Colorado Department of Health Care Policy and Financing

2022 Nursing Facility Pay for Performance Application Review

Data Report

June 2022

TABLE OF CONTENTS

INTRODUCTION & APPROACH

Colorado started the Nursing Facility Pay for Performance (P4P) Program on July 1, 2009, per *10 CCR 2505 section 8.443.12*. The Department of Health Care Policy and Financing (the Department) makes supplemental payments to nursing home throughout the State based on the achievement of performance measures around quality of life and quality of care for each participating home's residents. Nursing homes complete a P4P Application which consists of quality of life and quality of care measures with various points assigned to the fulfillment of each measure, totaling 100 points per application. There are minimum requirements and criteria within each performance measure that a home must meet to receive the points for a specific measure.

Public Consulting Group LLC (PCG) was contracted by the Department to review, evaluate, and validate nursing home applications for the 2022 P4P program. PCG utilized a specially developed web-based portal to collect application submissions. This was the fourth year in which the P4P online application system portal was used, and this year's portal included enhanced functionality to improve the user interface.

The application submission deadline was February 28, 2022. For the 2022 program year, there were 115 submitted applications. Once all applications were received, PCG began the application review process. This process included: conducting internal trainings for the review team; reviewing submitted scores, documentation, and appendices/tools for each home; conducting quality assurance reviews; conducting on-site validation reviews; generating review results reports; notifying providers of their results; and conducting an appeals process.

This year's process also included the fifth iteration of the "preliminary review" which afforded homes the opportunity to resubmit missing or incorrect documentation before the final review commenced. Overall, this process has proven to be very successful as many homes received points that they may have not been able to obtain in previous years.

The following pages highlight the results and analysis from the application review process for the 2022 P4P program year.

2022 P4P APPLICATION SCORING AND ANALYSIS

PREREQUISITES

As in previous years, nursing homes had to meet certain prerequisite criteria to be eligible for participation in the P4P program. These prerequisites have remained consistent over the course of the program, with slight modifications to the submission requirements:

1) **Colorado Department of Public Health and Environment (CDPHE) Survey:** A home was not eligible to participate in the program if it had substandard deficiencies documented during the previous calendar year. Utilizing CMS data, PCG confirmed that all applicants met the CDPHE prerequisite requirement:

   "Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and home practices, 42 CFR 483.24, quality of life, or 42 CFR 483.25, quality of care, that constitute either immediate jeopardy to resident health or safety (level J, K, or L); a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F)."

   PCG analyzed substandard deficiencies data from Calendar Year (CY) 2021 and found that eighteen facilities had a total of 20 tags that disqualified them from the 2022 application. Fourteen of these facilities had participated in the P4P program in a prior year and were not eligible to submit in 2022.

2) **Resident/Family Satisfaction Survey**: A home must include a survey that was developed, recognized, and standardized by an entity external to the home, and is administered on an annual basis. Additionally, facilities had to report their average daily census for CY2021, the number of residents/families contacted for this survey, and the number of residents/families who responded to this survey.

   The web portal required providers to submit this survey information prior to completing the remainder of the application. Table 1 displays the data collected for this prerequisite for the 115 participating nursing facilities.
   - Across the facilities who completed the P4P application, the average daily census values ranged from 22 to 153, with a median of 70 and a program average of 65.
   - The number of residents/families contacted ranged from 2 to 401, with a median of 62 and an average of 70.
   - The number of residents/families responded ranged from 2 to 171, with a median of 36 and an average of 43.
   - The survey response rate ranged from 9% to 100%, with a median of 76% and an average of 61%.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Home Name	Average Daily Census for CY2021	# of residents/ families contacted	# of residents/ families responded	Response Rate
Allison Care Center	60	62	17	27%
Alpine Living Center	62	6	6	100%
Amberwood Court Rehabilitation and Care Community	71	111	40	36%
Arborview Senior Community	87	181	146	81%
Arvada Care and Rehabilitation Center	46	10	10	100%

Home Name	Average Daily Census for CY2021	# of residents/ families contacted	# of residents/ families responded	Response Rate
Autumn Heights Health Care Center	75	78	7	9%
Avamere Transitional Care and Rehabilitation- Brighton	62	127	122	96%
Belmont Lodge Health Care Center	71	57	57	100%
Bent County Healthcare Center	41	51	42	82%
Berkley Manor Care Center	62	53	40	75%
Berthoud Living Center	56	29	29	100%
Beth Israel at Shalom Park	109	200	120	60%
Boulder Canyon Health and Rehabilitation	94	76	50	66%
Brookshire House Rehabilitation and Care Community	59	69	12	17%
Brookside Inn	86	120	93	78%
Broomfield Skilled Nursing and Rehabilitation Center	133	186	149	80%
Bruce McCandless CO State Veterans Nursing Home	66	48	48	100%
Cambridge Care Center	72	92	47	51%
Casey's Pond Senior Living LTC	52	50	48	96%
Cedars Healthcare Center	75	4	3	75%
Cedarwood Health Care Center	49	6	6	100%
Centennial Health Care Center	44	4	4	100%
Centura Health- Medalion Health Center	57	35	35	100%
Cheyenne Mountain Center	116	92	29	32%
CHI Living Communities - Namaste Alzheimer's Center	57	51	18	35%
Christopher House Rehabilitation and Care Community	61	66	60	91%
Clear Creek Care Center	56	60	28	47%
Colorado State Veterans Nursing Home - Fitzsimons	130	116	94	81%
Colorado State Veterans Nursing Home- Rifle	41	59	54	92%
Colorado Veterans Community Living Center at Homelake	37	47	43	91%
Colorow Care Center	55	64	41	64%
Columbine West Health and Rehab Facility	87	6	6	100%
Cottonwood Care Center	73	74	16	22%
Cottonwood Inn Rehabilitation and Extended Care Center	31	31	19	61%
Crestmoor Health and Rehabilitation	70	10	9	90%
Crowley County Nursing Center	27	32	27	84%
Denver North Care Center	65	65	50	77%
Devonshire Acres	60	66	59	89%
E Dene Moore Care Center	37	53	34	64%
Eagle Ridge of Grand Valley	54	78	46	59%
Eben Ezer Lutheran Care Center	77	125	72	58%
Elms Haven Center	153	109	73	67%

