



**MYERS** AND  
**STAUFFER** LC



# Colorado Department of Health Care Policy & Financing

## 2025 Nursing Facility Pay for Performance Recommendations Report

June 2025

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# Introduction

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The Colorado Department of Health Care Policy & Financing (the Department) contracted with Myers and Stauffer LC (Myers and Stauffer) to review and score nursing home application submissions for the 2025 (calendar year [CY] 2024) Pay for Performance (P4P) Program. This Recommendations Report is presented in addition to the 2025 Nursing Facility Pay for Performance Application Review report, which lists final scores and charts historical results on a measure-by-measure data breakdown. This report is compiled to further assist with the goal of continuous program improvement.

# P4P Program Review

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The state of Colorado implemented a P4P program for Medicaid certified nursing homes to enhance the quality of care that residents receive. Reference Colorado Revised Statutes §25.5-6-202 and 10 CCR 2505-10, §8.443.12. Supplemental payments are based on points applied for and received in an independently scored application. Application measures include those in areas such as quality of life, facility management, and clinical care.

This report presents general information as well as recommendations directed toward strengthening the program and processes. These recommendations aim to ensure that financial incentives are driving meaningful and sustainable improvements in the long-term care population.

## Summary of 2025 Application Changes

The 2025 P4P program application was revised from 2024 as described verbatim in the Department document, 2025 Pay for Performance Application Summary of Changes.

### Prerequisites

In 2024, the prerequisite requirement changed to allow homes with substandard deficiencies, as defined in the State Operations Manual, during the previous CY to be eligible to participate in the P4P program and receive half of their calculated payment. This change remains in the 2025 Application.

*Note that 12 homes received half of their payment in 2025.*

### Measure 6: Trauma-Informed Care (Remains worth 3 points)

- Minimum requirement 6.4 has been replaced with a tool component, the Trauma-Informed Care Tool, which continues to ask for trauma-informed care training details:
  - The Tool asks for the date(s) where training(s) took place, the number of nursing/direct care staff in attendance, as well as the total number of the nursing/direct care staff employed at the home at the time of the training(s).
  - Recommended trainings come from three suggested resources: the Substance Abuse and Mental Health Services Administration, Alameda County, and the Center of Excellence for Nursing Facilities. Homes also have the option to utilize a training resource beyond the three suggested within the Tool granted they provide an additional narrative containing the title of the training as well as the training's objectives.
  - "Nursing/Direct Care Staff" is defined to include the following positions: Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Registered Nurses (RNs), Restorative Nursing Assistants (RNAs), and Medical Directors. All staff included should be full-time or part-time.

- Appendix 4 has been added to the appendices tab to guide homes through the process of averaging and summing attendance data in the event that they hold multiple trainings for Measures 6 and 23 throughout the year.
- The “Training Attendance Template” tab found on the Excel version of the application has been added as a resource for homes to utilize to capture all required attendance data for training requirements found in Measures 6 and 23. This tracker auto-calculates the information necessary for completing the Trauma-Informed Care and Behavioral Health Care Tools.
- Minimum requirement 6.5 has been revised to provide evidence for the specific trainings that occurred in your home and specified in the Trauma-Informed Care Tool. It lists examples of qualifying submission materials, including but not limited to attendance sign-in sheets and training presentation slides.

### Measure 11: Staff Engagement (Remains worth 3 points)

- Minimum requirement 11.6 has been revised to include a Staff Satisfaction Survey Tool. To receive points, homes must complete the tool in addition to providing documentation of at least a 70% response rate for your Staff Satisfaction Survey and the results for an “Overall Satisfaction” question.
- The Staff Satisfaction Survey Tool has been implemented to collect data on the number of staff contacted, number of staff responding, name of vendor, who administers the survey, and how the survey is administered.

### Measure 12: Transitions of Care: Admissions, Transfer and Discharge Rights (Increased from 3 points to 4 points)

- Minimum requirement 12.6 has been added to address the onboarding process for new residents within the home. To receive points, homes must provide a narrative describing their process for onboarding new residents and how this process prepares them for and supports their transition to a nursing home setting, minimizes re-traumatization, and addresses their psychosocial and socioemotional needs.
- Appendix 5 has been added to the appendices tab and contains additional resources for homes to utilize in order to meet the expectations outlined in the new minimum requirement 12.6.
- Minimum requirement 12.7 has been added to address the onboarding process development within the homes. To receive points, homes must demonstrate through a narrative and supporting documentation that resident input is included in the development of onboarding procedures. It lists examples of qualifying submission materials, including but not limited to Resident Council meeting minutes and new resident survey results.

