma experienced in the home such as grief management, coping mechanisms, etc.
- One point has been added to make this measure now worth 5 points.

Measure 10: Consistent Assignments

- The points available for this measure have been reduced from 5 points to 4 points.

Measure 14: Equity

- New measure with minimum requirements pertaining to evidence of home staff training and initiatives regarding understanding racial and ethnic disparities, ageism/ableism, and gender identity/sexual orientation, as well as their root causes
- Specifically asks home to provide best practices for shared decision making and implicit bias training
- There are 2 points available for this measure

Measure 15: Isolation Protocols

- New measure with narrative-based minimum requirements pertaining to the home's patient-centered efforts and initiatives for patients in isolation protocols, e.g., facilitating communication with families, attending virtual religious ceremonies, maintaining food preferences, and staying physically and mentally active
- There are 2 points available for this measure

Measure 17: Reducing Avoidable Hospitalizations

- This measure is reinstated and pertains to a home's observed long stay hospitalization data from July 1, 2020 to June 30, 2022 using either Trend Tracker or National Nursing Home Quality Improvement Campaign
- The points available for this measure will be worth three points.

Measure 18: Quality Measures (QMs)

- This measure still requires a narrative for a home's three highest percentile QMs, with points awarded on a home's five best scores
- The points available for this measure has been reduced from 26 points to 21 points
    - The bottom tier (50th percentile and below) has been removed; it is now scored as 1 point for the 40th percentile, 2 points for the 35th percentile, 3 points for the 30th percentile, 4 points for the 25th percentile

RECOMMENDATIONS FOR APPLICATION MEASURES

Minimum Requirements Specificity and Training

The 2021 application cycle resulted in slightly more appeals for requirement interpretation than in past years. Partly, this was due to new or modified measures and minimum requirements. Due to the impacts of COVID-19, multiple measures switched from providing data to a narrative approach about processes. With new and/or changed measures, homes submitted materials that did not meet all requirements. With the shift back to a more traditional P4P application in 2022, there was a decrease in the number of appeals compared to 2021. We believe that this is a direct result of PCG, the Department, and the P4P committee's emphasis on clarifying the language for multiple measures.

Because last year's efforts proved so successful, PCG has provided further recommendations for clarifying language and areas for specific training in future P4P applications.

Recommendation 1: Continue to emphasize Measure 1 Enhanced Dining facility assessment requirements in training and possibly modify language to include "how the home uses the facility assessment to develop menu options that reflect the home's unique population."

Measure 1 - Enhanced Dining had ten appeals in 2021, but only four in 2022. Previously, appeals were mostly around minimum requirement 1-4 and the use of the facility assessment to inform menu options. Homes were not awarded points if they did not specifically reference the facility assessment and how data from it was used to create menu options. While some homes did not reference the facility assessment directly, they did reference the demographic makeup of the home and how that informed menu options. The Department agreed that this met the intent of the minimum requirement and awarded points.

In the 2022 application training, PCG and the Department specifically called out this measure and informed homes that they were expected to address their facility assessment and how it informed menu options. We believe this directly resulted in less appeals and improved documentation quality from participants. Going forward, PCG recommends continuing to emphasize this measure in trainings and potentially modifying the language for clarity.

Recommendation 2: Emphasize minimum requirements 6-2 and 6-3 in trainings and describe the differences and intentions behind each requirement. Ensure homes understand the macro vs. micro level trauma examples.

For *Measure 6 - Trauma-Informed Care,* minimum requirements 2 and 3 were areas for which homes were most frequently not awarded points. The language of these minimum requirements was adjusted based on prior feedback. Minimum requirement 2 is looking for details on trauma-informed care on the macro (or home-wide) level and minimum requirement 3 is looking for details on the micro (or resident) level. PCG recommends focusing on these specific minimum requirements in future trainings to ensure homes understanding of the measure's intentions.

Recommendation 3: Focus on what constitutes "evidence" for P4P measures in trainings. Clearly explain that the expectation is more than a narrative description of the event, program, etc. Potentially review documentation language to specify stronger requirements such as images, flyers, formal policies, sign-in sheets, or other documentation.

The language of *Measure 11-Volunteer Program* minimum requirements 2 and 3 was adjusted between 2021 and 2022 to provide clarity on the type of documentation that would be acceptable as evidence of volunteer events. The measure specifically states that "evidence provided must be documentation in addition to the testimonials". In the past, many homes would simply submit narrative descriptions of these events without any photos, flyers, or other documentation. This measure now specifically requires "evidence of events". The number of appeals received around this measure has lessened, but some homes are still not providing the appropriate level of evidence to substantiate their volunteer events.

PCG and the Department focused on this measure in trainings around the 2022 application and PCG recommends that this continue going forward. The theme of "providing evidence" is not specific to the Volunteer Program measure. There are a number of measures in the application that request "evidence". Going forward, the expectations around what constitutes "evidence" should be discussed during trainings and application language should potentially be modified for clarity.

Recommendation 4: Revisit language around "challenges faced during the pandemic and details on any promising practices/opportunities that were implemented during the pandemic that were kept in place". Possibly remove if it is determined that no new information will come from requesting this.

Many of the measures for 2023 contain requirements around challenges faced during the pandemic and practices/opportunities that were implemented during the pandemic and maintained for normal operations. This is language that was utilized for the 2022 application. PCG expects that the information submitted for these measures in 2023 will not be too different from the information submitted for 2022. As long as the Department and P4P committee are okay with this, then no adjustments are required. However, this language could possibly be removed from some measures.

New Measures

Recent years have brought heightened attention to diversity and equity for minorities. CMS has posted a request for information to collect feedback on ways it can increase health equity for patients through policies and the value-based purchasing process.[1] Over the past year, the Department, PCG, and the P4P committee have brainstormed some ways to measure equity within nursing homes in Colorado which has resulted in a newly implemented Equity measure for the 2023 application. The primary goal in the first year is to collect details on the initiatives that homes have in place around equity, diversity, and inclusion.

The information, research, and data provided below is a summary of from the 2021 Recommendations Report. PCG wishes to call attention to this section in this report and provide recommendations on how to further enhance the Equity measure in future years.

Colorado's Hospital Quality Incentive Program (HQIP) currently has measures related to equity of patient care within hospitals. The table below provides a side-by-side comparison of HQIP equity measures and a potential P4P counterpart.

Table 1. HQIP and P4P Equity Measure Comparison

HQIP Measure	Nursing Home P4P Recommendation
Does the hospital's system accurately document self-identified race, ethnicity, and primary language? How does your hospital ensure that patients understand why race, ethnicity, and language data are being collected?	Provide a narrative on your home's process for collecting and documenting self-identified race, ethnicity, and primary language. Include examples of how patients are informed on why race, ethnicity, and language data is being collected.
Does the hospital provide system-wide staff education and training on how to ask demographic intake questions?	Provide evidence of staff education and training on how to ask demographic intake questions.
Are race, ethnicity, and language data accessible in the electronic medical record?	Provide a census of race, ethnicities, and languages spoken of residents in your home.
Does the hospital evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English?	Provide your home's policies and procedures for evaluating non-English language proficiency (e.g. Spanish proficiency) for caregivers who communicate with patients in languages other than English. Provide a census of the demographic breakdown of your staff. Include a narrative on how your staff reflects the patient community served.
Does the hospital educate all staff (e.g. inpatient, outpatient, community-based) on interpreter services available within the healthcare system?	Provide your home's policies and procedures for accommodating patients with a primary language other than English.

[1] Federal Register, "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2022"

HQIP Measure	Nursing Home P4P Recommendation
Does the hospital provide staff-wide education on: i. Racial and ethnic disparities and their root causes? ii. Best practices for shared decision making?	Provide evidence of your home's training on: • Racial and ethnic disparities and their root causes, and • Best practices for shared decision making. Include learning objectives from the training.
Does the hospital ensure that providers and staff engage in best practices for shared decision making?	Provide three (3) examples of how staff engaged in best practices for shared decision making.
Does the hospital engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams?	Provide a narrative on how your home ensures your resident council and quality and safety leadership teams are reflective of the diversity in your home's resident and staff populations. Include at least 1 (one) example of a strategy used. Provide a narrative on how your home engages community advocacy organizations around care best practices for diverse patient populations.
Does the hospital provide staff-wide education on implicit bias?	Provide evidence of your home's training on implicit bias.
Does the hospital provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the patient, in a clear and simple format that summarizes information most pertinent to patient care and wellness?	N/A
Does the hospital have a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect?	Describe your home's mechanisms for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect. Provide evidence of communication to patients, families, and staff about mechanisms to report inequitable care and episodes of miscommunication or disrespect.
Does the hospital have a process to ensure a timely and tailored response to each report of inequity or disrespect?	Provide your home's policies and procedures for investigating reports of inequitable care and episodes of miscommunication or disrespect.
Does the hospital have discharge navigation and coordination systems post discharge to ensure that patients have appropriate follow-up care and understand when it is necessary to return to their health care provider?	N/A
Does the hospital provide discharge instructions that include information about what danger or warning signs to look out for, whom to call, and where to go if they have a question or concern?	N/A
Does the hospital provide discharge materials that meet patients' health literacy, language, and cultural needs?	Include in Measure 13: Transitions of Care: Admissions, Transfer and Discharge Rights (CMS, HCPF) Provide four (4) examples of discharge plans that meet patient's health literacy, language, and cultural needs.