Home Name	Average Daily Census for CY2021	# of residents/ families contacted	# of residents/ families responded	Response Rate
Fairacres Manor, Inc.	99	112	45	40%
Forest Ridge Senior Living, LLC	63	101	65	64%
Forest Street Compassionate Care Center	52	50	30	60%
Four Corners Health Care Center	75	9	8	89%
Good Samaritan Society - Fort Collins Village	48	71	38	54%
Good Samaritan Society - Simla	23	23	21	91%
Good Samaritan Society- Loveland Village	73	90	55	61%
Hallmark Nursing Center	87	63	60	95%
Harmony Pointe Nursing Center	93	103	93	90%
Health Center at Franklin Park	61	61	22	36%
Highline Rehabilitation and Care Community	109	80	46	58%
Holly Heights Care Center	90	81	67	83%
Horizons Care Center	45	194	31	16%
Irondale Post Acute	82	37	37	100%
Julia Temple Healthcare Center	118	204	171	84%
Juniper Village- The Spearly Center	122	87	74	85%
Kenton Manor	70	8	8	100%
La Villa Grande Care Center	66	4	4	100%
Larchwood Inns	79	70	38	54%
Lemay Avenue Health and Rehabilitation Facility	111	50	30	60%
Life Care Center of Colorado Springs	66	73	68	93%
Life Care Center of Littleton	75	84	69	82%
Littleton Care and Rehabilitation Center	33	19	19	100%
Mantey Heights Rehabilitation and Care Center	52	3	3	100%
Mesa Vista of Boulder	141	141	31	22%
Minnequa Medicenter	63	6	5	83%
Mount St Francis Nursing Center	96	126	89	71%
Mountain Vista Health Center	97	31	31	100%
North Shore Health and Rehab Facility	86	6	6	100%
North Star Rehabilitation and Care Community	65	81	43	53%
Palisades Living Center	53	8	7	88%
Parkmoor Village Healthcare Center	91	185	92	50%
Parkview Care Center	59	69	49	71%
Pearl Street Health and Rehabilitation Center	56	8	7	88%
Pikes Peak Center	143	187	113	60%
Pine Ridge Extended Care Center	40	38	18	47%
Poudre Canyon Health and Rehabilitation Center	60	7	7	100%
Rehabilitation and Nursing Center Of The Rockies	58	58	28	48%

Home Name	Average Daily Census for CY2021	# of residents/ families contacted	# of residents/ families responded	Response Rate
Rehabilitation Center at Sandalwood	81	221	105	48%
Ridgeview Post Acute Rehabilitation Center	96	84	52	62%
Rio Grande Inn	39	40	18	45%
River Valley Inn Nursing Home	40	40	31	78%
Rock Canyon Respiratory and Rehabilitation Center	118	122	89	73%
Rowan Community, Inc	57	73	41	56%
Sandrock Ridge Care and Rehab	31	31	18	58%
Sierra Rehabilitation and Care Community	83	103	78	76%
Sierra Vista Health Care Center	76	10	10	100%
Skyline Ridge Nursing and Rehabilitation Center	65	4	4	100%
South Platte Health and Rehabilitation Center	47	87	80	92%
South Valley Post Acute Rehabilitation	85	78	57	73%
Southeast Colorado Hospital LTC Center	41	54	26	48%
Spanish Peaks Veterans Community Living Center	67	73	43	59%
Spring Village Care Center	72	4	4	100%
Sterling Living Center	44	4	4	100%
Suites at Clermont Park Care Center	50	36	36	100%
Summit Rehabilitation and Care Community	92	104	51	49%
Terrace Gardens Health Care Center	66	7	7	100%
The Green House Homes at Mirasol	75	96	38	40%
The Valley Inn	53	51	23	45%
The Villas at Sunny Acres	134	222	161	73%
Trinidad Inn Nursing Home	77	72	67	93%
University Heights Rehab and Care Community	81	60	24	40%
Uptown Health Care Center	70	87	21	24%
Valley Manor Care Center	60	401	76	19%
Valley View Health Care Center Inc.	44	21	9	43%
Villa Manor Care Center	80	63	62	98%
Vista Grande Inn	55	52	45	87%
Walsh Healthcare Center	22	8	8	100%
Washington County Nursing Home	37	67	26	39%
Westlake Care Community	59	56	13	23%
Wheatridge Manor Care Center	53	128	31	24%
Willow Tree Care Center	26	2	2	100%
Windsor Health Care Center	71	10	10	100%

PRELIMINARY REVIEW PROCESS

The preliminary review's purpose is to identify instances in which a home may have unintentionally failed to submit a document or provided data from the incorrect reporting periods. If issues were identified, the

nursing home would be given the opportunity to update their application and submit new or updated documentation before the final review period began. The preliminary review, as indicated by its name, is not a comprehensive review; therefore, it is only meant to catch clear instances of application oddities. It remains each nursing home's responsibility to review their application for completeness and accuracy prior to submission. Preliminary reviews focused on identifying the following instances:

1) A nursing home submitted an application, but did not upload the required pre-requisite supporting documentation;
2) A nursing home applied for a measure by assigning a self-score, but did not have at least one uploaded document for this measure; and,
3) A nursing home uploaded CASPER reports as requested by a minimum requirement, but the reports were not for the correct time periods.

PCG was able to identify homes missing documentation through a system extract, but the CASPER reports were manually reviewed and tracked when they were determined to be for the incorrect periods. Subsequently, PCG informed nursing homes if their preliminary review resulted in findings and rolled back the nursing homes' applications. PCG reported the specific finding(s) and directed the homes to access their application, upload documents as necessary, and resubmit their application within five business days of the notification. Participants could only upload documents pertaining to the preliminary review findings and were not allowed to change any of their initially submitted scores.

As a result of the preliminary review process, PCG identified 78 nursing homes that had at least one finding. The below is a breakdown of findings by number and type.

- There was a total of 129 findings in the preliminary review across the 78 homes.
- 60 homes did not upload the proper prerequisite documentation.
- There were 24 total findings related to a self-scored measure with missing documentation.
- 45 homes had issues with their CASPER reports being improperly uploaded (either not at all, to the wrong measure, or with incorrect dates).

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

APPLICATION RESULTS OVERVIEW

A total of 115 nursing homes submitted an application for the 2022 P4P program year. Of those nursing homes, the final breakdown of scoring based on the Per Diem Add-On groupings, is as follows:

Table 2 – Score & Per Diem Overview

Points Achieved	Per Diem Add-On	# of Homes	Percentage
0-20	None	3	3%
21-45	$1.00	12	10%
46-60	$2.00	9	8%
61-79	$3.00	51	44%
80-100	$4.00	40	35%
	Total	**115**	**100%**

Table 3 below includes this same payment analysis for the past five years.
- In the past three years, there has been an increase in the number of applicants receiving the $3.00 and $4.00 per diem add-on.
- There was a shift back towards the $0.00 and $1.00 buckets this year as many of the application criteria were reinstated. In the previous year, the application criteria were adjusted to a more

narrative-based approach which allowed homes to apply for more measures than they would have in the past.