## Measure 16: Reducing Avoidable Hospitalizations (Remains worth 3 points)

- The measure description of Measure 16 has been revised to clarify that Trend Tracker and National Nursing Home Quality Improvement Campaign data do not need to be submitted by the home as the information will be collected by the Department from the American Health Care Association (AHCA). Data will be measured from the most recently available rolling twelve-month average as opposed to a set date range as had been used previously.
- Minimum requirement 16.1 has been updated to reflect the change in data retrieval specified in the measure description. The Department will independently validate that the home's long stay hospitalization rate has remained below 12.1% for the most recently available rolling twelve-month average OR if the home has documented improvement in rates between the two most recently available 12-month measurement periods. If either of the above is true following AHCA data review, the home will meet this minimum requirement.
- Minimum requirement 16.2 has been removed entirely from the application.
- Minimum requirement 16.3 ("Select four (4) cases and show the documentation your community provided to the receiving hospital/facility as well as the reason documented in the medical record as to why the individual was hospitalized or discharged to the receiving facility. (INTERACT or like program paperwork is expected)") remains the same but is now numbered as minimum requirement 16.2 following the removal of the 2024 application's minimum requirement 16.2.
- Minimum requirement 16.4, which allowed homes the chance to receive a Quality Assurance and Performance Improvement recovery point for this measure, has been removed entirely from the application.

## Measure 17: Nationally Reported Quality Measures Scores (Remains worth 21 points)

- This measure will be updated with calculated percentiles from data reported on the Centers for Medicare & Medicaid Services' (CMS') Care Compare website for all homes in Colorado for the specified Quality Measure in both Q3-2024 and Q4-2024.
- It still requires a narrative for a home's three highest percentile Quality Measures, with points awarded on a home's five best scores.
- \*One to four points awarded for each of the selected percentile categories above the state median. The top five of eight measures are utilized for scoring (20 total points available).

## Measure 20: Medicaid Occupancy Average

- This measure has been removed. As a result, all 2025 measures after Measure 19 have shifted forward in numbering by one.

### Measure 20: Staff Retention Rate (Remains worth 3 points)

Measure 20 is now Staff Retention Rate. It was previously Medicaid Occupancy Average.

### Measure 21: DON and NHA Retention (Remains worth 2 points)

Measure 21 is now DON and NHA Retention. It was previously Staff Retention Rate.

### Measure 22: Nursing Staff Turnover Rate (Remains worth 3 points)

Measure 22 is now Nursing Staff Turnover Rate. It was previously DON and NHA Retention.

### Measure 23: Behavioral Health Care (Increased from 1 to 4 points)

- Measure 23 is now Behavioral Health Care. It was previously Nursing Staff Turnover Rate.
- Minimum requirement 23.1 has been completely altered and the Regional Accountable Entity contact information component removed entirely. Now, homes must complete a minimum of three specified training courses provided by the Center of Excellence for Nursing Facilities as specified in the newly added Behavioral Health Care Tool.
  - These trainings include the mandatory “Mental Health 101: Suicide Prevention and De-Escalation Strategies” and two of the remaining three optional trainings specified: Serious Mental Illness, Substance Abuse 101, and Addressing Co-Occurring Disorders in Nursing Facilities.
  - Each training must be attended by a minimum of two champions per department listed within the Tool. The Tool will then require the training date(s), number of nursing/direct care staff in attendance, as well as the number of nursing/direct care staff at the home at the time of each training.
  - “Nursing/Direct Care Staff” is defined to include the following positions: LPNs, CNAs, RNs, RNAs, and Medical Directors. All staff included should be full-time or part-time.
- Appendix 4 has been added to the appendices tab to guide homes through the process of averaging and summing attendance data in the event that they hold multiple trainings for Measures 6 and 23 throughout the year.
- The “Training Attendance Template” tab found on the application has been added as a tool for homes to utilize to capture all required attendance data for training requirements found in Measures 6 and 23. This tracker auto-calculates the information necessary for completing the Trauma-Informed Care and Behavioral Health Care Tools.

## Summary of 2026 Application Changes

The 2026 P4P program application was revised from 2025 as described verbatim in the Department document, 2026 Pay for Performance Application Summary of Changes.

### Prerequisites

No changes [were made] to [the] prerequisite requirements.

## Measure 4: Connection and Meaning

## Measure 5: Person-Directed Care Programming & Training

Resources were added in Appendix 7 for both measures.

## Measure 12: Transitions of Care: Admissions, Transfer and Discharge Rights (Remains worth 4 points)

Measure 12 has been re-worded to provide clarification of the requirements.

- Minimum requirement 12.1 has been changed from requiring contact information to now requiring **documentation** of two Group In-Reach presentations hosted in your facility. Documentation must show the dates of the presentations and the format of the invites for the residents and family supports.
- Minimum requirement 12.4 has been clarified that the requirement is to provide care plans that demonstrate examples of **current residents** transitioning out of the nursing facility or to a lower level of care.
- Minimum requirement 12.5 has been clarified that the requirement is to provide care plans that demonstrate examples of **previous residents** of the nursing facility that have transitioned out into the community or to a lower level of care.
- If the nursing facility does not have four examples of either 12.4 or 12.5, any number of examples from either section can be used for a total of eight.