HQIP Measure	Nursing Home P4P Recommendation
Does the hospital have initiatives in place to build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture?	Provide evidence of your home's initiatives to increase equity awareness and sensitivity for residents and staff.
Does the hospital have a process in place for the regular reporting and monitoring of metrics (process and/or outcome) stratified by race and ethnicity and disseminate the information internally to staff and leadership? This could take the form of a dashboard, regularly distributed reports or other reporting and monitoring tools.	Provide evidence that your home periodically reviews care outcomes of patients by race and ethnicity.
Does the hospital implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes?	If you are unable to qualify for points for Equity in Care based upon the above minimum requirements, but you have performed a QAPI project for Equity in Care, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Equity in Caret is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.
Does the hospital consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of morbidity and mortality, and other clinically important metrics?	N/A
Does the hospital have a checkbox on the review sheet: Did race/ethnicity (i.e. implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?	N/A

Additionally, PCG conducted literature reviews for exploration into how to measure equity outcomes in nursing homes. Campbell et al (2016) analyzed quality of life deficiencies in nursing homes with low, medium, medium-high, and high concentration of racial/ethnic minority residents.[2] The definitions of low, medium, medium-high, and high concentration can be found below:

Table 2. Minority Resident Concentration and Categorization in Nursing Home Equity Study.

Category	Percent Concentration of Minority Residents
Low	<5%
Medium	5%-15%
Medium-high	15%-35%
High	≥35%

Rizzuto and Aldridge (2018) examined racial disparities in hospice outcomes.[3] They reviewed:

[2] Sage Journals, "Racial/Ethnic Disparities in Nursing Home Quality of Life Deficiencies, 2001 to 2011"
[3] Journal of the American Geriatric Society, "Racial Disparities in Hospice Outcomes: A Race or Hospice-Level Effect"

- Hospital admissions,
- Emergency department visits, and
- Hospice disenrollment after hospice enrollment.

Johnson (2013) reviewed racial and ethnic disparities in palliative care. [4]They measured:

- Satisfaction of care as reported by family members,
- Satisfaction of communication,
- Access to pain management, and
- Knowledge about advance directives.

Li and Cai (2015) used social engagement as the primary measure of demographic disparities.[5] They are used the covariates of:

- Age,
- Gender,
- Marital status,
- Difficulties in activities of daily living,
- Cognitive performance scale score,
- Hearing ability,
- Vision ability,
- Presence of adequate communication abilities, and
- Presence of certain diseases.

Social engagement was measured using a social engagement score developed by Mor et al. (1995).[6] The score is calculated by a six-item social engagement scale using Minimum Data Set (MDS) data. The six items were:

1. At ease interacting with others,
2. At ease doing planned or structured activities,
3. At ease doing self-initiated activities,
4. Able to establish own goals,
5. Able to pursue involvement in life of facility, and
6. Able to accept invitations into most group activities.

Hefele et al. (2017) used eight long-stay quality measures to evaluate demographic disparities in care.[7] The eight measures are:

1. Weight loss,
2. High-risk pressure ulcers,
3. Low-risk pressure ulcers,
4. Incontinence,
5. Depressive symptoms,
6. In restraints daily,
7. Experienced a urinary tract infection, and
8. Urinary tract functional decline.

[4]Journal of Palliative Medicine, "Racial and Ethnic Disparities in Palliative Care"
[5] Office Journal of the Medical Care Section, American Public Health Association, "Racial and Ethnic Disparities in Social Engagement Among US Nursing Home Residents"
[6] Oxford Academic, The Journals of Gerontology, "The Structure of Social Engagement among Nursing Home Residents"
[7] ScienceDirect, "Examining Racial and Ethnic Differences in Nursing Home Quality"

Recommendation 5: Continue to discuss ways to further measure equity within nursing homes in Colorado.

However, multiple studies cite difficulties measuring intra-home disparities due to sample size. Few studies complete an intra-home racial equity analysis. Studies used large (often national) data sets and analyzed racial and ethnic outcomes or grouped homes into broader categories to gain the sample size necessary to determine whether racial and ethnic barriers were noted in care. For Colorado, using regional groupings for data analysis and awarding homes points based on region or state performance may be required due to sample sizes.

Recommendation 6: Explore adding measures related to digital data collection and reporting with the P4P Committee.

CMS is also seeking input on potential quality measures around digital quality.[8] Measures would seek to improve measurement, transparency, and reporting of data. Previous versions of the Colorado P4P Recommendations Report have noted the difficulties in data collection for homes that do not want to complete tools or submit data in formats that can be easily analyzed. This seems to be a concern nationwide and is an area that the Colorado P4P program can explore.

RECOMMENDATIONS FOR THE APPLICATION PROCESS

Web Portal

As mentioned above, this was the sixth year that the entire P4P application was completed, submitted, and reviewed via an online web portal. To build upon the overall success of the online system application enhancements have consistently been made to further promote efficiency, record retention, and user experience. Further enhancements to the process should be considered to streamline the application and review process.

Recommendation 7: Require homes to use the tools that are built into the portal. Do not accept Excel versions of the tools.

Currently, the submission process allows homes to upload Excel/PDF copies of the application's tools even though each tool is specifically built into the portal. These uploaded copies cause issues as it relates to consistency of the data received as well as PCG's ability to report on the tool's data. As such, PCG recommends that the P4P program require homes to use the built-in tools and not allow uploaded copies.

Recommendation 8: Require homes to upload documentation to each minimum requirement. Do not accept a batch of documents tied to the first minimum requirement.

The submission process also does not specify where homes need to upload documentation. Currently, homes are able to upload a batch of documentation to the first minimum requirement of a measure and the reviewer would be expected to sift through the file and score the entire measure. This creates issues with the scoring process as it is not always clear how the document pertains to each minimum requirement. Going forward, PCG recommends that the P4P program require homes to upload a file to each minimum requirement, instead of one batch on the measure level. This will improve the both the comprehensive and preliminary review processes as PCG would be able to validate that each minimum requirement has a document associated.

Recommendation 9: Continue to explore obtaining CASPER Quality Measure data from an external data source.

[8]Federal Register, "Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2022"

In previous years, PCG and the Department have explored the possibility of obtaining home-level CASPER Quality Measure data from an external data source. Homes would no longer need to report this data each year, reducing administrative burden, and this would also improve the scoring process by eliminating manual review.

Appeals Process

Recommendation 10: Provide explicit timelines for appeals on timing of determinations responses and escalations, if necessary.

Until recently, the appeal process did not have explicit instructions, which caused confusion amongst homes who wished to contest their scores. This year, PCG and the Department implemented a specifically designed Microsoft Form to accept P4P appeals. This proved to be very successful as all appeals were received in a consistent format without extraneous documentation. To further improve on this success and provide greater transparency, PCG recommends more clearly outlining the appeals timelines such as details around timing for determination and escalation, if necessary.

RECOMMENDATIONS FOR PROGRAM PARTICIPATION

There was a slight increase in program participation between 2021 and 2020, but a decrease in 2022:

- 2020 – 125 homes
- 2021 – 129 homes
- 2022 – 115 homes

Recommendation 11: Reach out to nursing homes that have created an account on the web portal but did not submit an application in the 2022 P4P program or nursing homes that did not reapply for the program. Reach out to first-time participants and engage these homes through a short survey and follow up as necessary to collect information around barriers and motivations to participation. Alternatively, consider engaging these homes through their larger, affiliated organization.

PCG conducted an analysis of participating homes, but no obvious trends or themes emerged. To gain insight into the decrease in participation, the Department could distribute a short survey to obtain clear reasons why these nursing facilities did not participate. This may be an opportunity for the Department to expand outreach and consider feedback that would encourage greater participation statewide.

CMS SNF REVIEW

CMS continues to promote initiatives and innovations to improve quality of care at skilled nursing facilities (SNF). CMS began the Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP), which was authorized by Section 215 of the 2014 Protecting Access to Medicare Act (PAMA), in fiscal year (FY) 2019. PAMA includes details about the readmission measures for the program, how facilities will be scored, the performance standards and periods, how facilities can review their scores, and how performance will be reported to the public. The SNF VBP's goal is to support improved clinical outcomes and experiences for skilled nursing facility patients. This program rewards participating skilled nursing facilities based on measures associated with hospital readmissions.

2022 PROGRAM UPDATES

In the FY2022 Program year, CMS updated the baseline and performance periods for assessing SNF performance on the SNFRM (Skilled Nursing Facilities Readmission Measure). As finalized through rulemaking, the FY 2022 Program year's baseline period is FY 2018 (October 1, 2017, to September 30, 2018) and the performance period is April 1, 2019, to December 1, 2019. CMS suppressed the use of SNF readmission measure data for purposes of FY 2022 scoring and payment adjustments in the FY 2022 SNF VBP Program year because the effects of the COVID-19 public health emergency on the data used to calculate the SNFRM inhibited CMS's ability to make fair national comparisons of SNFs' performance. Under the suppression policy, CMS calculated a Risk-Standardized Readmission Rate (RSRR) for both the baseline and performance period and then suppressed the use of SNF readmission measure data for purposes of scoring. CMS instead assigned each SNF a performance score of 0 to mitigate the effect that the COVID-19 public health emergency would otherwise have had on SNFs' performance scores and incentive payment multipliers. Thus, each SNF received an identical incentive payment multiplier, and SNFs did not receive an achievement score, improvement score, or rank. CMS then applied the low-volume adjustment; SNFs subject to the low-volume adjustment policy were assigned a net-neutral incentive payment multiplier.[9]

2023 PROGRAM UPDATES

In April 2022, CMS issued its FY2023 proposed rule for the SNF PPS. The proposed rule would:[10]

- Decrease total SNF payments by $320 million in FY 2023, compared to FY 2022, which includes:
  - An annual payment update of 3.9%, which reflects a market basket increase and other adjustments; and
  - A 4.6% cut to maintain budget neutrality during the first year of the Payment-driven Payment Model (PDPM) case-mix system in FY 2020.
- Beginning in October 2023, resume reporting certain measures and patient data that were delayed due to the impacts of the COVID-19 pandemic
- Collect stakeholder input on a number of potential future quality measures to address health equity and a future proposed rule around minimum staffing level requirements for nursing.
- Introduce a new quality measure on the rate of influenza vaccination for staff.
- Plan to introduce two new quality measures starting in FYs 2026 and 2027.