Table 3 – Per Diem Historical Analysis

Per Diem Add-On	2018 Homes	%	2019 Homes	%	2020 Homes	%	2021 Homes	%	2022 Homes	%
None	8	6%	0	0%	2	2%	0	0%	3	3%
$1.00	19	15%	17	12%	10	8%	0	0%	12	10%
$2.00	25	19%	30	22%	15	12%	16	12%	9	8%
$3.00	49	38%	54	39%	51	40%	56	43%	51	44%
$4.00	29	22%	37	27%	47	38%	57	44%	40	35%
Total	**128**		**130**		**138**		**125**		**115**	

Table 4 shows the final nursing home Self Scores and Reviewer Scores for each home for the 2022 P4P program year.

- In 2022, the Self Scores ranged from 23-100 and the Reviewer Scores ranged from 10-99.

Table 4 – 2022 Application Final Score Summary

Home Name	2022 Self Score	2022 Final Score
Allison Care Center	84	73
Alpine Living Center	70	53
Amberwood Court Rehabilitation and Care Community	87	84
Arborview Senior Community	79	77
Arvada Care and Rehabilitation Center	90	89
Autumn Heights Health Care Center	71	66
Avamere Transitional Care and Rehabilitation- Brighton	89	79
Belmont Lodge Health Care Center	86	70
Bent County Healthcare Center	77	66
Berkley Manor Care Center	58	37
Berthoud Living Center	80	80
Beth Israel at Shalom Park	83	80
Boulder Canyon Health and Rehabilitation	90	90
Brookshire House Rehabilitation and Care Community	92	87
Brookside Inn	97	95
Broomfield Skilled Nursing and Rehabilitation Center	88	88
Bruce McCandless CO State Veterans Nursing Home	72	64
Cambridge Care Center	87	62
Casey's Pond Senior Living LTC	77	71
Cedars Healthcare Center	51	31
Cedarwood Health Care Center	71	20
Centennial Health Care Center	80	73
Centura Health- Medalion Health Center	85	88
Cheyenne Mountain Center	84	79

Home Name	2022 Self Score	2022 Final Score
CHI Living Communities - Namaste Alzheimer's Center	63	43
Christopher House Rehabilitation and Care Community	89	88
Clear Creek Care Center	82	71
Colorado State Veterans Nursing Home - Fitzsimons	69	32
Colorado State Veterans Nursing Home- Rifle	86	83
Colorado Veterans Community Living Center at Homelake	73	69
Colorow Care Center	85	82
Columbine West Health and Rehab Facility	72	67
Cottonwood Care Center	97	86
Cottonwood Inn Rehabilitation and Extended Care Center	84	80
Crestmoor Health and Rehabilitation	100	77
Crowley County Nursing Center	78	62
Denver North Care Center	92	88
Devonshire Acres	88	69
E Dene Moore Care Center	98	89
Eagle Ridge of Grand Valley	73	69
Eben Ezer Lutheran Care Center	81	77
Elms Haven Center	90	69
Fairacres Manor, Inc.	89	83
Forest Ridge Senior Living, LLC	74	64
Forest Street Compassionate Care Center	83	76
Four Corners Health Care Center	77	72
Good Samaritan Society - Fort Collins Village	92	35
Good Samaritan Society - Simla	89	58
Good Samaritan Society- Loveland Village	23	14
Hallmark Nursing Center	78	68
Harmony Pointe Nursing Center	99	99
Health Center at Franklin Park	81	71
Highline Rehabilitation and Care Community	87	87
Holly Heights Care Center	93	93
Horizons Care Center	74	68
Irondale Post Acute	89	89
Julia Temple Healthcare Center	84	84
Juniper Village- The Spearly Center	95	95
Kenton Manor	80	77
La Villa Grande Care Center	53	48
Larchwood Inns	90	89
Lemay Avenue Health and Rehabilitation Facility	84	84
Life Care Center of Colorado Springs	24	21

Home Name	2022 Self Score	2022 Final Score
Life Care Center of Littleton	78	75
Littleton Care and Rehabilitation Center	79	71
Mantey Heights Rehabilitation and Care Center	81	63
Mesa Vista of Boulder	82	73
Minnequa Medicenter	85	72
Mount St Francis Nursing Center	89	86
Mountain Vista Health Center	89	80
North Shore Health and Rehab Facility	85	85
North Star Rehabilitation and Care Community	76	76
Palisades Living Center	85	73
Parkmoor Village Healthcare Center	83	77
Parkview Care Center	86	86
Pearl Street Health and Rehabilitation Center	74	51
Pikes Peak Center	83	76
Pine Ridge Extended Care Center	62	64
Poudre Canyon Health and Rehabilitation Center	61	50
Rehabilitation and Nursing Center Of The Rockies	92	62
Rehabilitation Center at Sandalwood	80	77
Ridgeview Post Acute Rehabilitation Center	77	60
Rio Grande Inn	92	56
River Valley Inn Nursing Home	67	40
Rock Canyon Respiratory and Rehabilitation Center	87	83
Rowan Community, Inc	90	90
Sandrock Ridge Care and Rehab	67	67
Sierra Rehabilitation and Care Community	91	91
Sierra Vista Health Care Center	82	73
Skyline Ridge Nursing and Rehabilitation Center	72	49
South Platte Health and Rehabilitation Center	50	33
South Valley Post Acute Rehabilitation	78	75
Southeast Colorado Hospital LTC Center	49	43
Spanish Peaks Veterans Community Living Center	88	88
Spring Village Care Center	30	23
Sterling Living Center	85	75
Suites at Clermont Park Care Center	82	61
Summit Rehabilitation and Care Community	89	86
Terrace Gardens Health Care Center	94	80
The Green House Homes at Mirasol	91	69
The Valley Inn	86	74
The Villas at Sunny Acres	76	76

Home Name	2022 Self Score	2022 Final Score
Trinidad Inn Nursing Home	95	91
University Heights Rehab and Care Community	95	84
Uptown Health Care Center	85	82
Valley Manor Care Center	78	76
Valley View Health Care Center Inc.	88	85
Villa Manor Care Center	45	30
Vista Grande Inn	88	68
Walsh Healthcare Center	82	64
Washington County Nursing Home	57	51
Westlake Care Community	89	88
Wheatridge Manor Care Center	91	62
Willow Tree Care Center	36	10
Windsor Health Care Center	72	41

Table 5 displays data summarizing the P4P program's final scores from the past 5 years. As homes have become more familiar with the application process, the average Self Score has increased. It should be noted that the 2021 application criteria were adjusted to a more narrative-based approach which allowed homes to apply for more measures than they would have in previous years and is not a great comparison point. The 2022 data is aligned with prior years.