## Measure 16: Reducing Avoidable Hospitalizations (Remains worth 3 points)

- Measure 16 (new minimum requirements with new data reporting) has been restructured completely. Due to data timing and availability issues, nursing facilities will collect their own data, construct a root cause analysis, and implement action plans to reduce hospitalizations in their facilities.
- Minimum requirement 16.1 has been updated to reflect the change in data retrieval by the Department to the nursing facility tracking long-stay transfers to the hospital and providing details on the top five most frequent transfer reasons based on the nursing facility medical records.
- Minimum requirement 16.2 has been updated for the nursing facility to perform a root cause analysis and identify major contributing factors related to hospitalizations along with other analyses.

## Measure 17: Nationally Reported Quality Measures Scores (Remains worth 21 points)

- This measure will be updated with calculated percentiles from data reported on the [CMS Care Compare website](#) for all homes in Colorado for the specified Quality Measure in both Q3-2025 and Q4-2025.
- It still requires a narrative for a home's three highest percentile Quality Measures (or three Quality Measures the home thought were their three highest), with points awarded on a home's five best scores.
- \*One to four points awarded for each of the selected percentile categories above the state median. The top five of eight measures are utilized for scoring (20 total points available).

## Measure 19: Antibiotics Stewardship and Infection Prevention & Control

Resources were added in Appendix 6.

## Recommendations for Application Measures

### Measure 1: Enhanced Dining

The Enhanced Dining measure has been included in the application since the program's inception. Based on a July 20, 2025 article ([CMS puts nutrition problems in nursing homes under the microscope](#)) and a related April 30, 2025 article ([Many nursing homes feed residents on less than \\$10 a day](#)), additional considerations in the minimum requirements to ensure resident nutrition could include:

- Incorporating food into activity programs.
- Proactive monitoring of food quality to prevent food-borne illness.
- Temperature of food (not too cold) due to distribution time.
- Ensuring adequate feeding assistance is available for those who need it.
- Encouraging families to visit during mealtimes.
- Ensuring food is plentiful for residents not on a restricted calorie diet.

*Recommendation 1: Refresh Enhanced Dining to address recent CMS concerns.*

### Measure 14: Isolation Protocols

Visibility of staff name tags was an issue for this measure. State regulations require visible name tags. It appears that the intent of visibility during isolation with heavily worn personal protective equipment was not evident in the minimum requirements.

*Recommendation 2: Revise application language to ensure that the Isolation Protocols requirements are clear.*

### **Measure 19: Antibiotic Stewardship and Infection Prevention & Control**

A widespread documentation issue was noted in the applicants for this measure regarding the qualifications of their infection preventionist. In several instances, qualifications were dated in the past, at times three to four years ago. There is broad and non-definitive information available related to appropriate infection preventionist qualifications and training. Clarification of acceptable infection preventionist qualifications/certifications should be defined in the measure prior to next year's application review.

*Recommendation 3: Work with the P4P Committee and the Colorado Department of Public Health and Environment (CDPHE) to determine if current infection preventionist certificates and/or additional documentation should be required.*

### **Measure 21: DON and NHA Staff Retention**

A significant number of applicants did not name either the Nursing Home Administrator (NHA) or Director of Nursing (DON) as required in their application. Others did not include the date the employee started in either position. If the state of Colorado retains the information needed, all facilities can be awarded in a more uniform and accurate manner.

*Recommendation 4: Discuss with the P4P Committee whether OCL should obtain DON and NHA Staff Retention information from CDPHE.*

## **Recommendations for Application Processes**

### **Application Open Date**

Typically, the ability to begin entering self-scores and uploading documentation in the portal begins on the first business day of December of the CY applied for. No significant submission activity occurred during December 2024, which is consistent with prior year applications. We recommend that homes access electronic applications and begin submission on the first business day after January 1.

*Recommendation 5: Adjust application start time to January 2, 2026, for the 2026 (CY 2025) application.*

### **Appeal Deadline**

Currently, the deadline to submit an appeal to a reviewed score is May 30. Extended appeal timelines significantly slow down the overall process, leading to backlogs and delayed funding calculations.

*Recommendation 6: Shorten score appeal deadline to May 15 to preserve fairness and improve efficiency and accountability.*

### **General Requirements**

For several applicants, general requirements were not adhered to. For example, testimonials were not dated or signed by the person providing the testimonial. The requirement exists because signing and dating establishes credibility, relevance, and transparency, therefore providing more reassurance of its

truthfulness and accuracy. Some measures did not specifically state that testimonials were required to be signed or dated, creating issues in the appeals process.

Requiring the applicant to officially initial a few statements such as, “Testimonials submitted are for the CY applied for and require signature and date,” will require the applicant to slow down and read each statement carefully, which will help eliminate misunderstanding of minimum requirements. In addition, this will:

- Break down broad-based requirements into digestible parts so applicants can better absorb and process key points.
- Establish clear acknowledgement of each part individually.
- Reduce risk of miscommunication.
- Help identify problem areas early if the applicant has questions.

*Recommendation 7: At application submission, require initials on additional shorter statements to ensure understanding and acknowledgement of the requirements.*

### **Examination of High Performing Measures**

Many measures are consistently applied for and awarded points at a high rate. These measures should be evaluated to determine if they continue to drive quality and improvement, are relevant, and raise overall performance expectations. This will prevent a measure from becoming stagnant or too easy to achieve and will ultimately benefit residents and homes by resetting the benchmark.

