



Colorado Department of Health Care Policy & Financing

2025 Nursing Facility Pay for Performance Application Review

June 2025

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Introduction

The Colorado Nursing Facility Pay for Performance (P4P) Program was implemented on July 1, 2009. Participation in the program through the annual application is *not* required. For those homes that apply, February 28 is the application deadline. Per *10 CCR 2505-10, §8.443.12*, The Department of Health Care Policy & Financing (the Department) makes supplemental payments to nursing homes based on their score related to performance measures around quality of life and quality of care. Each measure is worth varying amounts of points. Total possible points equal 100 per application. Minimum requirements and criteria within each performance measure must be met for a home to receive points for a specific measure. Partial points are not possible.

There were 166 applications for the 2025 program year (2024 calendar year [CY]), which is the highest number of applications received since the program's inception. In addition to the standard application review process and an on-site review for a selection of facilities, an informal preliminary review was conducted for the eighth year in a row. This gave homes an opportunity to submit or re-submit important items such as resident/family satisfaction surveys or Certification and Survey Provider Enhanced Reporting (CASPER) reports before the application review began. This process is beneficial to homes that would have missed out on a significant number of points due to missing, illegible, or incomplete items.

The following results contain historical mixed with 2025 P4P program year results.

2025 Application Scoring

Prerequisites

Two prerequisites must be met to be eligible for participation in the P4P program.

■ Colorado Department of Public Health and Environment (CDPHE) Survey

Although all homes are eligible to participate in the program regardless of state survey results, 10 CCR 2505-10, §8.443.12.4.a states, *“A nursing facility with substandard deficiencies on a regular annual, complaint, or any other CDPHE survey that qualifies for the P4P supplemental payment shall receive one half the calculated payment. Substandard quality of care means one or more deficiencies related to participation requirements set forth at 42 C.F.R. §483.12, Freedom from Abuse, Neglect, and Exploitation, 42 C.F.R. §483.24, Quality of Life, or 42 C.F.R. §483.25, Quality of Care that constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.”*

Utilizing Centers for Medicare & Medicaid Services (CMS) data, the Department confirmed that twelve participating homes had a substandard deficiency in CY 2024 and will receive half the calculated payment.

■ Resident/Family Satisfaction Survey

To qualify for participation, homes are required to complete a Resident or Family Satisfaction Survey developed, recognized, and standardized by an entity external to the home. The survey is required to be conducted during the CY applied for, submitted with the application, and made available to the public.

Out of 166 applicants for 2025, five homes provided a resident/family satisfaction survey that did not meet the criteria specified and were disqualified from participation.

In addition to the prerequisites, homes were required to provide information concerning:

- Average Daily Census for CY 2024.
- Number of residents and families contacted.
- Name of survey vendor and who is administering the survey (vendor staff, home staff, etc.).
- How the survey is conducted (phone, paper, email, in-person, etc.).