Recommendation 12: ***Continue to monitor the plans of the FY2023 SNF VBP and beyond. Continue to drive innovation via the CO P4P-CMS aligned initiatives.***

[9] CMS, "Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program Performance Score Report User Guide Fiscal Year 2022

[10] Federal Register, https://public-inspection.federalregister.gov/2022-07906.pdf?utm_source=federalregister.gov&utm_medium=email&utm_campaign=pi+subscription+mailing+list

OTHER STATES REVIEW

In addition to a review of SNF program updates, PCG has also explored other states' nursing home VBP programs. In the below section, PCG has highlighted areas that may be useful reference for future areas of focus or other initiatives for the Colorado P4P Program. Through this research, we have noticed that Colorado has one of the most robust nursing home VBP programs in the country. Many programs primarily use quality measures and inspection/survey results. However, the Colorado program is much more qualitative and assesses the quality of life for residents in the state by evaluating things such as dining options, person-directed care, activities programs, and consistent assignments.

TEXAS

Texas's Quality Incentive Payment Program (QIPP) is a Directed Payment Program paid out annually by Texas Medicaid. The goal of this program is to encourage nursing facilities to improve the quality of their services.[11] Improvement is measured by several quality measures that are submitted directly by nursing facilities and reviewed by the Centers for Medicare & Medicaid Services (CMS).[12]

The following changes were made to the quality measures for FY20222:[13],[14]

- Component 2: Workforce Development Metric 3: NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.
- Component 3: Minimum Data Set CMS Five-Star Quality Measures Metric 4: (CMS N024.02) Percent of residents with a urinary tract infection.
- Component 4: Infection Control Program: Metric 1: Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship.

Additionally, HHSC (Texas Health and Human Services) reinstated QIPP reporting requirements and MDS-based quality measures that were waived the previous year due to COVID-19.

Recommendation 13: Consider reframing the Vaccination measure from simply providing vaccine education to actively pursuing increased vaccination rates.

OKLAHOMA

In 2019, Oklahoma implemented a PFP program, which replaced it previous Focus on Excellence program. The goal of this program is to improve the quality of care for individuals in Oklahoma's Long-term Care Medicaid nursing home facilities.[15]

The program uses the following 4 MDS-based quality measures to measure the quality of care:

1. N029.02 – Percentage of long-stay residents who lose too much weight,
2. N015.03 – Percentage of long-stay residents with high risk/unstageable pressure ulcers,
3. N024.02 – Percentage of long-stay residents with a urinary tract infection, and
4. N031.03 – Percentage of long-stay residents who received an antipsychotic medication.

Facilities must meet or exceed the national averages for the measure and show a 5% or better relative improvement from baseline each quarter for the following metrics:[16]

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[11] U.S. Department of Health and Human Services, Aspects of Texas' Quality Incentive Payment Program Raise Questions About Its Ability To Promote Economy and Efficiency in the Medicaid Program

[12] Texas Health and Human Service, Quality Incentive Payment Program for Nursing Homes

[13] Texas Health and Human Services, Final Quality Metrics for Quality Incentive Payment Program (QIPP) FY2021 for Nursing Facilities

[14] Texas Health and Human Services, Final Quality Metrics for Quality Incentive Payment Program (QIPP) FY2022 for Nursing Facilities

[15] Oklahoma Health Care Authority, Pay for Performance in Long Term Care

[16] Oklahoma Health Care Authority, OHCA Policies and Rules

1. Decrease percent of high risk/unstageable pressure ulcers for long-stay residents.
2. Decrease percent of unnecessary weight loss for long-stay residents.
3. Decrease percent of use of anti-psychotic medications for long-stay residents.
4. Decrease percent of urinary tract infection for long-stay residents.

Facilities submit their facility adjusted score and CASPER report quarterly for payment. A facility may earn a minimum of $1.25 per Medicaid patient per day for each quality metric.

Proposed rule revisions to remove outdated language and include new language that aligns with federal requirements to the PFP program payment criteria section is pending implementation. A board meeting will be held on 6/22/2022 where the new language will be reviewed alongside feedback submitted.[17]

MINNESOTA

In 2016, the Minnesota Legislature authorized a new system for nursing facility reimbursement rates, which the Department of Human Services (DHS) calls the value-based reimbursement system. Under the value-based system, DHS sets facility reimbursement rates based on the cost of providing care to residents. A nursing home facility's rate is tied directly to its care-related costs, up to a limit. If a facility's care-related costs exceed its limits, the facility's rate would not reflect that excess portion of the cost. All facilities receive higher rates when caring for more resource intensive patients.[18]

Facilities must file a cost report with DHS by February 1st of each year. A facility's cost report covers the previous year, and that previous year report is then used to calculate the facility's rate for the following year. A nursing facility's rate has five components:

1. Direct care
2. Other care
3. Other operating
4. External fixed costs
5. Property

Over half of a facility's rate is made up by the first three components – direct care, other care, and other operating – collectively called the "operating rate". Each rate component is calculated individually.
Currently, DHS and the legislature have attempted to improve and reward nursing facility quality using three main strategies:

1. Minnesota Nursing Home Report Card
    a. This report card provides patient quality profile data of the nursing facilities in Minnesota based on three separate data sources. The first is a survey of residents in every facility on the quality of the nursing home and is conducted by a private contractor. The second are state inspections by the Minnesota Department of Health and the third are quality indicators that DHS derives from the comprehensive assessments and inspections conducted by MDH. These assessments are then broken down into 8 quality measures:
        - Resident Quality of Life
        - Family Satisfaction
        - Clinical Quarterly Indicators
        - State Inspection Results
        - Hours of Direct Care
        - Staff Retention
        - Use of Temporary Nursing Staff
        - Proportion of Beds in Single Rooms

[17] Oklahoma Health Care Authority, APA WR # 22-10 Pay-for-Performance (PFP) Program
[18] Minnesota House of Representatives, Nursing Facility Reimbursement and Regulation

2. Quality in the Value-based Reimbursement System
    a. Sets a limit on a facility's care-related reimbursement rate using their quality score. A facility with a higher score is subject to higher limits.
3. Incentive Programs: PIPP and QIIP
    a. The Nursing Home Performance-based Incentive Payment Program (PIPP) awards rate increases on a competitive basis. This program is only available to a limited number of facilities each year, offering limited-time rate adjustments to facilities that implement projects that improve quality of care.
    b. The Quality Improvement Incentive Program (QIIP) is a broader reward program open to any facility reimbursed under Medical Assistance.

GEORGIA

The Georgia Nursing Home Quality Initiative operates as a P4P program which involves efforts between Georgia's Department of Community Health (DCH), nursing home providers, and consumer groups. The goal of this initiative is to raise the quality of care for Georgia's nursing home residents. The initiative operates through setting a state-wide set of key performance factors which are tracked and reported on each month by nursing home facilities. This is in addition to an annual customer and employee satisfaction survey. This information is then analyzed and fed back to the facilities, enabling them to take action on improving overall care and satisfaction. Through this initiative facilities are also able to continually compare their performance alongside state and national benchmarks.

The state's largest purchaser of nursing home facilities, Georgia Medicaid, reviews facilities every 90 days to determine if they meet the requirements for additional quality payments. Georgia Medicaid financially rewards facilities that maintain a high score on selected quality measures.

DCH uses a platform provided by the national health care applied research and data management firm My InnerView Inc. to calculate each facility's quality incentive payments. My InnerView has research showing that state nursing facilities that take place in the statewide quality initiative achieve results, such as reducing resident falls, the use of physical restraints, and antipsychotic medications, as well as a reduction in staff turnover rates.

California

California's Quality Accountability Supplemental Payment Program (QASP) has been in operation since 2014. The program is also referred to as the Quality Accountability Program for Skilled Nursing Facilities. The California Department of Public Health (CDPH) partners with the California Department of Health Care Services (DHCS) to implement QASP. CDPH's Center for Health Care Quality assesses and scores each facility's quality of care for its residents. Based on these scores the DHCS issues incentive payments to facilities.[19]

As part of Health Services Advisory Group, Inc. (HSAG)'s most recent report in August 2021, a 60-day cut-off rule was implemented as part of the QASP program. This 60-Day Rule applies to the assessments in the Minimum Data Set (MDS) 3.0 data and says that assessments submitted more than 60 days after an assessment's target date are excluded from the quarterly and aggregate measure calculations. This rule was put in place by the CDPH and DHCS to encourage Freestanding Skilled Nursing Facilities (SNFs) to submit assessments and any subsequent corrections in a timely manner.[20]

Additionally, CDPH requested that HSAG assess the current data completeness measure methodology and develop an alternative methodology for the data completeness measure that evaluates if expected

[19] HSAG, California Department of Public Health Center for Health Care Quality
[20] HSAG, California Department of Public Health Center for Health Care Quality

assessments that qualify as a target assessment (TA) are received for each resident in the expected timeframes.

The 60-Day Rule allows facilities to monitor their rates and payment eligibility status more efficiently on a quarterly basis through the QASP data portal. Because any change in measure rates may affect the payments for all facilities in the QASP program, the 60-day rule ensures that assessments are accurate when they are first submitted.