*Recommendation 8: Examine measures with consistently high participation and high award percentages (90+ %) to determine if revision or replacement is necessary.*

## Recommendations for Program Participation

### **Increase in Program Participation**

There was a 10% increase in applicants between 2024 and 2025:

- 2020: 125 applicants.
- 2021: 129 applicants.
- 2022: 115 applicants.
- 2023: 126 applicants.
- 2024: 151 applicants.
- 2025: 166 applicants.

Each provider was contacted to ensure they were aware of the application and asked if they were going to apply. One facility indicated they were going to be reimbursed via a swing-bed rate in the coming year and would not be able to receive the supplemental payment.

*Recommendation 9: Contact each nursing home and provide training to assist in organizing and submitting appropriate documentation.*

# CMS Value-Based Purchasing (VBP)

## 2025 and Subsequent Program Updates

Policy and structural updates to the CMS Skilled Nursing Facility (SNF) VBP Program finalized in fiscal year (FY) 2026 SNF Prospective Payment System (PPS) Final Rule published July 31, 2025 include:

- Removing the Health Equity Adjustment from the scoring methodology beginning in FY 2027 that would reward top-tier facilities that serve higher proportions of SNF residents with dual eligibility status.
- Eliminating four standard patient assessment data elements under the Social Determinant of Health category from the Minimum Data Set (MDS) beginning with admissions on October 1, 2025, for the FY 2027 SNF Quality Reporting Program, including one item for “living situation,” two items for “food,” and one item for “utilities.”
- Allowing SNFs to request an extension to file a request for reconsideration and updating the basis on which CMS can grant a reconsideration request.

Measures that have been adopted along with their status in program for years FY 2026 through FY 2029 are listed in the table below as referenced from the Federal Register’s Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2026 in Table 14: SNF VBP Program Measures and Status in the SNF VBP Program.

Table 1. SNF VBP Program Measures and Status (FY 2026 to FY 2029)

Measure	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year	FY 2029 Program Year
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Included	Included	Not Included	Not Included
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalizations (SNF HAI) Measure	Included	Included	Included	Included
Total Nurse Staffin Hours per Resident Day (Total Nurse Staffing) Measure	Included	Included	Included	Included
Total Nursing Staff Turnover (Nursing Staff Turnover) Measure	Included	Included	Included	Included
Discharge to Community – Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF)	Not Included	Included	Included	Included
Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury (Long-Stay)) Measure	Not Included	Included	Included	Included
Discharge Function Score for SNFs (DC Function) Measure	Not Included	Included	Included	Included

Measure	FY 2026 Program Year	FY 2027 Program Year	FY 2028 Program Year	FY 2029 Program Year
Number of Hospitalizations per 1,000 Long Stay Resident Days (Long-Stay Hospitalization) Measure	Not Included	Included	Included	Included
Skilled Nursing Facility Within-Stay Potentially Preventable Readmissions (SNF WS PPR) Measure	Not Included	Not Included	Included	Included

Keeping a pulse on upcoming federal regulations will strengthen state-focused measures in Colorado’s P4P program and will support future policy development.

## Other States Review

In previous Recommendations Reports, other states’ VBP programs were highlighted to assist in evaluating the effectiveness of Colorado’s program. Colorado remains one of the few programs that focuses on the quality of life or an individual’s enjoyment of their place of residence as much as the quality of care received. Other state programs and the respective years they have been described or summarized are listed below:

Table 2. States Highlighted in Recommendations Reports

Highlighted State	Recomm. Report 2024	Recomm. Report 2023	Recomm. Report 2022	Recomm. Report 2021
Alabama	X	X	X	X
Arizona	N/A	X	X	X
California	X	X	N/A	X
Georgia	X	X	X	X
Indiana	N/A	X	X	X
Kansas	X	X	X	X
Minnesota	X	X	X	X
New York	X	X	X	X
Ohio	X	X	X	X
Oklahoma	X	X	X	X
Texas	X	X	X	X
Utah	X	X	X	X

### Illinois

A brief description of Illinois value-based policy is offered below as a starting discussion point to consider other states to review. Quality and staffing incentive payments are based on three components:

- Staffing-Level Incentives – \$350 million per year of Medicaid funding to achieve staffing targets based on the federal Staff Time and Resource Intensity Verification (STRIVE) Project (Sustainable Growth Rate-adjusted nurse and aide hours). Facilities can earn up to \$38.68 extra per resident day on a scale of 70% of STRIVE targets up to 125% or more.
- CNA Wage Subsidies (CNA Promotion Payments) – Aimed at attracting and retaining experienced CNAs, the state provides reimbursement equal to \$1.50 per hour for each qualifying promotional wage increment. CNAs in advanced or specialized roles are eligible.
- Quality-Pool Incentive Payments (Star-Rating) – At least \$70 million per year (minimum of \$17.5 million per quarter) distributed based on each home’s CMS Five-Star rating.