Table 5 – Scoring Historical Analysis

Statistic	2018	2019	2020	2021	2022
Average Self Score	72	75	77	86	79
Average Reviewer Score	61	66	70	75	69
Avg. Difference (Reviewer minus Self Score)	**-11**	**-9**	**-7**	**-11**	**-10**

APPLICATION MEASURES ANALYSIS

The 2022 P4P application consisted of 23 measures, separated into two domains and seven subcategories:

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

10. Consistent Assignments
11. Volunteer Program
Staff Empowerment
12. Staff Engagement
Quality of Care
13. Transition of Care – Admissions, Transfer and Discharge Rights
Domain: Quality of Care
Quality of Care
14. Vaccination Data
15. Reducing Avoidable Hospitalizations
Quality Measures
16. Nationally Reported Quality Measures Scores (16.1- 16.9)
Quality of Care
17.1 Best Practices – Safe Physical Environment
17.2 Best Practices – Pain Management
17.3 Best Practices – Prevention of Abuse and Neglect
Antibiotics Stewardship/Infection Prevention & Control
18.1 Antibiotics Stewardship/Infection Prevention & Control – Documentation
18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures
Home Management
19. Medicaid Occupancy Average
Staff Stability
20. Staff Retention Rate/Improvement
21. DON and NHA Retention
22. Nursing Staff Turnover Rate
23. Behavioral Health Care

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

- The total number of nursing homes that applied for the measure in 2022;
- The number of nursing homes that received points last year (2021) for the measure, applied for the same measure in 2022, but did not receive points in 2022;
- The number of nursing homes that applied for the measure in 2022, but did not receive points; and,
- The percentage of nursing homes that applied for the measure in 2022 but did not receive points.

Table 6 – Score by Measure Analysis

Measure	Total Homes Applied in 2022	Homes Received Points in 2021, Applied in 2022 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2022	% of Homes Applied and Did Not Receive Points	
1. Enhanced Dining	104	6	36	35%	(A)
2. Enhanced Personal Care	102	14	29	28%	(A)
3. End of Life Program	104	7	15	14%	(A)
4. Connection and Meaning	110	13	17	15%	(A)
5. Person-Directed Care Training	103	15	21	20%	(A)
6. Trauma – Informed Care	100	3	18	18%	(A)
7. Daily Schedules and Care Planning	106	14	18	17%	(A)
8.1 Physical Environment – Appearance	110	9	13	12%	(A)
8.2 Physical Environment – Noise Management	103	7	12	12%	(A)
9. QAPI	85	10	16	19%	(A)
10. Consistent Assignments	107	6	8	7%	(A)
11. Volunteer Program	96	4	24	25%	(A)
12. Staff Engagement	84	12	17	20%	(A)
13. Transition of Care – Admissions, Transfer and Discharge Rights	100	13	20	20%	(A)
14. Vaccination Data	111	3	5	5%	
15. Reducing Avoidable Hospitalizations	0	0	0	0%	(B)
Quality Measure – 16.1.1 (Narrative)	111	6	10	9%	
Quality Measure – 16.2	67	0	6	9%	
Quality Measure – 16.3	78	1	4	5%	
Quality Measure – 16.4	66	0	5	8%	
Quality Measure – 16.5	51	2	6	12%	
Quality Measure – 16.6	66	1	3	5%	
Quality Measure – 16.7	84	0	5	6%	
Quality Measure – 16.8	69	0	5	7%	
Quality Measure – 16.9	76	N/A	3	4%	
17.1 Best Practices – Safe Physical Environment	109	2	2	2%	
17.2 Best Practices – Pain Management	109	2	2	2%	
17.3 Best Practices – Prevention of Abuse and Neglect	108	2	2	2%	

Measure	Total Homes Applied in 2022	Homes Received Points in 2021, Applied in 2022 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2022	% of Homes Applied and Did Not Receive Points	
18.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation	107	9	17	16%	
18.2 Antibiotics Stewardship/Infection Prevention & Control - Quality Measures	100	5	6	6%	
19. Medicaid Occupancy Average	70	3	6	9%	
20. Staff Retention Rate/Improvement	89	8	12	13%	**(A)**
21. DON and NHA Retention	62	7	15	24%	
22. Nursing Staff Turnover Rate	73	7	8	11%	**(A)**
23. Behavioral Health Care	101	7	24	24%	

Note that for this year's application analysis:
- *(A) Indicates that this measure was adjusted in 2021 due to the impacts of COVID and normal measure requirements were implemented for 2022.*
- *(B) This measure was not evaluated in 2022 as COVID-related hospitalizations created outlier data. It will be reimplemented in future years when CY2020/21 is not utilized in the calculation.*

Using this analysis, the PCG review team highlighted common insufficiencies across all applications that led to a reduction in the reviewer score from the self-score for each measure. PCG has provided common reasons for why homes were not awarded points by the reviewer.

The following sections break out each measure, showing a summary of the percentage of homes that applied and received points for each measure. It is important to note that the percentage awarded is based on the number of homes that applied for that specific measure and not all 115 homes that submitted an application. A table showing historical percentages for homes that received points is also provided for each measure.

1. **Enhanced Dining**

Enhanced Dining - Awarded %			
2018	**2019**	**2020**	**2021**
81%	83%	86%	47%

2022	
Homes Applied	104
Applied %	90%
Homes Awarded	68
Awarded %	65%

The minimum requirements of the Enhanced Dining measure ask for homes to demonstrate that menus and dining atmosphere are created with resident input and that residents have access to food 24 hours a day. Additionally, homes were asked to detail how their dining program has transitioned back to communal dining with resident input.

- In 2021, there was a newly introduced standard on how the home was utilizing the facility assessment to develop menu options for residents. This led to a decreased Awarded Percentage. In 2022, we saw an increase in the number of homes that were awarded points for this measure.
- Many homes that were not awarded points for this measure did not provide a description of how they plan to return to communal dining.
- Homes also failed to correctly provide survey information – they either failed to submit anything, submitted questions without responses, or submitted only responses.

2. **Enhanced Personal Care**

Enhanced Personal Care - Awarded %			
2018	**2019**	**2020**	**2021**
79%	87%	93%	74%

2022	
Homes Applied	102
Applied %	89%
Homes Awarded	73
Awarded %	72%

The goal of the Enhanced Personal Care measure is to ensure that personal care schedules are flexible and meet residents' desires and choices. Additionally, homes were asked to provide evidence of staff training for enhanced bathing and oral care.