Table 1. Resident Family Satisfaction Survey Data

Home Name	Average Daily Census for CY 2024	# of Residents/Families Contacted	# of Residents/Families Responded	Response Rate
Allison Care Center	74	158	21	13%
Amberwood Post Acute	77	76	53	70%
Arbor View	101	183	66	36%
Arvada Care & Rehab Center	47	14	14	100%
Atlas Post Acute	60	8	8	100%
Berkley Manor Care Center	69	41	41	100%
Berthoud Care and Rehabilitation	70	54	54	100%
Beth Israel at Shalom Park	139	144	122	85%
Boulder Canyon Health and Rehabilitation	111	45	45	100%
Boulder Post Acute	134	42	42	100%
Briarwood Health Care Center	80	47	47	100%
Brighton Care Center	88	65	65	100%
Broadview Health & Rehabilitation Center	90	81	71	88%
Brookshire Post Acute	62	12	12	100%
Brookside Inn	112	102	102	100%
Broomfield Skilled Nursing & Rehab Center	151	149	149	100%
Bruce McCandless Colo State Veterans NH	52	45	44	98%
Cambridge Care Center	88	74	70	95%
Canon Lodge Care Center	N/A	21	21	100%
Canyon View Care Center	76	39	39	100%
Casey's Pond Senior Living	52	42	40	95%
Castle Peak Senior Life & Rehabilitation	41	42	38	90%
Cedars Health Care Center	102	97	36	37%
Centre Ave. Health & Rehab	82	212	49	23%
Cherrelyn Healthcare Center	177	124	76	61%
City Park Healthcare and Rehab Center	98	197	119	60%
Clear Creek Care Center	68	48	48	100%
Colonial Rehabilitation and Nursing	70	52	11	21%
Colorado State Veterans NH - Fitzsimons	132	116	116	100%
Colorado State Veterans NH - Homelake	40	51	46	90%
Colorado State Veterans NH - Rifle	58	41	41	100%
Colorow Care Center	58	121	42	35%
Columbine Manor Care Center	47	29	26	90%
Columbine West Health & Rehab Facility	91	83	28	34%
Cottonwood Rehabilitation and Healthcare Center	35	13	11	85%
Creekside Village Health and Rehabilitation Center	61	63	22	35%
Crestmoor Health and Rehabilitation Center	70	85	66	78%
Denver North Care Center	76	74	52	70%
Devonshire Care Center	69	51	51	100%
Durango Health and Rehabilitation	67	61	49	80%
Eagle Ridge Post Acute	65	29	28	97%
Eben Ezer Lutheran Care Center	72	71	21	30%
Elk Ridge Health & Rehabilitation Center	49	47	42	89%

Home Name	Average Daily Census for CY 2024	# of Residents/ Families Contacted	# of Residents/ Families Responded	Response Rate
Englewood Post Acute & Rehab	75	41	41	100%
Evergreen Nursing Home	43	23	23	100%
FairAcres Manor	101	49	48	98%
Falcon Heights Rehabilitation and Nursing	76	19	2	11%
Forest Street Compassionate Care Center	51	45	21	47%
Fountain View Rehabilitation and Nursing	78	29	29	100%
Fowler Health Care	34	32	26	81%
Garden Terrace Alzheimer's Center	95	27	27	100%
Glenwood Springs Healthcare	38	27	27	100%
Golden Peaks Center	37	22	4	18%
Good Samaritan Society - Fort Collins Village	50	93	48	52%
Good Samaritan Society - Loveland Village	98	161	86	53%
Grace Manor Care Center	26	37	37	100%
Grand River Health Care Center	50	40	40	100%
Gunnison Valley Health Senior Care	30	60	28	47%
Hallmark Nursing Center	89	60	60	100%
Hampden Hills Post Acute	194	109	109	100%
Harmony Pointe Nursing Center	103	53	50	94%
Health Center at Franklin Park	55	45	42	93%
Heritage Park Care Center	42	26	25	96%
Highland Park Rehabilitation & Care Center	98	30	4	13%
Highline Post Acute	104	34	34	100%
Hillcrest Care Center & The Towers	39	14	9	64%
Hilltop Park Post Acute	124	124	83	67%
Holly Care Center	28	33	26	79%
Holly Heights Nursing Home	86	216	46	21%
Horizons Health Care Center	30	28	28	100%
Irondale Post Acute	78	78	44	56%
Julia Temple Healthcare Center	115	19	19	100%
Juniper Village - The Spearly Center	122	1582	1449	92%
Katherine and Charles Hover Green Houses Inc	36	36	36	100%
Kiowa Hills Health & Rehabilitation Center	44	35	35	100%
La Villa Grande Care Center	84	79	49	62%
Lakeshore Post Acute and Rehab Center	67	64	60	94%
Lakewood Villa	47	45	45	100%
Larchwood Inns	91	102	90	88%
LeMay Health & Rehab Center	121	173	34	20%
Life Care Center of Aurora	94	97	95	98%
Life Care Center of Colorado Springs	86	52	48	92%
Life Care Center of Evergreen	52	33	33	100%
Life Care Center of Greeley	70	43	43	100%
Life Care Center of Littleton	96	60	45	75%
Life Care Center of Longmont	116	406	149	37%
Life Care Center of Pueblo	101	70	64	91%
Littleton Care & Rehab Center	33	21	21	100%