The percentage of assessments removed due to the 60-Day Rule in Quarter one of 2019-2020 was 2.75%, in Quarter two it was 4.17%, and in Quarter three 3.27%. The 60-Day Rule also affected the number of facilities who were eligible for incentive payments in 2019-2020. Twelve facilities saw an increase in their payment tier while 60 facilities decreased their payment tier.

NEW YORK

New York has participated in a nursing facility pay for performance program since 2008.[21] Currently, the state's program is referred to as the Nursing Home Quality Initiative (NHQI). NHQI is an annual quality and performance evaluation project that focuses on improving the quality of care for residents in Medicaid-certified nursing facilities across the state of New York.[22]

The current NHQI is based on the previous calendar year's performance. In 2021 the NHQI was reduced from a maximum of 100 points to a maximum of 70 points. This was due to the removal of four quality measures, each worth 5 points, and one efficacy measure worth 10 points. These were the list of measures removed from NHQI 2021:[23]

1. Percent of Long Stay High Risk Residents with Pressure Ulcers (worth 5 points)
2. Percent of Long Stay Residents Who have Depressive Symptoms (worth 5 points)
3. Percent of Long Stay Residents Who Lose Too Much Weight (worth 5 points)
4. Percent of long stay residents who self-report moderate to severe pain (worth 5 points)
5. Potentially avoidable hospitalizations (worth 10 points)

Most of these quality measures were removed to offset the impact of COVID-19 and the incompleteness of hospital data.

Nursing facilities are awarded points for quality and performance measures in the components of the Quality Component (quality measures), and the Compliance Component (compliance with reporting). In the previous years, an efficacy measure was also included but this measure was not included in NHQI 2021. The Quality Component includes 10 quality measures and each measure being worth a maximum of 5 points.

1. Percent of Contract/Agency Staff Used
2. Rate of Staffing Hours per Resident per Day
3. Percent of Employees Vaccinated for Influenza
4. Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
5. Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
6. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
7. Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowel or Bladder
8. Percent of Long Stay Residents with Dementia Who Received an Antipsychotic Medication (PQA)
9. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
10. Percent of Long Stay Residents with a Urinary Tract Infection

[21] New York State, Title: Section 86-2.38 - Nursing home incentive payment
[22] New York State, Nursing Home Quality Initiative
[23] New York State, 2021 Nursing Home Quality Initiative Methodology

The compliance component is worth up to a total of 20 points and consists of three measures:

1. NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
2. Timely Submission of Certified Nursing Home Cost Reports
3. Timely Submission of Employee Influenza Immunization Data

The points for all measures are then summed to create an overall score for each facility. Facilities are also ranked into quintiles based on their overall scores. Quintile one represents the top-performing facilities while quintile five represents the lowest-performing.

Recommendation 13: Consider using staff vaccination data as a measure for CO P4P like New York does. Using vaccination data has been considered in the past but has not been implemented due to an aversion to punishing homes for resident choice. However, this is something for Colorado to reevaluate.

UTAH

In Utah, the Nursing Facilities Quality Improvement Incentive (QII) Program is the state's pay for performance program. Based on performance each year, QII uses general fund money to award performance. In total, the QII program has three components, QII(1), QII(2), and QII(3). All of these components are due before May 31st annually.[24]

a. QII(1) ensures that quality programs are implemented at the facilities. The QII(1) form contains basic information for each facility to fill out.
b. QII(2) provides incentive for facilities to improve the environment for the residents. Facilities are asked to provide the following information:[25]
    - QII (2)(i) Nurse Call
    - QII (2)(ii) Patient Lift
    - QII (2)(iii) Bathing
    - QII (2)(iv) Patient Life Enhancement
    - QII (2)(v) Educating Staff
    - QII (2)(vi) Transportation
    - QII (2)(vii) Clinical Software, Hardware, and Backup Power
    - QII (2)(viii) HVAC
    - QII (2)(ix) Dining Enhancement
    - QII (2)(x) Outcome Proven Awards
    - QII (2)(xi) Worker Immunizations
    - QII (2)(xii) Patient Dignity
    - QII (2) (xiii) Covid-19 Vaccination Incentive

To earn all points for QII(3) a facility must complete all of the QII(1) forms and at least one QII(2) form.

QII is the longest running program out of the reviewed states, in operation since 2004. Utah has not completed much analysis to relate the resident satisfaction level to the QII payments over the years, however the State meets annually with representatives in the Nursing Facilities industry for input on what works and does not work for providers. Funding is 100% from the state's general funds.

At the end of 2021 an update was made to the QII program. Code R414-516 was repealed and replaced. This code outlined the CASPER metrics used for the QII program. As part of this change, 5 out of the 9 metrics used previously were kept, while 4 new metrics were included. The 4 new CASPER metrics included by the Utah Health Care Association (UHCA) include the following:

[24] Utah Department of Health, NF NSGO QI Program Update (R414-516)
[25] Utah Department of Health, Long-Term Care Resources (NFs and ICFs/ID) QI Incentive Programs

1. Percentage of residents who received an antipsychotic med
2. Percentage of residents who lose too much weight
3. Percentage of residents given the seasonal influenza vaccine
4. Percentage of residents whose ability to move worsened

A facility is compliant if they meet at least 6 out of the 9 CASPER metrics or if they demonstrate improvement in at least 6 out of the 9 metrics. A combination of meeting and demonstrating improvement can also be used. Since it takes 5-7 months from the time facilities report date for CMS (website where CASPER data is recorded) to organize and publish the data and then analysis will take place in the preceding months, no QII program will occur between January 2022 through June 2022. The next SFY will occur between July 1, 2022 through June 30, 2023.

Recommendation 14: As the world re-opens, evaluating resident transportation is a potential area to consider. We receive a lot of information on activities available within the home, but do not always specifically see opportunities available outside the home.

INDIANA

Indiana's Value Based Purchasing (VBP) program operated by The Centers for Medicare & Medicaid Services (CMS) aims to reward quality and improve health care. Scores to obtain a per diem add on are based on survey inspections, staffing, and quality of life measures. Indiana updated their scoring system for FY20-21. Scoring factors are their weights are:[26]

- 60% determined by long-stay measures from CMS 5-star quality
- 25% determined by the health inspection domain of CMS 5-star
- 10% from staffing domain (PBJ data) of CMS 5-star quality
- 5% for Advanced Care Planning Certification

The Indiana Family & Social Services Administration (FSSA) set the following goals which were used to develop Nursing Facility (NF) rate setting methods that comply with CMS rules.[27]

1. Alignment
2. Sustainability
3. Promote Person-Centeredness and Value-Based Purchasing
4. Reduce Disparities

These goals will be translated into evaluation criteria, to be used for evaluating the current system relative to potential options. Criteria will then be established through a stakeholder process.

The following are the Performance measures to which VBP reimbursements are linked to:

1. Nursing Home Health Survey Score (the maximum quality points awarded in 2020 was 25, compared to 55 points in 2019)
2. Long-Stay Quality Measures (the maximum quality points awarded in 2020 was 60, compared to 30 points in 2019)
3. NF Staff Retention Rate (the maximum quality points awarded in 2020 is 10)
4. Advanced Care Planning (the maximum quality points awarded in 2020 is 5)

The following are additional measures to consider from Stakeholder Feedback Regarding Quality Measures (from February 2021 VBP Meeting):

1. Quality of life
2. Consumer satisfaction
3. Measures aligned with rebalancing such as MDS referrals and low acuity NF residents

[26] Lending Age Indiana, Value Based Purchasing
[27] FSSA, Medicaid Nursing Facility Reimbursement Quality and Value Based Purchasing Stakeholder Meeting #1

ALABAMA

The Alabama Nursing Home Association was founded in 1951 and represents 98% of the state's licensed skilled nursing care center. The association comprises of 230 nursing homes and 27,365 nursing home beds across the state. The Alabama Nursing Home Association conducts an annual showcase where homes around the state present best practices they developed to improve the quality of care or quality of life for residents.[28]

In 2022 Alabama awarded $40 million of the State Fiscal Recovery Fund from the American Rescue Plan (ARPA) to the Alabama Nursing Home Association. These funds will provide reimbursements to the state's nursing home facilities for the purpose of responding to the COVID-19 pandemic.[29]

The Bureau of Health Provider Standards is the State of Alabama's regulatory agency responsible for licensing and certifying health care facilities. They provide patients with a Health Care Facilities Directory which is an online portal with information including:

- Nursing homes in your geographic area
- Medicare and Medicaid certified homes
- The number of beds available
- Specific types of skilled nursing care

Special Focus Facilities (SFF) are facilities that have a history of serious quality issues. Currently, there is only one SFF nursing home in the state of Alabama.

ARIZONA

The Arizona Health Care Cost Containment System (AHCCCS) has implemented a VBP model to financially reward providers. These providers must meet or exceed specific benchmarks to receive payment. Benchmarks are focused on specified quality and cost measures that improve patient's health. Besides improving health outcomes, the VBP model also aims to reduce the overall cost of care for facilities.[30]

AHCCCS VBP encompasses 4 modes of payment to nursing home facilities.[31] These include the following:

1. Alternative Payment Models (APM) reward facilities for providing high quality and cost-efficient care.
2. Differential Adjusted Payments (DAP) provide positive adjustments for providers who achieve designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth.
3. Directed Payments are payments provided under managed care contracts between providers and AHCCCS.
4. Performance Based Payments (PBP) are incentive payments to facilities that meet certain performance measure targets.