- The main reason homes lost points for this measure was the failure to mention oral care.
- Some homes also did not provide documentation about staff training. These homes failed to provide more concrete evidence aside from a narrative description.

3. **End of Life Program**

End of Life Program - Awarded %			
2018	**2019**	**2020**	**2021**
92%	83%	91%	76%

2022	
Homes Applied	104
Applied %	90%
Homes Awarded	89
Awarded %	86%

The minimum requirements for the End of Life Program ask for a detailed narrative that identifies individual preferences, spiritual needs, wishes, expectations, specific grief counseling, and a plan for honoring those that have passed and a process to inform the home. Homes were required to provide documentation of how the home honored the wishes of four residents.

- Many homes failed to mention how they were preparing or training staff for End of Life programming.
- Some homes lost points for not providing specific examples of how residents were honored.

4. **Connection and Meaning**

Connection and Meaning - Awarded %			
2018	**2019**	**2020**	**2021**
87%	87%	92%	94%

2022	
Homes Applied	110
Applied %	96%
Homes Awarded	93
Awarded %	85%

Connection and Meaning strives to ensure that each home is unique based on the needs and preferences of its residents. Homes must provide support for connection and meaning through companionship, spontaneity, variety, and opportunities for residents to give and receive care for each other.

- Most homes were able to meet the minimum requirements of this measure, however, the most common reason for lost points was not providing the required number of testimonials by residents, family members, and management staff.

5. **Person-Directed Care Training**

Person-Directed Care Training - Awarded %			
2018	**2019**	**2020**	**2021**
90%	89%	88%	88%

2022	
Homes Applied	103
Applied %	90%
Homes Awarded	82
Awarded %	80%

Person-Directed Care Training is designed to ensure that each home has systems in place to provide training on person-directed care to all staff. Person-directed care promotes and empowers decision making and choices by residents.

- Some homes failed to provide a narrative or failed to mention their Facility Assessment.
- Homes were also not awarded points for not clearly identifying their mission/vision statement.

6. **Trauma Informed Care**

Trauma Informed Care - Awarded %			
2018	**2019**	**2020**	**2021**
93%	88%	95%	45%

2022	
Homes Applied	100
Applied %	87%
Homes Awarded	83
Awarded %	83%

Trauma Informed Care rewards homes for identifying residents with a strong potential for, or known past trauma, and providing education to their staff on trauma-informed care. Homes were required to submit training objectives and proof of actual training regarding trauma-informed care.

- In 2021, there was a newly introduced standard on how the home was utilizing the facility assessment to develop trauma informed care training/programming. This led to a decreased Awarded Percentage. In 2022, we saw an increase in the number of homes that were awarded points for this measure.

7. **Daily Schedules and Care Planning**

Daily Schedules - Awarded %			
2018	**2019**	**2020**	**2021**
82%	87%	92%	91%

2022	
Homes Applied	106
Applied %	92%
Homes Awarded	88
Awarded %	83%

Daily Schedules and Care Planning rewards homes that allow residents to determine their own daily schedules and participate in developing their care plan. Homes were asked to provide signed resident testimonials, staff testimonials, and care plans that demonstrated resident input.

- Most homes that lost points failed to provide the correct number of residential testimonials.

8. **Physical Environment**

The Physical Environment measure was split out into two sub-measures in 2019 which evaluate criteria around each homes' ability to create a home like environment through its appearance and noise management.

8.1 Physical Environment - Appearance

Physical Environment (8.1) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	88%	94%	97%

2022	
Homes Applied	110
Applied %	96%
Homes Awarded	97
Awarded %	88%

Measure 8.1 indicates that the home must strive to create a home-like environment that reflects the community as a whole. Much of the criteria in this measurement involves providing photographs of the home to demonstrate the de-institutionalization of the physical environment and providing a narrative describing how this environment is being reintroduced due to the impacts of social distancing.

- Some homes who lost points failed to caption photographs submitted.
- Some homes failed to provide photographs of their nursing stations.

8.2 Physical Environment – Noise Management

Physical Environment (8.2) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	76%	90%	87%

2022	
Homes Applied	103
Applied %	90%
Homes Awarded	91
Awarded %	88%

Measure 8.2 indicates that excess noise must be eliminated by decreasing the usage of alarms of all types except those necessary to fulfill life safety code and other state or federal mandates. Homes must provide examples of their approaches towards improving sleeping environments.

- Most homes that did not meet the minimum requirements for this measure did not provide evidence of an evaluation or action plan to coordinate patient care, residents, and visitors to reduce disruptions and extraneous noise.

9. QAPI

QAPI - Awarded %			
2018	**2019**	**2020**	**2021**
n/a	84%	87%	91%

2022	
Homes Applied	85
Applied %	74%
Homes Awarded	69
Awarded %	81%

The QAPI measure asked that homes provide a narrative describing an identified Quality Measure that needs improvement within their home.

- The homes that lost points did not meet the minimum requirements around providing specific project data or trends.
- Many homes also failed to mention how staff, residents, and families are aware of and can support the project.

10. **Consistent Assignments**

Consistent Assignments - Awarded %			
2018	**2019**	**2020**	**2021**
88%	84%	94%	86%

2022	
Homes Applied	107
Applied %	93%
Homes Awarded	99
Awarded %	93%

The Consistent Assignments measure asked homes to describe their process for moving back towards consistent assignments. Additionally, homes were asked to include challenges faced during the pandemic.

- Some homes lost points in this measure for not providing the required number of testimonials.
- Some homes failed to include any challenges faced during the pandemic.

11. **Volunteer Program**

Volunteer Program - Awarded %			
2018	**2019**	**2020**	**2021**
86%	86%	91%	41%

2022	
Homes Applied	96
Applied %	83%
Homes Awarded	72
Awarded %	75%

This measure places an emphasis on developing a thriving volunteer program between external community members and residents living in the home to bring purpose and meaningful activity into one's life. Homes were asked to provide evidence of volunteer opportunities for residents and for external individuals.

- In 2021, emphasis was placed on providing "evidence" for events that were occurring in the home. This led to a lower-than-normal Awarded Percentage. In 2022, far fewer homes lost points for this reason.
- Some homes failed to submit their written volunteer policy.

12. **Staff Engagement**

Staff Engagement - Awarded %			
2018	**2019**	**2020**	**2021**
84%	76%	85%	92%

2022	
Homes Applied	84
Applied %	73%
Homes Awarded	67
Awarded %	80%

The Staff Engagement measure is designed to ensure that each home has systems in place to promote and support staff in their personal and professional development as well as their engagement in the home. Homes were also asked to describe how they adjusted their infection control plan in response to regulatory requirements.