Home Name	Average Daily Census for CY 2024	# of Residents/Families Contacted	# of Residents/Families Responded	Response Rate
Lowry Hills Care and Rehabilitation	92	25	4	16%
Malley Transitional Care Center	137	146	145	99%
Mantey Heights Rehabilitation & Care Center	68	64	41	64%
Mapleton Post Acute	73	44	44	100%
McIntosh Care and Rehabilitation Center	58	43	43	100%
Medallion Post-Acute Rehabilitation	57	60	60	100%
Mountain View Post Acute	134	147	38	26%
Mountain Vista Nursing Home	102	115	54	47%
North Shore Health and Rehab	80	1	1	100%
Oakwood Care and Rehabilitation	105	96	96	100%
Orchard Park Health Care Center	122	198	195	98%
Paonia Care & Rehabilitation Center	41	26	26	100%
Park Forest Care Center	83	49	44	90%
Parker Post Acute	118	64	64	100%
Parkview Care Center	62	66	60	91%
Peaks Care Center	73	85	82	96%
Pelican Pointe Health and Rehabilitation Center	90	90	0	0%
Pine Ridge Rehabilitation and Healthcare Center	48	43	21	49%
Pioneer Healthcare Center	83	81	81	100%
Poudre Canyon Rehabilitation and Nursing	72	52	52	100%
Progressive Care Center	59	75	71	95%
Red Cliffs Post Acute	75	36	36	100%
Regent Park Nursing and Rehab	43	43	43	100%
Rehabilitation and Nursing Center of the Rockies	82	70	70	100%
Ridgeview Post Acute	102	100	72	72%
Rio Grande Rehabilitation and Healthcare Center	55	54	47	87%
River Valley Rehabilitation and Healthcare Center	53	56	24	43%
Riverbend Health and Rehabilitation Center	73	108	54	50%
Riverdale Post Acute	90	33	33	100%
Rock Canyon Respiratory and Rehabilitation Center	133	129	129	100%
Rock Creek Rehabilitation and Healthcare Center	29	41	15	37%
Rowan Community Inc	57	43	43	100%
San Luis Care Center	44	27	27	100%
Sierra Post Acute	87	26	26	100%
Silver Heights Skilled Nursing and Rehab	58	62	56	90%
Skylake Post Acute	160	162	117	72%
Skyline Ridge Nursing & Rehabilitation Center	62	46	101	220%
South Platte Rehabilitation and Nursing	53	37	34	92%
South Valley Post Acute Rehabilitation	98	418	29	7%
Spanish Peaks Veterans Community Living	74	78	46	59%
Springs Village Care Center	81	74	51	69%
Sterling Rehabilitation and Nursing	54	40	40	100%
Sundance Skilled Nursing & Rehabilitation	57	63	63	100%
Sunny Vista Living Center	108	116	49	42%
The Gardens Skilled Nursing & Rehabilitation	42	43	43	100%

Home Name	Average Daily Census for CY 2024	# of Residents/Families Contacted	# of Residents/Families Responded	Response Rate
The Green House Homes at Mirasol	63	66	8	12%
The Heights Post Acute	70	67	9	13%
The Pavilion at Villa Pueblo	74	63	58	92%
The Rehabilitation Center at Sandalwood	84	130	92	71%
The Suites at Clermont Park	59	37	35	95%
The Suites at Someren Glen	85	37	36	97%
The Valley Rehabilitation and Healthcare Center	59	23	20	87%
The Villas at Sunny Acres	151	124	124	100%
Thornton Care Center	63	46	6	13%
Trinidad Rehabilitation and Healthcare Center	88	90	72	80%
University Heights Rehabilitation and Care Community	87	100	58	58%
University Park Care Center	106	75	70	93%
Uptown Health Care Center	77	69	69	100%
Valley Manor Care Center	66	51	44	86%
Valley View Health Care Center	57	43	42	98%
Valley View Villa	35	27	27	100%
Villa Manor Care Center	75	51	46	90%
Village Care & Rehab Center	54	40	39	98%
Vista Grande Rehabilitation and Healthcare Center	64	61	45	74%
Walsh Healthcare Center	27	11	11	100%
Washington County Nursing Home	37	37	17	46%
Wellsprings Care Center	60	88	44	50%
Western Hills Health Care Center	89	57	36	63%
Westlake Care Community	62	92	81	88%
Westlake Lodge Health & Rehabilitation Center	73	79	79	100%
Westwood Post Acute	67	14	14	100%
Wheatridge Care Center	58	36	34	94%
Willow Tree Care Center	53	52	27	52%