ACOM's (Administrative, Claims**,** Financial, and Operational) 306 policy titled the *Alternative Payment Model Initiative – Withhold and Quality Measure Performance Incentive* is a manual for how Arizona's nursing home facilities are to measure their Quality Measure Performance (QMP). These QMP scores determine a facility's Combined Performance Score which determines a facility's QMP incentive payments. This manual was put in place between 2017 to 2021.

[28] Alabama Public Health, Nursing Homes
[29] The Office of Alabama Governor Kay Ivey, Governor Ivey Awards Additional $80 Million to Hospitals and Nursing Homes
[30] AHCCCS, 306 – Alternative Payment Model Initiative – Withhold and Quality Measure Performance Incentive
[31] AHCCCS, AHCCCS Value Based Purchasing (VBP) Strategies

OHIO

In May 2017, Ohio's State Plan Amendment (SPA) 17-004 was approved to provide enhanced payment rates for nursing facilities that provide services to ventilator-dependent individuals. The payment is based on a per-diem payment rate for ventilator-dependent individuals in nursing facilities that participate in the Ohio Department of Medicaid (ODM) nursing facility ventilator program. The per-diem rate equals 60% of the statewide average of the total per Medicaid day payment rate for long-term acute care hospital services for the prior calendar year. The enhanced payment may be reduced by a maximum of five% if the nursing home's numbers of ventilator associated pneumonia (VAP) episodes exceed the maximum number of VAP episodes determined by ODM for two consecutive quarters. Ohio requires managed care plans to pay the fee for service (FFS) rate, which enables them to pass the enhance payment on to the providers.[32],[33]

In 2020 Ohio suspended the requirement 4.19-D, Supplement 1 of the SPA 17-004. This requirement was to always have a RN with training in basic life support onsite when ventilator weaning services are provided. Facilities now may instead have a respiratory care professional or respiratory therapist with training in basic life support available at the facility.

A one-time payment was made in December 2021 of $300 million in federal funds to COVID-19 relief for Ohio nursing home facilities. A facility's payment amount was calculated by first determining the percentage sufficient to distribute appropriate funds to all facilities across Ohio. Then, this percentage was multiplied by the per Medicaid day payment rate for each facility.[34]

KANSAS

The mission of the Kansas Department for Aging and Disability Services (KDADS) is to provide high-quality services or Kansas nursing home residents. KDADS implements person-centered care called Promoting Excellent Alternatives in Kansas, or PEAK. PEAK is an incentive program that awards funds to nursing home facilities. PEAK also educates individuals about positive initiatives in Kansas nursing homes. Since 2021, PEAK has developed into PEAK 2.0, a pay-for-performance Medicaid program in an effort to enhance person-centered care practices in Kansas nursing homes. Within the first year of implementation, 125 facilities enrolled in PEAK 2.0.[35] Person-centered care (PCC) intends to improve the quality of life for nursing home residents and residents' clinical health. In a 2018 study titled *Person-Centered Care as Facilitated by Kansas' PEAK 2.0 Medicaid Pay-for-Performance Program and Nursing Home Resident Clinical Outcomes,* it was found that, "…greater PCC adoption through PEAK participation is associated with better quality of care." The report recommended that other states implement Kansas's PEAK model.[36]

The P4P Program in Kansas provides nursing facilities with the opportunity to earn up to $9.50 per diem add per day. The program has two distinct per diem add on measure sets. There is the Quality and Efficiency Incentive Factor, which includes quality of care performance measures. This incentive factor is determined by three outcomes: case mix adjusted nurse staffing ratio, staff turnover and Medicaid occupancy. The per diem add on opportunity for this incentive is up to $5.50. Then there is the PEAK 2.0 Incentive Factor, which includes measures related to person-centered care. For the PEAK Incentive, there are six levels that a home may fall within in adopting person-centered care. Each level is tied to a

[32] CMS, Ohio State Plan Amendment (SPA) 17-004
[33] CMS, Ohio State Plan Amendment (SPA) 20-0012
[34] The Ohio House of Representatives, Carruthers Introduces Bill Providing $300 Million to Ohio Nursing Facilities
[35] Kansas Department for Aging and Disability Services, PEAK: Quality Improvement Through Person-Centered Care
[36] NCBI, Person-Centered Care as Facilitated by Kansas' Peak 2.0 Medicaid Pay-for-Performance Program and Nursing Home Resident Clinical Outcomes

per diem amount, ranging from $0.50 - $4.00. Accordingly, the per diem add on for the PEAK Incentive can be as much as $4.00.

The program for Medicaid in Kansas is called KanCare. Each month, the state withholds a portion of the payment due to KanCare health plans. At the end of each year, Kansas assesses whether each health plan has met their appropriate targets. If they do, then the health plan will receive a payment back through the KanCare pay-for-performance (P4P) program. The payment health care plans receive is tied to the percentage of required measures those plans meet.[37]

COLORADO

Upon evaluating other states' P4P-like programs, it is evident that Colorado's P4P program is more robust and qualitatively driven than its peers'. Specifically, Colorado's program focuses substantially on measuring residents' quality of life; data is collected across all facets of residents' day to day experiences, including Dining, Home Décor, Volunteer Opportunities, and Connection and Meaning. This provides a comprehensive view into Colorado homes' provision of care wholistically, not one based solely on clinical outcomes.

[37] Medicaid & Maternal & Child Health (MCH) Alignment, Medicaid & Maternal & Child Health (MCH) Alignment: Priorities & Measures

BEST PRACTICES

It is valuable for the Department to continue to look to peer local, state, and federal nursing facility best practices for quality of care, quality of life and facility management. The below section provides details on best practices across the national landscape.

THE WHITE HOUSE'S STANDARDS

CMS under the direction of President Biden's administration is launching four new initiatives to ensure that residents get the quality care they need—and that taxpayers pay for. These initiatives will help ensure adequate staffing, dignity and safety in their accommodations, and quality care. The initiatives' key principles are as follows:[38]

- ✓ ***Establish a Minimum Nursing Home Staffing Requirement.*** The adequacy of a nursing home's staffing is the measure most closely linked to the quality of care residents receive. For example, a recent study of one state's nursing facilities found that increasing registered nurse staffing by just 20 minutes per resident day was associated with 22% fewer confirmed cases of COVID-19 and 26% fewer COVID-19 deaths. CMS intends to propose minimum standards for staffing adequacy that nursing homes must meet. CMS will conduct a new research study to determine the level and type of staffing needed to ensure safe and quality care and will issue proposed rules within one year. Establishing a minimum staffing level ensures that all nursing home residents are provided safe, quality care, and that workers have the support they need to provide high-quality care. Nursing homes will be held accountable if they fail to meet this standard.
- ✓ ***Reduce Resident Room Crowding.*** Most nursing home residents prefer to have private rooms to protect their privacy and dignity, but shared rooms with one or more other residents remain the default option. These multi-occupancy rooms increase residents' risk of contracting infectious diseases, including COVID-19. CMS will explore ways to accelerate phasing out rooms with three or more residents and to promote single-occupancy rooms.
- ✓ ***Strengthen the Skilled Nursing Facility ("SNF") Value-Based Purchasing ("VBP") Program.*** The SNF-VBP program awards incentive funding to facilities based on quality performance. CMS has begun to measure and publish staff turnover and weekend staffing levels, metrics which closely align with the quality of care provided in a nursing home. CMS intends to propose new payment changes based on staffing adequacy, the resident experience, as well as how well facilities retain staff.
- ✓ ***Reinforce Safeguards against Unnecessary Medications and Treatments***. Thanks to CMS' National Partnership to Improve Dementia Care in Nursing Homes, the nation has seen a dramatic decrease in the use of antipsychotic drugs in nursing homes in recent years. However, inappropriate diagnoses and prescribing still occur at too many nursing homes. CMS will launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications.
- ✓ ***Adequately Fund Inspection Activities.*** For over seven years, funding to conduct health and safety inspections has remained flat while the number of complaints about nursing homes has surged. To protect residents and crack down on unsafe nursing homes, President Biden will call on Congress to provide almost $500 million to CMS, a nearly 25% increase, to support health and safety inspections at nursing homes.
- ✓ ***Beef up Scrutiny on More of the Poorest Performers.*** CMS's Special Focus Facility (SFF) program identifies the poorest-performing nursing homes in the country for increased scrutiny in an effort to immediately improve the care they deliver. The SFF program currently requires more frequent compliance surveys for program participants, which must pass two consecutive inspections to "graduate" from the program. The SFF program will be overhauled to improve care more quickly for the affected residents, including changes that will make its requirements tougher

[38] White House.gov, "FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes"

and more impactful. CMS will also make changes that allow the program to scrutinize more facilities, by moving facilities through the program more quickly. Facilities that fail to improve will face increasingly larger enforcement actions, including termination from participation in Medicare and Medicaid, when appropriate.