- Many homes that lost points did not meet the requirements around the minimum response rate for the survey. Some did not meet the 70% requirement and others did not provide documentation of the rate.
- Some homes did not provide quarterly examples of staff engagement events.

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

Consistent Assignments - Awarded %			
2018	**2019**	**2020**	**2021**
83%	73%	89%	91%

2022	
Homes Applied	100
Applied %	87%
Homes Awarded	80
Awarded %	80%

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

- Many homes did not provide proper documentation of training and objective or failed to submit the required number of care or discharge plans.

14. Vaccination Data

Vaccination Data - Awarded %			
2018	**2019**	**2020**	**2021**
n/a	n/a	n/a	96%

2022	
Homes Applied	111
Applied %	97%
Homes Awarded	106
Awarded %	95%

This measure looks to gain insight into homes' educational efforts around vaccinations.

- Most homes were able to meet the minimum requirements of this measure, however, the small number that lost points did not provide specific details on each vaccination.

15. Reducing Avoidable Hospitalizations

Reducing Avoidable Hospitalizations - Awarded %			
2018	**2019**	**2020**	**2021**
76%	82%	86%	0%

2022	
Homes Applied	0
Applied %	0%
Homes Awarded	0
Awarded %	0%

This measure was not evaluated in 2021 and 2022 due to COVID-related hospitalizations and will be reimplemented in 2023.

16. Nationally Reported Quality Measures Scores 16.1-16.9

Because there are a range of scores for measures 16.2-16.9, the "Homes Awarded" data below correspond to homes awarded a particular point value, regardless of which point value they applied for. Please note that the Awarded Percentages can be greater than 100% as some homes' Reviewer Score for a Quality Measure may fall into a different bucket than their Self Score. Additionally, year-over-year comparison are not provided for measure 16.2-16.9 as the Quality Measures change each year.

QM Narrative (16.1)

QM Narrative - Awarded %			
2018	**2019**	**2020**	**2021**
n/a	95%	96%	99%

2022	
Homes Applied	111
Applied %	97%
Homes Awarded	101
Awarded %	91%

The Quality Measure Narrative allows homes the opportunity to earn one point for providing a narrative that addresses their three lowest quality measures.

- All homes who lost points did not upload the required narrative or failed to clearly explain their three lowest quality measures.

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

2022						
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	67	28	11	8	12	8
Applied %	58%	24%	10%	7%	10%	7%
Homes Awarded	62	28	10	10	8	6
Awarded %	93%	100%	91%	125%	67%	75%

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

High Risk Residents with Pressure Ulcers (16.3)

2022						
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	78	43	4	6	9	16
Applied %	68%	37%	3%	5%	8%	14%
Homes Awarded	75	43	5	3	8	16
Awarded %	96%	100%	125%	50%	89%	100%

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

Low Risk Loss of B/B Con (16.4)

2022						
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	66	31	6	5	6	18
Applied %	57%	27%	5%	4%	5%	16%
Homes Awarded	61	28	7	3	6	17
Awarded %	92%	90%	117%	60%	100%	94%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 2 homes received more points than they applied for
- 9 homes received fewer points than they applied for

Residents who Received Antipsychotic Medications (16.5)

2022						
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	51	23	5	6	5	12
Applied %	44%	20%	4%	5%	4%	10%
Homes Awarded	46	20	5	3	8	10
Awarded %	90%	87%	100%	50%	160%	83%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 2 homes received more points than they applied for
- 10 homes received fewer points than they applied for

Residents with Depression Symptoms (16.6)

2022						
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	66	23	3	17	9	14
Applied %	57%	20%	3%	15%	8%	12%
Homes Awarded	66	23	2	14	11	16
Awarded %	100%	100%	67%	82%	122%	114%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 5 homes received more points than they applied for
- 6 homes received fewer points than they applied for

Residents Whose Ability to Move Independently Worsened (16.7)

	2022					
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	84	42	9	9	13	11
Applied %	73%	37%	8%	8%	11%	10%
Homes Awarded	81	42	9	9	12	9
Awarded %	96%	100%	100%	100%	92%	82%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 8 homes received more points than they applied for
- 7 homes received fewer points than they applied for

Residents Whose Need for Help w/ Daily Activities Has Increased (16.8)

	2022					
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	69	43	8	7	4	7
Applied %	60%	37%	7%	6%	3%	6%
Homes Awarded	66	42	7	6	5	6
Awarded %	96%	98%	88%	86%	125%	86%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 5 homes received more points than they applied for
- 7 homes received fewer points than they applied for

Residents Who Lose Too Much Weight (16.9)

	2022					
Statistic	**Overall**	**+5**	**+4**	**+3**	**+2**	**+1**
Homes Applied	76	40	5	9	7	15
Applied %	66%	35%	4%	8%	6%	13%
Homes Awarded	73	41	5	8	7	12
Awarded %	96%	103%	100%	89%	100%	80%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:
- 1 home received more points than they applied for
- 3 homes received fewer points than they applied for

17. Best Practices

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

17.1 Best Practices –Safe Physical Environment

Best Practices –Safe Physical Environment (17.1) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	n/a	n/a	98%

2022	
Homes Applied	109
Applied %	95%
Homes Awarded	107
Awarded %	98%

Facilities were asked to provide a narrative detailing how their home maintains a safe physical environment to prevent falls.

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

17.2 Best Practices – Pain Management

Best Practices – Pain Management (17.2) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	n/a	n/a	99%

2022	
Homes Applied	109
Applied %	95%
Homes Awarded	107
Awarded %	98%

Facilities were asked to provide a narrative on their homes' non-pharmacological approaches to pain management.

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

17.3 Best Practices – Prevention of Abuse and Neglect

Best Practices –Prevention of Abuse and Neglect (17.3) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	n/a	n/a	99%

2022	
Homes Applied	108
Applied %	94%
Homes Awarded	106
Awarded %	98%

Facilities were asked to provide a narrative on how they approach the prevention of abuse and neglect in their homes.

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

18. Antibiotics Stewardship/Infection Prevention & Control

This measure was implemented in 2018 and then split out into two sub-measures for 2019. Points are awarded to communities who complete the CDC Infection Prevention and Control Assessment Tool for Long-term Care Facilities, who train staff on Antibiotic Stewardship, and who submit information on UTI and antibiotic use.

18.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation

Antibiotics Stewardship/Infection Prevention & Control (18.1) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	68%	86%	69%

2022	
Homes Applied	107
Applied %	93%
Homes Awarded	90
Awarded %	84%

This sub-measure rewards facilities for submitting Sections 1 through 3 of the CDC Infection Prevention and Control Assessment Tool. Facilities were also asked to provide a narrative of how they maintained infection control in their homes.