# CMS Five-Star Rating Data Review

CMS utilizes a Five-Star rating system to measure quality for public consideration. This rating allows the consumer to compare homes and make more informed decisions regarding their care options. Three key areas are used to determine the number of stars assigned:

**Health Inspections:** Results of unannounced state health inspections surveys conducted to assess compliance with health and safety regulations.

**Staffing:** Assessment of staffing levels in the home, including RNs, LPNs, and nurse aides, per resident per day.

**Quality Measures:** Based on data collected from MDS assessments which include various measures of resident health and well-being. Examples included presence of pressure ulcers, falls, depressive symptoms, and hospitalizations.

## CMS Five-Star Data for Colorado Applicants

Out of the 161 applications that met prerequisites, 10 homes scored in the highest tier in Colorado P4P (80-100 points) *and* had a CMS score of five stars per the listing below.

Table 3. Homes Scoring in Highest Tier and CMS Five-Star Ratings

Home Name	P4P Score
South Valley Post Acute Rehabilitation	95
Regent Park Nursing and Rehab	91
Beth Israel at Shalom Park	88
Centre Ave. Health & Rehab	86
Julia Temple Healthcare Center	86
The Suites at Clermont Park	86
Life Care Center of Greeley	85
Valley View Villa	83
Rehabilitation and Nursing Center of the Rockies	82
Cambridge Care Center	81

CMS data processed June 1, 2025 indicates that Colorado incurred \$6,447,801.54 in fines with a total of 401 fines. These figures include non-Medicaid certified nursing homes. Reference table below.

Table 4. Incurred Fines among P4P Score Point Tiers

CO P4P Points	Number of Providers	# of Citations Infection Control Inspect.	# of Fines	Amount of Fines \$	Avg. Fines per Home (those with fines) \$	% to Total # of Providers (those with fines)	% to Total Fines \$
80-100	72 (52 with fines)	11	108	\$1,686,315	\$32,429	34%	26%
61-79	52 (37 with fines)	17	114	\$1,634,686	\$44,181	24%	25%
46-60	20 (15 with fines)	11	41	\$460,677	\$30,712	10%	7%
21-45	14 (13 with fines)	1	39	\$976,411	\$75,109	8%	15%
0-20	3 (2 with fines)	0	4	\$161,765	\$80,882	1%	3%
Did Not Meet Prerequisite	5 (4 with fines)	0	9	\$248,946	\$62,237	3%	4%
Did Not Apply	14 (12 with fines)	3	32	\$593,103	\$49,425	8%	9%
Non-Medicaid Facilities	32 (18 with fines)	3	54	\$685,899	\$38,105	12%	11%
<b>Total</b>	<b>212 (153 with fines)</b>	<b>46</b>	<b>401</b>	<b>\$6,447,802</b>	<b>\$42,142</b>	<b>100%</b>	<b>100%</b>

CMS Five-Star ratings and the Colorado P4P Final Scores are listed in the tables below along with citations and fines figures.

Table 5. CMS Five-Star Ratings and Fines: Colorado P4P Final Scores: Points 80-100

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1050	The Suites at Clermont Park	86	5	0	1	\$15,970.50
0990	Life Care Center of Greeley	85	5	0	1	\$12,285.00
1093	Regent Park Nursing Park	91	5	0	1	\$8,468.44
0942	Cambridge Care Center	81	5	0	1	\$8,151.03
1120	Centre Ave. Health & Rehab	86	5	0	1	\$8,043.75
1021	Valley View Villa	83	5	0	1	\$7,442.50
1072	South Valley Post Acute Rehabilitation	95	5	0	0	-
0935	Beth Israel Shalom Park	88	5	0	0	-
0981	Julia Temple Healthcare Center	86	5	0	0	-
1094	Rehabilitation and Nursing Center of the Rockies	82	5	0	0	-
1000	Sundance Skilled Nursing & Rehabilitation	94	4	0	1	\$35,161.75
1030	Wheatridge Care Center	80	4	0	2	\$24,507.60
0949	Englewood Post Acute & Rehab	85	4	0	1	\$17,696.25
1070	Holly Heights Nursing Home	85	4	0	2	\$15,941.25
0934	Berthoud Care and Rehabilitation	85	4	0	1	\$13,000.00
0928	Arvada Care & Rehab Center	85	4	0	1	\$8,017.75
0998	Boulder Post Acute	90	4	0	1	\$6,438.25
0937	Boulder Canyon Health and Rehabilitation	92	4	1	1	\$5,000.00
0985	Broadview Health & Rehabilitation Center	89	4	0	1	\$3,250.00
1410	Forest Ridge	91	4	0	0	-
0968	Fowler Health Care	90	4	0	0	-