- ✓ ***Expand Financial Penalties and Other Enforcement Sanctions.*** CMS will expand the instances in which it takes enforcement actions against poor-performing facilities based on desk reviews of data submissions, which will be performed in addition to on-site inspections. In July 2021, CMS rescinded a Trump Administration change that lowered penalty amounts on bad actor nursing homes for harmful deficiencies by imposing only a one-time fine, instead of more aggressive per-day fines that charge for each day a facility is out of compliance. CMS will now explore making such per-day penalties the default penalty for non-compliance. CMS will also use data, predictive analytics, and other information processing tools to improve enforcement. President Biden is also calling on Congress to raise the dollar limit on per-instance financial penalties levied on poor-performing facilities, from $21,000 to $1,000,000.
- ✓ ***Increase Accountability for Chain Owners of Substandard Facilities.*** President Biden is calling on Congress to give CMS new authority to require minimum corporate competency to participate in Medicare and Medicaid programs, enabling CMS to prohibit an individual or entity from obtaining a Medicare or Medicaid provider agreement for a nursing home (new or existing) based on the Medicare compliance history of their other owned or operated facilities (previous or existing). He is further calling on Congress to expand CMS enforcement authority at the ownership level, enabling CMS to impose enforcement actions on the owners and operators of facilities even after they close a facility, as well as on owners or operators that provide persistent substandard and noncompliant care in some facilities, while still owning others.
- ✓ ***Provide Technical Assistance to Nursing Homes to Help them Improve.*** CMS currently contracts with Quality Improvement Organizations that help providers across the health care spectrum make meaningful quality of care improvements. CMS will ensure that improving nursing home care is a core mission for these organizations and will explore pathways to expand on-demand trainings and information sharing around best practices, while expanding individualized, evidence-based assistance related to issues exacerbated by the pandemic.
- ✓ ***Create a Database of Nursing Homeowners and Operators.*** CMS will create a new database that will track and identify owners and operators across states to highlight previous problems with promoting resident health and safety. This registry will use information collected through provider enrollment and health and safety inspections to provide more information about prospective owners and operators to states. Giving the public a resource to better understand owners' and operators' previous violations will empower states to better protect the health and safety of residents.
- ✓ ***Improve Transparency of Facility Ownership and Finances.*** CMS will implement Affordable Care Act requirements regarding transparency in corporate ownership of nursing homes, including by collecting and publicly reporting more robust corporate ownership and operating data. It will also make this information easier to find on the Nursing Home Care Compare website.
- ✓ ***Enhance Nursing Home Care Compare:*** CMS will implement a range of initiatives to improve Nursing Home Care Compare, the rating website designed to help families pick a facility for their loved ones. Under the Biden-Harris Administration's leadership, CMS has already published new measures on Care Compare, which allow users to consider nursing home staff turnover, weekend staffing levels, and other important factors in their decision-making process. When the new minimum staffing requirement comes online, Care Compare will also prominently display whether a facility is meeting these minimum staffing requirements. CMS will further improve Care Compare by improving the readability and usability of the information displayed—giving you and your family insight into how to interpret key metrics. Finally, CMS will ensure that ratings more closely reflect data that is verifiable, rather than self-reported, and will hold nursing homes accountable for providing inaccurate information. The President is calling on Congress to give CMS additional authority to validate data and take enforcement action against facilities that submit incorrect information.

- ✓ ***Examine the Role of Private Equity.*** As described above, private equity investors are playing a growing role in the nursing home sector, and published research increasingly indicates that facility ownership by investment groups leads to worse outcomes while costing taxpayers more—particularly as these owners have sought to cut expenses at the cost of patient health and safety, including during the COVID-19 pandemic. HHS and other federal agencies will examine the role of private equity, real estate investment trusts (REITs), and other investment ownership in the nursing home sector and inform the public when corporate entities are not serving their residents' best interests.
- ✓ ***Ensure Nurse Aide Training is Affordable***. Lowering financial barriers to nurse aide training and certification will strengthen and diversify the nursing home workforce. CMS will establish new requirements to ensure nurse aide trainees are notified about their potential entitlement to training reimbursement upon employment. CMS will further work with states to ensure reimbursement is being distributed and that free training opportunities are widely publicized.
- ✓ ***Support State Efforts to Improve Staffing and Workforce Sustainability***. Strengthening the nursing home workforce requires adequate compensation as well as a realistic career ladder. CMS will develop a template to assist and encourage States requesting to tie Medicaid payments to clinical staff wages and benefits, including additional pay for experience and specialization.
- ✓ ***Launch National Nursing Career Pathways Campaign.*** CMS, in collaboration with the Department of Labor, will work with external entities—including training intermediaries, registered apprenticeship programs, labor-management training programs, and labor unions—to conduct a robust nationwide campaign to recruit, train, retain, and transition workers into long-term care careers, with pathways into health-care careers like registered and licensed nurses.
- ✓ ***Continued COVID-19 Testing in Long-term Care Facilities.*** Throughout the pandemic, the Biden-Harris Administration has provided approximately 3 million tests per week to all Medicare- and Medicaid-certified nursing homes and thousands more assisted living facilities, supporting outbreak testing and regular testing of staff. HHS will continue to support this key mitigation strategy for vulnerable residents and the staff that care for them.
- ✓ ***Continued COVID-19 Vaccinations and Boosters in Long-term Care Facilities.*** The Biden-Harris Administration has provided the full support of the federal government to states in ensuring that staff and residents across long-term care facilities have access to vaccinations and booster shots. Today, facilities are required to ensure staff are vaccinated and more than 87.1% of residents have received their primary series. CDC continues to offer all facilities the ability to be matched with a federal pharmacy partner to host an on-site vaccination clinic. CMS has reached out to thousands of these facilities directly to offer support, and the Agency for Healthcare Research and Quality has made a wide set of tools available. HHS will continue to promote access to these clinics and efforts to integrate vaccinations into routine services, incentivize vaccinations through provider quality payment programs, and continue to provide a full range of resources to continue to build confidence in the vaccine.
- ✓ ***Strengthen Requirements for On-site Infection Preventionists.*** CMS will clarify and increase the standards for nursing homes on the level of staffing facilities need for on-site infection prevention employees, undoing the Trump Administration's changes to these requirements to help improve resident health and safety.
- ✓ ***Enhance Requirements for Pandemic and Emergency Preparedness.*** Both the pandemic and the increase in natural disasters have demonstrated how critical proactive emergency preparedness is to keeping residents of nursing homes safe. CMS is examining and considering changes to emergency preparedness requirements and is working to bolster the resiliency of the health care sector as part of an Administration-wide effort to be ready for the next pandemic and the next weather-related emergencies.
- ✓ ***Integrate Pandemic Lessons into Nursing Home Requirements.*** The pandemic has underscored the need for resident-centered updates to nursing homes' requirements of participation in Medicare and Medicaid. CMS will integrate new lessons on standards of care into

nursing home requirements around fire safety, infection control, and other areas, using an equity lens.

Recommendation 15: The P4P already evaluates aggregate staffing levels and staff retention, but given this new CMS staffing level initiative, potentially begin collecting data around staff-resident ratios.

Recommendation 16: Given the CMS initiative around reducing crowding, explore collecting information around the number of single, double, triple, or more rooms in each home.

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' QUALITY & PATIENT SAFETY PROGRAMS BY SETTING: LONG-TERM CARE

DHHS's Agency for Healthcare Research and Quality (AHRQ) developed and approved the below curricula, training modules, and surveys to maximize long-term care efficacy and fidelity.[39]

CAHPS® Nursing Home Survey was developed by AHRQ and designed to measure patients' experiences of their care, including communication with doctors and nurses, responsiveness of staff, and other indicators of safe, high-quality care. The surveys are developed from the patient's perspective on what's important to measure.

CUSP Toolkit to Reduce CAUTI and Other HAIs In Long-Term Care Facilities includes customizable training tools that build the capacity to address safety issues by combining clinical best practices, the science of safety, and attention to safety culture. Created for clinicians by clinicians, the toolkit includes training tools to make care safer by improving the foundation of how clinical team members work together.

Falls Management Program: A Quality Improvement Initiative for Nursing Facilities is an interdisciplinary quality improvement initiative to assist nursing facilities in providing individualized, person-centered care and improving their fall care processes and outcomes through educational and quality improvement tools.

Improving Patient Safety in Long-Term Care Facilities is a training curriculum for front-line personnel in nursing home and other long-term care facilities to help them detect and communicate changes in a resident's condition and prevent and manage falls. Includes an Instructor Guide and separate student workbooks.

Nursing Home Antimicrobial Stewardship Modules are field-tested, evidence-based modules that can help nursing homes develop antibiotic stewardship programs to help them use and prescribe antibiotics appropriately. Appropriate antibiotics use can reduce antimicrobial resistance and help retain the effectiveness of treatments for infection, which are a common threat to resident safety.

Nursing Home Survey on Patient Safety Culture is a staff-administered survey that helps nursing homes assess how their staff perceive various aspects of safety culture.

Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention is a team training curriculum to help nursing homes with electronic medical records reduce the occurrence of pressure ulcers.

TeamSTEPPS® Long-Term Care Version is a core curriculum initially developed for use in hospitals and adapted to other settings. It is a customizable "train the trainer" program plus specialized tools to reduce risks to patient safety by training clinicians in teamwork and communication skills.

[39] DHHS, AHRQ's Quality & Patient Safety Programs by Setting: Long-Term Care

Toolkit to Educate and Engage Residents and Family Members helps nursing homes encourage an open and respectful dialogue between nurses and prescribing clinicians and residents and family members and helps residents and family members participate in their care.

Toolkit To Improve Antibiotic Use in Long-Term Care helps nursing homes improve antibiotic stewardship and promote safer prescribing.

Understanding Omissions of Care in Nursing Homes helps nursing home staff understand how omissions of care are defined in a way that is meaningful to stakeholders, including residents and caregivers, and actionable for research or improving quality of care.

NATIONAL ACADEMIES' NURSING HOME CARE IMPROVEMENT OBJECTIVES

The National Academies of Sciences, Engineering and Medicine released its 2022 updated report on key objectives and necessary improvements to nursing home care delivery, *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. The guiding principles are highlighted below.[40]

Preparing for Emergencies

As of February 2022, more than 149,000 nursing home residents and more than 2,200 nursing home staff members had died of COVID-19. Even before the pandemic, many facilities did not have adequate expertise and experience in infection prevention and control practices. Moving forward, nursing homes should be included in emergency planning, preparedness, and response at the federal, state, and local levels, the report says. This will help ensure nursing homes have access to vital resources, such as personal protective equipment, and that they receive ongoing assistance, education, and training on infection prevention and control as well as general preparedness for future natural disasters or public health emergencies.