- Some homes failed to complete all sections of the CDC tool, which is required for the P4P program and to be awarded points.
- Some homes did not provide the required narrative.

18.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Antibiotics Stewardship/Infection Prevention & Control (18.2) – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	85%	83%	97%

2022	
Homes Applied	100
Applied %	87%
Homes Awarded	94
Awarded %	94%

This measure awarded points to facilities based on their completion of the Antibiotics Stewardship and Infection Prevention & Control Quality Measure Calculation Tool.

- The homes that lost points did not meet the proper criteria of improving or being better than state average.
- Some homes did not receive points for this measure by not completing the tool necessary to meet the minimum requirements.

19. Medicaid Occupancy Average

Medicaid Occupancy Average - Awarded %				
	2018	**2019**	**2020**	**2021**
10%	94%	93%	88%	96%
5%	88%	90%	100%	85%

2022			
	Overall	**10%**	**5%**
Homes Applied	70	59	11
Applied %	61%	51%	10%
Homes Awarded	64	54	10
Awarded %	91%	92%	91%

Facilities may qualify for this measure if their home has Medicaid occupancy of at least 5% above statewide average. Facilities that qualified were asked to complete the Medicaid Occupancy Percentage Tool.

- For this measure, the few facilities that did not receive points failed to correctly complete the tool with the correct data.

20. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2018	**2019**	**2020**	**2021**
89%	92%	93%	95%

2022	
Homes Applied	89
Applied %	77%
Homes Awarded	79
Awarded %	89%

This measure awards points to facilities with a staff retention rate at or above 60% or a demonstrated improvement in their staff retention rate between CY2020 and CY2021.

- Some homes did not earn points as they did not complete the tool. Others did not meet the 60% retention requirement.

21. DON/NHA Retention

DON/NHA Retention - Awarded %			
2018	**2019**	**2020**	**2021**
n/a	91%	93%	81%

2022	
Homes Applied	62
Applied %	54%
Homes Awarded	48
Awarded %	77%

The minimum requirement for this measure is having the DON or NHA of a facility meet the three-year retention rate.

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

22. Nursing Staff Turnover Rate

Nursing Staff Turnover Rate - Awarded %			
2018	**2019**	**2020**	**2021**
83%	96%	92%	94%

2022	
Homes Applied	73
Applied %	63%
Homes Awarded	67
Awarded %	92%

This is a measurement of Nursing Staff Turnover Rate. Facilities are asked to complete the Staff Turnover Calculation Tool and must report a rate below 60% or documented improvement between 2020 and 2021 to receive points.

- The facilities that did not receive points either failed to upload supporting documentation or reported a turnover rate above 60%.

23. Behavioral Health Care

Nursing Staff Turnover Rate – Awarded %			
2018	**2019**	**2020**	**2021**
n/a	n/a	n/a	63%

2022	
Homes Applied	101
Applied %	88%
Homes Awarded	77
Awarded %	76%

This is a measurement of Behavioral Health linkage for 2021. Homes were asked to submit the name and contact information of the individual at the Regional Accountable Entity responsible to be the liaison between their nursing home and RAE.

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

ON-SITE REVIEWS

As part of the annual review process, the P4P Program requires that on-site visits be conducted for a sample of the participating facilities. This is pursuant to 10 CCR 2505 section 8.443.12 subsection 4, "The Department or the Department's designee will review and verify the accuracy of each facility's representations and documentation submissions. Facilities will be selected for onsite verification of performance measures representations based on risk."

ON-SITE REVIEW SELECTION METHODOLOGY

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

- Reviewer Score vs. Self-Score Variance (30%)
- Year to Year Total Score Variance (20%)
- Unclear or Unorganized Documentation (10%)
- Calculation Errors in Application (10%)
- Newly Participating Nursing Homes (5%)
- Preliminary Review Findings (15%)
- Total Self Score (10%)

These risk categories were scored independently for each nursing facility that submitted a P4P application. All 115 nursing homes were scored for each risk category as either High = 3 points, Medium = 2 points, or Low = 1 point. Then, each facility was assigned a total risk score using a weighted average of each risk category score.

PCG then divided the nursing facilities into three risk level groups (High, Medium, and Low) based on these total risk scores. Using a bell-curve distribution while analyzing the range of calculated risk scores, approximately 25% of facilities are in the High and Low risk level groups and approximately 50% of facilities are in the Medium risk group.

PCG then randomly generated five High, five Medium, and two Low risk facilities for the proposed 2022 on-site review process. This distribution allows PCG to verify review methodologies for nursing facilities at different risk levels and analyze how they compare. Consideration was also given to location across the State, ensuring different regions were covered as part of the selection process. In addition, nursing facilities that received an on-site review from 2018 to 2021 were not selected for a 2022 on-site review.

Based upon the described process, 12 (10%) homes were selected for an on-site review as shown in Table 7.

Table 7 – Homes Selected for On-Site Review

Home Name
Colorado State Veterans Nursing Home - Fitzsimons
Good Samaritan Society - Fort Collins Village
Good Samaritan Society - Simla
Rehabilitation and Nursing Center of The Rockies
Terrace Gardens Health Care Center
Boulder Canyon Health and Rehabilitation
Eben Ezer Lutheran Care Center
Life Care Center of Colorado Springs
North Shore Health and Rehab Facility

South Platte
Belmont Lodge Health Care Center
Berthoud Living Center

ON-SITE REVIEW FEEDBACK

GENERAL FEEDBACK

- COVID protocols have made it difficult for facilities to meet some measures due to modifications that had to be made. However, the application adjustments have been appreciated.
- COVID mandates/adjustments have also made it difficult to find time to dedicate the necessary time to this application process.
- Staffing shortages has been a major challenge for both preparing this application and providing adequate care for residents.
- If the home has been participating for multiple years, the application process is relatively easy and straightforward. It is not much of a burden.
- One home was unaware that they were eligible for the program for many years and thought that the program was for Medicare only.

MEASURE-SPECIFIC FEEDBACK

- Gathering documentation for activities is a challenge each year. The home needs to make sure it is gathering documentation throughout the year.
- A home cited care plans for those that were discharged as a challenging area. In their case, most residents are there long-term, so that can be difficult to find.
- One home expressed that it would be better if the majority of measures were not all or nothing points.

PORTAL-SPECIFIC FEEDBACK

- The portal has gotten easier and easier to use each year. The updates are appreciated, and it is obvious that time has been spent thinking about user experience.
- One home thought it would be easier if they could upload one document to each measure as opposed to separating out by sub-measure. However, we discourage this practice, specifically for scoring as it leaves no room for interpretation from the reviewers.
- There were several criteria where a user forgot to attach the correct or all the documentation. They recommend having a better system making sure each measure is accounted for. This is related to the above bullet.