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1003	Parkview Care Center	88	4	0	0	-
1026	Walsh Healthcare Center	87	4	0	0	-
1040	Highland Park Rehabilitation & Care Center	87	4	0	0	-
1105	The Valley Rehabilitation and Healthcare Center	87	4	0	0	-
0959	Denver North Care Center	86	4	0	0	-
1019	Uptown Health Care Center	86	4	0	0	-
0978	Holly Care Center	85	4	0	0	-
1095	Rowan Community Inc	83	4	0	0	-
1060	FairAcres Manor	81	4	0	0	-
0924	Allison Care Center	80	4	0	0	-
1081	Red Cliffs Post Acute	83	3	0	2	\$63,709.10
0939	Brighton Care Center	84	3	0	2	\$61,039.60
0974	Health Center at Franklin Park	91	3	5	2	\$37,251.50
1071	Horizons Health Care Center	88	3	0	2	\$34,173.75
1059	Arbor View	81	3	0	4	\$24,865.10
1111	Ridgeview Post Acute	86	3	0	1	\$22,256.00
0999	Lakeshore Post Acute and Rehab Center	86	3	0	1	\$18,768.75
0927	McIntosh Care and Rehabilitation	82	3	0	1	\$17,195.75
1023	Vista Grande Rehabilitation and Healthcare Center	86	3	0	1	\$15,912.00
1010	Riverbend Health and Rehabilitation Center	85	3	0	1	\$13,000.00
1054	Spanish Peaks Veterans Community Living	86	3	0	3	\$6,990.75
1079	Hilltop Park Post Acute	94	2	2	17	\$170,766.63
1065	Golden Peaks Center	84	2	0	2	\$91,772.55
1044	Medallion Post-Acute Rehabilitation	86	2	0	4	\$75,746.08
1020	Valley Manor Care Center	85	2	0	3	\$66,205.25
1097	The Rehabilitation Center at Sandalwood	84	2	0	2	\$49,400.00
1108	The Villas at Sunny Acres	85	2	2	3	\$43,777.50
0940	Brookshire Post Acute	83	2	0	2	\$37,189.75
1343	Parker Post Acute	88	2	0	2	\$20,720.38
1087	Park Forest Care Center	93	2	0	2	\$19,067.75
0941	Brookside Inn	86	2	0	1	\$16,152.50
1337	Rio Grande Rehabilitation and Healthcare Center	82	2	0	1	\$15,782.00
0930	Lowry Hills Care and Rehabilitation	90	2	0	3	\$13,399.75
1096	University Heights Rehabilitation and Care Community	85	2	0	2	\$12,993.50
0954	Colorow Care Center	85	2	0	1	\$10,058.75
0996	Littleton Care & Rehab Center	88	2	0	1	\$7,780.50
0948	Hampden Hills Post Acute	82	2	0	1	\$5,869.50
0973	Harmony Pointe Nursing Center	84	2	0	1	\$1,575.62
1082	Crestmoor Health and Rehabilitation Center	93	2	0	0	-
0997	Mapleton Post Acute	85	2	1	0	-
0967	Durango Health and Rehabilitation	81	2	0	0	-
0936	Oakwood Care and Rehabilitation	84	1	0	5	\$271,918.43
1029	Rock Canyon Respiratory and Rehabilitation Center	83	1	0	4	\$83,788.25
1077	Malley Transitional Care Center	84	1	0	3	\$37,246.30
1069	Highline Post Acute	84	1	0	2	\$31,032.50

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
0984	Rock Creek Rehabilitation and Healthcare Center	87	1	0	1	\$27,993.33
1106	Valley View Health Care Center	82	1	0	3	\$26,148.85
1100	Sierra Post Acute	85	1	0	3	\$23,309.00
1001	Westwood Post Acute	81	1	0	1	\$12,333.75
1103	City Park Healthcare and Rehab Center	83	1	0	1	\$9,750.00
1017	Trinidad Rehabilitation and Healthcare Center	87	1	0	0	-

Table 6. CMS Five-Star Ratings and Fines: Colorado P4P Final Scores: Points 61-79

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1405	Cottonwood Rehabilitation and Healthcare Center	79	5	0	1	\$22,152.00
1074	Lemay Health & Rehab Center	64	5	0	1	\$7,442.50
1056	Grand River Health Care Center	77	5	0	0	-
0969	The Gardens Skilled Nursing & Rehabilitation	74	5	0	0	-
1028	Western Hills Health Care Center	69	5	0	0	-
1412	Castle Peak Senior Life & Rehabilitation	69	5	0	0	-
1052	Colorado State Veterans NH – Homelake	66	5	0	0	-
0989	Life Care Center of Evergreen	65	5	0	0	-
1129	Life Care Center of Aurora	72	4	0	3	\$48,854.95
1067	Gunnison Valley Health Senior Care	61	4	0	6	\$40,551.27
0963	Eben Ezer Lutheran Care Center	76	4	0	2	\$36,890.75
0933	Berkley Manor Care Center	64	4	0	2	\$36,712.00
1004	Pine Ridge Rehabilitation and Healthcare Center	77	4	0	2	\$24,390.60
1016	Fountain View Rehabilitation and Nursing	74	4	0	1	\$12,967.50
0970	Westlake Care Community	78	4	0	0	-
0946	Westlake Lodge Health & Rehabilitation Center	76	4	0	0	-
1062	Good Samaritan Society - Fort Collins Village	73	4	4	0	-
0961	Casey’s Pond Senior Living	72	4	0	0	-
1022	Villa Manor Care Center	67	4	0	0	-
1051	Colorado State Veterans NH - Fitzsimons	68	3	0	3	\$103,392.25
1049	The Suites at Someren Glen	77	3	1	2	\$57,359.25
1046	The Pavilion at Villa Pueblo	63	3	1	2	\$54,037.75
1110	Irondale Post Acute	70	3	1	3	\$42,663.17
0956	Columbine West Health & Rehab Facility	73	3	0	2	\$35,857.50
0938	Briarwood Health Care Center	78	3	0	1	\$33,852.00
1018	University Park Care Center	65	3	0	1	\$22,652.50
0944	Silver Heights Skilled Nursing and Rehab	75	3	0	3	\$12,407.77
1085	North Shore Health and Rehab	64	3	0	1	\$4,233.23
0960	Devonshire Care Center	72	3	0	1	\$2,350.00
1090	Wellsprings Care Center	67	3	0	0	-
1058	Lakewood Villa	63	2	0	23	\$140,401.15