Improving Resident Care

Achieving person-centered care that reflects resident values and preferences starts with the resident care planning process. Nursing homes, with CMS oversight, should identify and accurately document the care preferences of residents and their families. Staff should ensure the care plan addresses medical, psychosocial, and behavioral health needs, and should revisit this plan at least quarterly. Federal agencies, academic institutions, and private foundations should fund research on the care models and specific factors (such as the physical environment and staffing ratios) that best meet the needs of specific populations. In addition, the report recommends identifying pathways to provide financial incentives to nursing homes for the adoption of certified electronic health records, which can improve the coordination of care.

The nation's nursing home infrastructure is aging, the report adds, and facility size and room sharing could be major predictors of infection rates. Nursing home owners, with the support of CMS and other federal agencies, should construct and renovate facilities to provide smaller, more home-like environments, which may include single-occupancy bedrooms and private bathrooms. These changes can help prevent the spread of infection while enhancing the quality of life for residents.

Building a High-Quality Workforce

To build a nursing home workforce that is well prepared, empowered, and appropriately compensated, the report recommends increasing the numbers and the qualifications of all types of nursing home workers. CMS should establish minimum education and national competency standards for a variety of workers. While this may be challenging amid COVID-19-related staffing shortages, enhancing requirements will improve the quality of care, further professionalize the workforce, and in turn, contribute to the desirability

[40] National Academies of Science, Engineering and Medicine, "Wide-Ranging Systemic Changes Needed to Transform Nursing Homes to Meet Needs of Residents, Families, and Staff"

of working in a nursing home. CMS should immediately implement requirements for 24/7 registered nurse staffing and a full-time social worker in all nursing homes. To inform future staffing requirements, the U.S. Department of Health and Human Services (HHS) should fund research on the minimum and optimum staffing levels for nurses, therapists, recreational staff, social workers, and other employees.

Nursing homes should provide ongoing training in diversity and inclusion for all workers and leadership and provide family caregivers with resources and training as needed or desired. To recruit and retain all types of staff, nursing homes should ensure competitive wages and benefits, including health insurance, childcare, and sick pay.

Strengthening Financing and Payment

The current approach to financing nursing home care is highly fragmented. The federal-state Medicaid program is the dominant payer of long-stay nursing home care, while the federal Medicare program only covers short-stay post-acute care. Services such as hospice care are paid separately and are not well integrated into standard nursing home care. Private insurance coverage for long-term care is limited, and relatively few people can afford to pay out of pocket for an extended nursing home stay. The report calls on HHS to study the design of a new long-term care benefit. The report also provides recommendations to improve the value of care by linking payments more closely to quality using alternative payment model demonstration projects for long-stay care and bundled payment arrangements for short-stay post-acute care.

Increasing Transparency and Accountability

The report recommends collecting, auditing, and making publicly available detailed facility-level data on the finances, operations, and ownership of all nursing homes. This will inform evaluations of how Medicare and Medicaid payments are spent, and the impact of ownership models and spending patterns on the quality of care. The report also calls for CMS and states to improve oversight of nursing homes, to avoid a repeat of the failures that occurred during the COVID-19 pandemic. It recommends that federal and oversight agencies impose enforcement actions such as denial of new or renewed licensure on owners with a pattern of poor-quality care across facilities. As part of its efforts to strengthen oversight of nursing homes, CMS should also ensure state survey agencies have the capacity, organizational structure, and resources for their responsibilities, including monitoring of nursing homes, investigation of complaints, and enforcement of regulations.

Changing Societal Views on Aging

The COVID-19 pandemic highlighted nursing home residents' vulnerability and the pervasive ageism evident in undervaluing the lives of older adults, the report says. High-quality care cannot be delivered without a major overhaul of worker training and support, the culture within nursing homes, and how society views aging in general. Nursing home leaders should drive these changes.

"Aging should not be something to be dreaded, but something to be revered, and as such, nursing homes should provide the highest quality and compassionate care to enhance the lives of those in their care. This report delivers a blueprint to build a system of nursing homes that truly centers the lives of older adults and gives them respect, dignity, and protection," said Victor J. Dzau, president of the National Academy of Medicine. "The COVID-19 pandemic highlighted the persistent inequities and inadequacies in American nursing home care, clearly illustrating that this system is broken. Addressing these vulnerabilities must include building a high-quality workforce, ensuring a more rational payment system, and directly addressing ageism so we can provide care that improves, not only sustains, the lives of our aging loved ones."

CMS 5-STAR RATING DATA REVIEW

At the national level, CMS has a rating system to allow consumers, families, and caregivers to compare nursing facilities. CMS has acknowledged the difficulty of developing a rating system that addresses all considerations that consumers and families may have when deciding on a nursing home. The rating system described below is meant to be one source of information that should be considered with other factors to best inform a decision on a nursing home for an individual.

CMS employs a 5-star rating system, as such, overall ratings range from one star to five stars, with more stars indicating better quality. As described by CMS, the 5-star ratings are based on the three components listed below. Each component gets its own rating, then an overall rating is determined.

1) Health inspections: this includes reviewing information from the three most recent onsite inspections that include standard and complaint surveys.
2) Staffing: this includes reviewing information regarding the average number of hours of care provided to each resident each day by nursing staff.
3) Quality measures (QMs): this includes reviewing the four most recent quarters of data available for 16 different physical and clinical measures for nursing home residents.

Using the three components, CMS assigns the overall 5-star rating in these steps:

Step 1: Start with the health inspections rating.

Step 2: Add 1 star if the staffing rating is 4 or 5 stars and greater than the health inspections rating. Subtract 1 star if the staffing rating is 1 star.

Step 3: Add 1 star if the quality measures rating is 5 stars; subtract 1 star if the quality measures rating is 1 star.

Step 4: If the health inspections rating is 1 star, then the overall rating cannot be upgraded by more than 1 star based on the staffing and quality measure ratings.

Step 5: If a nursing home is a special focus facility, the maximum overall rating is 3 stars.

Note: It is important to note that the 5-star rating data below was pulled in June 2022 but contains ratings from between 2019 and 2022. Ratings are typically done on a 16-month cycle; however, this timeline was impacted due to the pandemic. Because of this, the 5-star rating may not align to this P4P program year.

Table 3, below, displays each applicant's CMS 5-star rating in additional to their P4P application self-score and the final review score. Out of the 115 applications received, 0 (0%) had a 0-star rating, 11 (10%) had a 1-star rating, 18 (16%) had a 2-star rating, 22 (19%) had a 3-star rating, 35 (30%) had a 4-star rating, and 29 (25%) had a 5-star rating. It can be determined that a 1 or 2-star rating did not deter facilities from applying for the 2022 Pay for Performance program.

Table 3. CMS 5-Star Rating Data with 2022 P4P Scores

Facility Name	2022 Self Score	2022 Reviewer Score	5-Star Rating
Allison Care Center	84	73	4
Alpine Living Center	70	53	3
Amberwood Court Rehabilitation and Care Community	87	84	4
Arborview Senior Community	79	77	4
Arvada Care and Rehabilitation Center	90	89	5
Autumn Heights Health Care Center	71	66	2

Facility Name	2022 Self Score	2022 Reviewer Score	5-Star Rating
Avamere Transitional Care and Rehabilitation-Brighton	89	79	4
Belmont Lodge Health Care Center	86	70	3
Bent County Healthcare Center	77	66	5
Berkley Manor Care Center	58	37	3
Berthoud Living Center	80	80	3
Beth Israel at Shalom Park	83	80	5
Boulder Canyon Health and Rehabilitation	90	90	3
Brookshire House Rehabilitation and Care Community	92	87	5
Brookside Inn	97	95	5
Broomfield Skilled Nursing and Rehabilitation Center	88	88	4
Bruce McCandless CO State Veterans Nursing Home	72	64	4
Cambridge Care Center	87	62	4
Casey's Pond Senior Living LTC	77	71	5
Cedars Healthcare Center	51	31	1
Cedarwood Health Care Center	71	20	2
Centennial Health Care Center	80	73	4
Centura Health- Medalion Health Center	85	88	3
Cheyenne Mountain Center	84	79	2
CHI Living Communities - Namaste Alzheimer's Center	63	43	2
Christopher House Rehabilitation and Care Community	89	88	1
Clear Creek Care Center	82	71	4
Colorado State Veterans Nursing Home - Fitzsimons	69	32	4
Colorado State Veterans Nursing Home- Rifle	86	83	4
Colorado Veterans Community Living Center at Homelake	73	69	5
Colorow Care Center	85	82	3
Columbine West Health and Rehab Facility	72	67	4
Cottonwood Care Center	97	86	3
Cottonwood Inn Rehabilitation and Extended Care Center	84	80	4
Crestmoor Health and Rehabilitation	100	77	3
Crowley County Nursing Center	78	62	2
Denver North Care Center	92	88	5
Devonshire Acres	88	69	4
E Dene Moore Care Center	98	89	5
Eagle Ridge of Grand Valley	73	69	2
Eben Ezer Lutheran Care Center	81	77	4
Elms Haven Center	90	69	1