RESIDENT FEEDBACK

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

APPEALS

Nursing homes were given the opportunity to submit an appeal request after they received their score notification letter and accompanying reports. The appeals process gives each applicant the opportunity to review the evaluation of their P4P application score and to inform the Department in writing if they believe the documentation submitted with their P4P application was misinterpreted, resulting in a different score than their self-score. Providers had from April 29 – May 31 to submit an appeal request. All appeal requests were required to be submitted through a specifically designed Microsoft Form.

The Department received 16 appeals as part of the 2022 review process. Table 8 provides the number of appeals received in previous years.

Table 8 – Appeals Historical Data

Year	Number of Appeals
2018	24
2019	16
2020	20
2021	24
2022	16

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

Table 9 provides information on the specific facilities that appealed, their pre- and post-appeal scores, and the point difference after the appeal review.
- The 16 homes appealed a total of 45 measures, 25 were approved.
- On average, facilities appealed measures worth 9 points and were awarded 5 points.

Table 9 – 2022 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Pikes Peak Center	76	76	0
Mantey Heights Rehabilitation and Care Center	60	63	3
Denver North Care Center	79	88	9
Cottonwood Inn Rehabilitation and Extended Care Center	77	80	3
Beth Israel at Shalom Park	68	80	12
Elms Haven Center	59	69	10
Suites at Clermont Park Care Center	56	61	5
Cheyenne Mountain Center	79	79	0
Kenton Manor	75	77	2
Minnequa Medicenter	69	72	3
Crestmoor Health and Rehabilitation	71	77	6
Rehabilitation Center at Sandalwood	77	77	0

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Terrace Gardens Health Care Center	76	80	4
Sierra Vista Health Care Center	71	73	2
Crowley County Nursing Center	54	62	8
Bent County Healthcare Center	57	66	9

APPEALS DETAILS

Table 10 below shows the number of appeals that were received, approved, and denied for each measure.

Table 10 – Appeal Details by Measure

Measure	# Approved	# Denied	Total
Measure 1: Enhanced Dining	2	2	4
Measure 2: Enhanced Personal Care	0	2	2
Measure 3: End of Life Program	3	1	4
Measure 4: Connection and Meaning	1	0	1
Measure 5: Person-Direct Care Programming & Training	2	1	3
Measure 6: Trauma-Informed Care	1	3	4
Measure 8.1: Physical Environment - Appearance	0	1	1
Measure 9: QAPI	0	1	1
Measure 10: Consistent Assignments	1	0	1
Measure 11: Volunteer Program	1	5	6
Measure 12: Staff Engagement	3	0	3
Measure 13: Transitions of Care - Admissions, Transfer, and Discharge Rights	2	1	3
Measure 14: Vaccine Education	1	0	1
Measure 18.1: Antibiotic Stewardship/Infection Prevention & Control - Documentation	0	1	1
Measure 19: Medicaid Occupancy Average	1	0	1
Measure 20: Staff Retention Rate	2	0	2
Measure 21: DON and NHA Retention	3	0	3
Measure 22: Nursing Staff Turnover Rate	1	0	1
Measure 23: Behavioral Health Care	1	2	3
Grand Total	**25**	**20**	**45**

The most common measures for appeals were Measure 1 (Enhanced Dining), Measure 3 (End of Life Program), Measure 6 (Trauma Informed Care) and Measure 11 (Volunteer Program).

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

pointed to the testimonials as "evidence", however, the minimum requirements specifically state that evidence must be provided in addition to the testimonials.

Measure 1 had four appeals – two were approved. Most of the appeals in Measure 1 (Enhanced Dining) were centered around the facility assessment and how it was used to develop menu options for residents. Some homes did not provide adequate detail on how demographic data was used to adapt food options.

Measure 3 had four appeals – three were approved. Most of the appeals in Measure 3 (End of Life Program) were based around how residents' wishes were honored and documentation of wishes. The review team received varying formats of this documentation and in cases where the appeal was approved, the home was able to provide clarification around what the documentation was.

Measure 6 had four appeals – one was approved. In most of the appeals for Measure 6 (Trauma Informed Care), the reviewer indicated that the facility did not meet the requirements of identifying what was done with aggregated data from the facility assessment around known trauma in the facility's population. Some homes described why trauma informed care was important but did not address how the macro-level data from their facility assessment was used to influence care programming in the facility.

Overall, the 16 facilities appealed a total of 45 items. Measures 1, 3, 6, and 11, described above, were the only measures with more than four appeals. Generally, appeals were approved when a facility was able to provide further clarification around the location of certain pieces of documentation and criteria. Appeals were usually denied when a facility was unable to demonstrate that they had provided documentation that met the application requirements in their initial submission package or attempted to submit additional documentation during the appeals process.

OTHER ANALYSIS

MEASURE 19 – STAFF RETENTION

This tool collects data for each facility's staff retention. To qualify for points, the facility must demonstrate a staff retention rate greater than 60% or a rate above 40% with improvement in the rate from the previous year. Table 10 below shows the aggregated 2019 application (67 homes) 2020 application (78 homes), 2021 application (77 homes), and 2022 application (66 homes) data for providers that reported figures in the portal's tool. The retention statistics remained consistent between 2019 and 2020 but decreased by 3% in 2021. This decrease was expected due to the impacts that COVID had on nursing home staffing. This year's rate returned to alignment with the 2019 and 2020 application.

Table 15 – Staff Retention Tool Analysis

Statistic	2019	2020	2021	2022
Staff Retention Rate	69.5%	69.8%	66.6%	70.7%

MEASURE 21 – NURSING STAFF TURNOVER

This tool collects data around the turnover rate of each applicant's nursing staff. Historically, to qualify for points, the facility must demonstrate a rate below 56.6% or a documented improvement (lower rate) between the current and previous year. However, in 2021, these criteria were removed, and facilities were awarded points for reporting the data. A termination is defined as any person who is no longer employed by the home for any reason. Table 11 below shows aggregated 2019 application (78 homes), 2020 (75 homes), 2021 application (69 homes), and 2022 application (66 homes) data from providers that used the portal's tool. Overall, there was a sharp increase in the nursing staff turnover rates from 2019 – 2021. Similarly to above, the 2022 data returned more towards alignment with the 2020 figures.

Table 16 – Nursing Staff Turnover Tool Analysis

Statistic	2019	2020	2021	2022
Nursing Staff Turnover Rate	52.4%	58.2%	64.6%	58.8%
% of Terminations for Employees with <90 Days on the Job	30.3%	28.1%	31.0%	27.5%

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