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
0931	The Heights Post Acute	66	2	0	3	\$77,665.25
1076	Good Samaritan Society - Loveland Village	76	2	0	4	\$59,143.50
1084	Mountain Vista Nursing Home	73	2	1	3	\$39,226.25
1053	Colorado State Veterans NH - Rifle	70	2	0	1	\$32,974.50
1012	Springs Village Care Center	66	2	0	2	\$30,095.00
0952	Clear Creek Care Center	74	2	0	1	\$9,750.00
0991	Life Care Center of Littleton	66	2	0	1	\$7,900.75
1007	Elk Ridge Health & Rehabilitation Center	69	1	0	10	\$135,859.93
1092	Atlas Post Acute	61	1	9	2	\$118,811.55
1038	Broomfield Skilled Nursing & Rehab Center	71	1	0	7	\$76,541.11
1032	Pelican Pointe Health and Rehabilitation Center	77	1	0	4	\$66,817.86
1002	Canyon View Care Center	76	1	0	5	\$59,533.98
0925	Thornton Care Center	71	1	0	5	\$54,456.99
1057	Skylake Post Acute	75	1	0	2	\$47,138.00
0962	Eagle Ridge Post Acute	77	1	0	1	\$30,745.95
0953	Colonial Rehabilitation and Nursing	62	1	0	1	\$24,453.00
1420	River Valley Rehabilitation and Healthcare Center	75	1	0	1	\$14,768.00
0926	Amberwood Post Acute	78	1	0	1	\$9,636.25
1039	Bruce McCandless Colo State Veterans NH	71	1	0	0	-
1047	Progressive Care Center	69	1	0	0	-
0957	Riverdale Post Acute	67	1	0	0	-

Table 7. CMS Five-Star Ratings and Colorado P4P Final Scores: Points 46-60

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1027	Washington County Nursing Home	50	5	0	2	\$36,835.50
1425	Katherine and Charles Hover Green Houses Inc	57	5	0	5	\$22,148.10
1064	Garden Terrace Alzheimer's Center	49	5	0	1	\$9,750.00
0988	Life Care Center of Colorado Springs	55	5	0	0	-
1124	Orchard Park Health Care Center	51	5	0	0	-
0992	Life Care Center of Longmont	52	4	0	1	\$9,750.00
1406	The Green House Homes at Mirasol	48	4	0	3	\$7,544.40
0955	Columbine Manor Care Center	50	4	0	0	-
1089	Peaks Care Center	50	4	0	0	-
0977	Hillcrest Care Center & The Towers	48	3	0	6	\$53,973.26
0943	Canon Lodge Care Center	52	3	0	0	-
0966	Poudre Canyon Rehabilitation and Nursing	53	2	0	3	\$76,677.48
1005	Pioneer Healthcare Center	59	2	1	8	\$50,173.30
1043	Cedars Health Care Center	54	2	1	2	\$41,412.82
0945	Kiowa Hills Health & Rehabilitation Center	52	2	0	2	\$26,406.25
1015	South Platte Rehabilitation and Nursing	46	2	0	1	\$10,764.00

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1013	Sterling Rehabilitation and Nursing	46	1	0	3	\$65,268.00
1048	Mountain View Post Acute	53	1	9	2	\$38,535.25
0929	Falcon Heights Rehabilitation and Nursing	50	1	0	1	\$6,146.24
0971	Glenwood Springs Healthcare	59	1	0	1	\$5,292.03

Table 8. CMS Five-Star Ratings and Fines: Colorado P4P Final Scores: Points 21-45

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
0972	Grace Manor Care Center	45	5	0	2	\$4,858.75
1008	San Luis Care Center	26	5	0	0	-
1014	Sunny Vista Living Center	34	4	0	1	\$9,750.00
1107	Village Care & Rehab Center	34	3	0	1	\$23,480.00
1068	Hallmark Nursing Center	39	3	0	2	\$23,401.50
0993	Life Care Center of Pueblo	44	3	0	1	\$9,418.50
1073	La Villa Grande Care Center	30	2	1	8	\$88,391.47
0986	Larchwood Inns	41	2	0	3	\$55,630.25
1101	Skyline Ridge Nursing & Rehabilitation Center	41	2	0	1	\$21,320.00
1086	Paonia Care & Rehabilitation Center	45	1	0	4	\$224,099.11
1080	Mantey Heights Rehabilitation & Care Center	35	1	0	4	\$159,110.25
1011	Creekside Village Health and Rehabilitation Center	42	1	0	4	\$46,855.68
1031	Willow Tree Care Center	40	1	0	1	\$27,293.50
0982	Juniper Village – The Spearly Center	43	0	0	7	\$282,802.34