Facility Name	2022 Self Score	2022 Reviewer Score	5-Star Rating
Fairacres Manor, Inc.	89	83	5
Forest Ridge Senior Living, LLC	74	64	4
Forest Street Compassionate Care Center	83	76	4
Four Corners Health Care Center	77	72	2
Good Samaritan Society - Fort Collins Village	92	35	5
Good Samaritan Society - Simla	89	58	3
Good Samaritan Society- Loveland Village	23	14	2
Hallmark Nursing Center	78	68	4
Harmony Pointe Nursing Center	99	99	4
Health Center at Franklin Park	81	71	4
Highline Rehabilitation and Care Community	87	87	5
Holly Heights Care Center	93	93	5
Horizons Care Center	74	68	3
Irondale Post Acute	89	89	2
Julia Temple Healthcare Center	84	84	5
Juniper Village- The Spearly Center	95	95	1
Kenton Manor	80	77	3
La Villa Grande Care Center	53	48	5
Larchwood Inns	90	89	4
Lemay Avenue Health and Rehabilitation Facility	84	84	5
Life Care Center of Colorado Springs	24	21	5
Life Care Center of Littleton	78	75	4
Littleton Care and Rehabilitation Center	79	71	5
Mantey Heights Rehabilitation and Care Center	81	63	2
Mesa Vista of Boulder	82	73	2
Minnequa Medicenter	85	72	4
Mount St Francis Nursing Center	89	86	5
Mountain Vista Health Center	89	80	3
North Shore Health and Rehab Facility	85	85	4
North Star Rehabilitation and Care Community	76	76	3
Palisades Living Center	85	73	4
Parkmoor Village Healthcare Center	83	77	1
Parkview Care Center	86	86	3
Pearl Street Health and Rehabilitation Center	74	51	2
Pikes Peak Center	83	76	1
Pine Ridge Extended Care Center	62	64	1
Poudre Canyon Health and Rehabilitation Center	61	50	3
Rehabilitation and Nursing Center Of The Rockies	92	62	5
Rehabilitation Center at Sandalwood	80	77	4
Ridgeview Post Acute Rehabilitation Center	77	60	1
Rio Grande Inn	92	56	3

Facility Name	2022 Self Score	2022 Reviewer Score	5-Star Rating
River Valley Inn Nursing Home	67	40	2
Rock Canyon Respiratory and Rehabilitation Center	87	83	2
Rowan Community, Inc	90	90	4
Sandrock Ridge Care and Rehab	67	67	3
Sierra Rehabilitation and Care Community	91	91	4
Sierra Vista Health Care Center	82	73	2
Skyline Ridge Nursing and Rehabilitation Center	72	49	5
South Platte Health and Rehabilitation Center	50	33	4
South Valley Post Acute Rehabilitation	78	75	4
Southeast Colorado Hospital LTC Center	49	43	4
Spanish Peaks Veterans Community Living Center	88	88	5
Spring Village Care Center	30	23	5
Sterling Living Center	85	75	1
Suites at Clermont Park Care Center	82	61	4
Summit Rehabilitation and Care Community	89	86	5
Terrace Gardens Health Care Center	94	80	3
The Green House Homes at Mirasol	91	69	5
The Valley Inn	86	74	5
The Villas at Sunny Acres	76	76	4
Trinidad Inn Nursing Home	95	91	1
University Heights Rehab and Care Community	95	84	1
Uptown Health Care Center	85	82	3
Valley Manor Care Center	78	76	3
Valley View Health Care Center Inc.	88	85	2
Villa Manor Care Center	45	30	5
Vista Grande Inn	88	68	5
Walsh Healthcare Center	82	64	2
Washington County Nursing Home	57	51	2
Westlake Care Community	89	88	5
Wheatridge Manor Care Center	91	62	4
Willow Tree Care Center	36	10	4
Windsor Health Care Center	72	41	3

Table 4 shows the average P4P scores and ranges for each of the 5-star rating groups. Based on this analysis, CMS 5-star rating is not necessarily a useful predictive indicator of success on the P4P application.

Table 4. 5-Star Ratings and P4P Score Average and Range.

5-Star Rating	P4P Score Average	P4P Score Range	# of Homes
1	73.6	31-95	11
2	60.9	14-89	18
3	70.9	37-90	22
4	70.5	10-99	35
5	71.1	21-95	29

RECOMMENDATIONS

A summary of the recommendations and considerations outlined in this report are as follows:

Recommendation 1: *Continue to emphasize Measure 1 Enhanced Dining facility assessment requirements in training and possibly modify language to include "how the home uses the facility assessment to develop menu options that reflect the home's unique population."*

Recommendation 2: *Emphasize minimum requirements 6-2 and 6-3 in trainings and describe the differences and intentions behind each requirement. Ensure homes understand the macro vs. micro level trauma examples.*

Recommendation 3: *Focus on what constitutes "evidence" for P4P measures in trainings. Clearly explain that the expectation is more than a narrative description of the event, program, etc. Potentially review documentation language to specify stronger requirements such as images, flyers, formal policies, sign-in sheets, or other documentation.*

Recommendation 4: *Revisit language around "challenges faced during the pandemic and details on any promising practices/opportunities that were implemented during the pandemic that were kept in place". Possibly remove if it is determined that no new information will come from requesting this.*

Recommendation 5: *Continue to discuss ways to further measure equity within nursing homes in Colorado.*

Recommendation 6: *Explore adding measures related to digital data collection and reporting with the P4P Committee.*

Recommendation 7: *Require homes to use the tools that are built into the portal. Do not accept Excel versions of the tools.*

Recommendation 8: *Require homes to upload documentation to each minimum requirement. Do not accept a batch of documents tied to the first minimum requirement.*

Recommendation 9: *Continue to explore obtaining CASPER Quality Measure data from an external data source.*

Recommendation 10: *Provide explicit timelines for appeals on timing of determinations responses and escalations, if necessary.*

Recommendation 11: *Reach out to nursing homes that have created an account on the web portal but did not submit an application in the 2022 P4P program or nursing homes that did not reapply for the program. Reach out to first-time participants and engage these homes through a short survey and follow up as necessary to collect information around barriers and motivations to participation. Alternatively, consider engaging these homes through their larger, affiliated organization.*

Recommendation 12: *Continue to monitor the plans of the FY2023 SNF VBP and beyond. Continue to drive innovation as many of the measures that have been implemented by the CO P4P are aligned with future CMS initiatives.*

Recommendation 13: *Vaccination data has been considered in the past but is usually pushed aside due to not wanting to punish homes for resident choice. However, NY is using staff vaccination data as a measure for their quality program. This is something for Colorado to consider.*

Recommendation 14: *As the world re-opens, reevaluating resident transportation is a potential area to consider. We receive a lot of information on activities available within the home, but do not always specifically see opportunities available outside the home.*

Recommendation 15: *The P4P already evaluates aggregate staffing levels and staff retention, but given this new CMS initiative, potentially begin collecting data around staffing-resident ratios.*

Recommendation 16: *Given the CMS initiative around reducing crowding, explore collecting information around the number of single, double, triple, or more rooms in each home.*

The recommendations have also been sorted into categories to allow for more efficient discussion and task delegation. The categories are application recommendations, portal recommendations, and programmatic recommendations. The sorted recommendations can be found in Table 5.

Table 5. Summary of Recommendations

Application	Portal	Programmatic
Recommendation 1: *Continue to emphasize Measure 1 Enhanced Dining facility assessment requirements in training and possibly modify language to include "how the home uses the facility assessment to develop menu options that reflect the home's unique population."* ***Recommendation 2:*** *Emphasize minimum requirements 6-2 and 6-3 in trainings and describe the differences and intentions behind each requirement. Ensure homes understand the macro vs. micro level trauma examples.* ***Recommendation 3:*** *Focus on what constitutes "evidence" for P4P measures in trainings. Clearly explain that the expectation is more than a narrative description of the event, program, etc. Potentially review documentation language to specify stronger requirements such as images, flyers, formal policies, sign-in sheets, or other documentation.* ***Recommendation 4:*** *Revisit language around "challenges faced during the pandemic and details on any promising practices or opportunities that were implemented during the pandemic that were kept in place". Possibly remove if it is determined that no new information will come from requesting this.* ***Recommendation 5:*** *Continue to discuss ways to further measure equity within nursing homes in Colorado.*	***Recommendation 7:*** *Require homes to use the tools that are built into the portal. Do not accept Excel versions of the tools.* ***Recommendation 8:*** *Require homes to upload documentation to each minimum requirement. Do not accept a batch of documents tied to the first minimum requirement.* ***Recommendation 9:*** *Continue to explore obtaining CASPER Quality Measure data from an external data source.*	***Recommendation 10:*** *Provide explicit timelines for appeals on timing of determinations responses and escalations, if necessary.* ***Recommendation 11:*** *Reach out to nursing homes that have created an account on the web portal but did not submit an application in the 2022 P4P program or nursing homes that did not reapply for the program. Reach out to first-time participants and engage these homes through a short survey and follow up as necessary to collect information around barriers and motivations to participation. Alternatively, consider engaging these homes through their larger, affiliated organization.* **Recommendation 12:** *Continue to monitor the plans of the FY2023 SNF VBP and beyond. Continue to drive innovation as many of the measures that have been implemented by the CO P4P are aligned with future CMS initiatives.*

Application	Portal	Programmatic
Recommendation 13: *Vaccination data has been considered in the past but is usually pushed aside due to not wanting to punish homes for resident choice. However, NY is using staff vaccination data as a measure for their quality program. This is something for Colorado to consider.* ***Recommendation 14:*** *As the world re-opens, evaluating resident transportation is a potential area to consider. We receive a lot of information on activities available within the home, but do not always specifically see opportunities available outside the home.* ***Recommendation 15:*** *The P4P already evaluates aggregate staffing levels and staff retention, but given this new CMS initiative, potentially begin collecting data around staffing-resident ratios.* ***Recommendation 16:*** *Given the CMS initiative around reducing crowding, explore collecting information around the number of single, double, triple, or more rooms in each home.*		