Table 9. CMS Five-Star Ratings and Fines: Colorado P4P Final Scores: Points 0-20

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
0964	Evergreen Nursing Home	19	5	0	0	-
0975	Heritage Park Care Center	13	3	0	3	\$45,408.00
0947	Cherrellyn Healthcare Center	10	2	0	1	\$116,356.50

Table 10. CMS Five-Star Ratings and Fines: Colorado P4P Final Scores: Did Not Meet Prerequisite

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1036	Belmont Lodge Care Center	0	3	0	2	\$51,223.25
0932	Bent County Healthcare Center	0	3	0	1	\$13,442.00
0965	Forest Street Compassionate Care Center	0	2	0	2	\$36,422.18
0958	Crowley County Nursing Center	0	2	0	0	-
1098	Sandrock Ridge	0	1	0	4	\$147,858.75

Table 11. CMS Five-Star Ratings and Colorado P4P Final Scores: Did Not Apply

PFID	Home Name	2025 CO P4P Final Score	CMS Five-Star Rating	Infection Control Inspection Citations	Number of Fines	Fines \$
1063	Frasier Meadows Health Care Center	N/A	5	0	11	\$87,905.56
0950	Cheyenne Manor	N/A	5	0	1	\$15,590.25
1035	Bear Creek Center	N/A	4	1	2	\$26,689.00
0983	Lamar Estates, LLC	N/A	4	0	0	-
1009	Sharmer Village Care Center	N/A	3	0	3	\$78,303.75
0976	Hildebrand Care Center	N/A	3	0	2	\$44,599.75
0951	Lakeside Post Acute	N/A	3	0	2	\$13,936.00
0994	Life Care Center of Westminster	N/A	3	0	1	\$8,823.75
1102	Southeast Colorado Hospital and LTC Center	N/A	3	0	0	-
1078	Winding Trails Post Acute	N/A	2	1	2	\$101,689.45
1024	Walbridge Memorial Convalescent Wing	N/A	2	0	2	\$52,132.90
1083	Mount Saint Francis Nursing Center	N/A	2	1	1	\$14,521.00
1091	Pikes Peak Post Acute	N/A	1	0	4	\$118,560.00
1099	Sedgwick County Memorial Nursing Home	N/A	1	0	1	\$30,351.75

CMS star ratings reduce complex information into a single number, potentially concealing slight strengths and/or weaknesses of a provider. They may not reflect resident experience and cultural factors and are not necessarily relevant across varying populations such as rural versus urban facilities. The data used is regularly updated, ensuring continuous monitoring of compliance and quality. Although data is mostly retrospective and can lag for months or even years, the metrics are standardized and allow for side-by-side comparisons of facilities across the country. In addition, participation is not voluntary as it is for the Colorado P4P program. As a result, each facility is assigned a measurement nationwide.

The correlation between Colorado Medicaid P4P scores and Five-Star ratings is imperfect. In Colorado, providers can choose whether to apply for P4P, and if they apply, choose how many points to apply for out of 100. A Five-Star provider in Colorado may choose to apply for only 65 points and be awarded all

of them. However, other measures that are not self-scored and submitted for could be part of their daily practice.

CMS Five-Star ratings are a starting point that should be combined with other data sources, such as the Colorado P4P score, site visits by residents and family members, and any other community-based reviews or available published information. The P4P score adds considerable value and insight when combined with other publicly available data and additional screening factors.

# Summary of Recommendations

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The recommendations listed in this report are as follows:

## Recommendations for Application Measures

**Recommendation 1:** Refresh Enhanced Dining to address recent CMS concerns.

**Recommendation 2:** Revise application language to ensure that the Isolation Protocols requirements are clear.

**Recommendation 3:** Work with the P4P Committee and CDPHE to determine if current infection preventionist certificates and/or additional documentation should be required (Antibiotic Stewardship and Infection Prevention & Control).

**Recommendation 4:** Discuss with the P4P Committee whether OCL should obtain DON and NHA Staff Retention information from CDPHE.

## Recommendations for Application Processes

**Recommendation 5:** Adjust application start time to January 2, 2026 for the 2026 (CY 2025) application.

**Recommendation 6:** Shorten score appeal deadline to May 15 to preserve fairness and improve efficiency and accountability.

**Recommendation 7:** At application submission, require initials on additional shorter statements to ensure understanding and acknowledgement of the requirements.

**Recommendation 8:** Examine measures with consistently high participation and high award percentages (90+ %) to determine if revision or replacement is necessary.

## Recommendations for Program Participation

**Recommendation 9:** Contact each nursing home and provide training to assist in organizing and submitting appropriate documentation.