Preliminary Review

Once the application closes on February 28, a cursory review is completed in the first week of March on key components of the provider documentation submitted. Specifically:

- To ensure the resident/family satisfaction survey is submitted as a required prerequisite item.
- To ensure the provider’s CASPER report is uploaded for the appropriate quarters needed.
- To ensure the provider fully submitted the application and provided the required attestation signature.

Several homes were identified as missing one or more items and a short, specific timeframe was provided to correctly submit the missing documentation/attestation signature. Applicants could not

upload additional documents other than those noted above and were not permitted to change their initial scores.

Supplemental Payments

Since the program’s inception on July 1, 2009, the per diem rates for the P4P program ranged from \$0.00 to \$4.00. An increase in these per diem rates occurred for the first time beginning July 1, 2024. For state fiscal year (SFY) 2024-25 and 2025-26, the P4P per diem rates shall equal no less than 12% of all annual provider fee supplemental payments. For SFY 2026-27 and all subsequent years, they shall equal no less than 15% of all annual provider fee supplemental payments.

The point range and reimbursement for each tier are:

Table 2. Per Diem Rate

P4P Points	2009-2023	2024 12%	2025 12%	2026 15%
0-20	\$0.00	\$0.00	\$0.00	0(x)
21-45	\$1.00	\$1.59	\$1.48	1(x)
46-60	\$2.00	\$3.18	\$2.96	2(x)
61-79	\$3.00	\$4.77	\$4.44	3(x)
80-100	\$4.00	\$6.36	\$5.92	4(x)

Application Results

In total, 166 homes out of 180 homes applied and were scored for the program year, accounting for a 92.2% participation rate. Five of these homes did not meet the prerequisite requirement for the resident/family survey, bringing the official total applicant percentage to 89.4%, and are included in the “0X” lines for 2025 in *Table 3*.

Table 3. Per Diem Category

Per Diems	2020	2021	2022	2023	2024	2025
Per Diem 0X (Homes)	2	0	3	1	5	8
Per Diem 0X (%)	2%	0%	3%	1%	3%	5%
Per Diem 1X (Homes)	10	0	12	18	16	14
Per Diem 1X (%)	8%	0%	10%	14%	11%	8%
Per Diem 2X (Homes)	15	16	9	24	24	20
Per Diem 2X (%)	12%	12%	8%	19%	16%	12%
Per Diem 3X (Homes)	51	56	51	49	62	52
Per Diem 3X (%)	40%	43%	44%	39%	41%	31%
Per Diem 4X (Homes)	47	57	40	34	44	72
Per Diem 4X (%)	38%	44%	35%	27%	29%	43%
Total Applicants	138	126	115	126	151	166

Table 4 below includes the self-scores and reviewer scores for each home in the current 2025 application year.

Table 4. 2025 Application Final Score

PFID	Home Name	2025 Self Score	2025 Final Score
924	Allison Care Center	84	80
925	Thornton Care Center	78	71
926	Amberwood Post Acute	85	78
927	Mcintosh Care and Rehabilitation Center	83	82
928	Arvada Care & Rehab Center	91	85
929	Falcon Heights Rehabilitation and Nursing	78	50
930	Lowry Hills Care and Rehabilitation	96	90
931	The Heights Post Acute	87	66
932	Bent County Healthcare Center	100	71
933	Berkley Manor Care Center	71	64
934	Berthoud Care and Rehabilitation	92	85
935	Beth Israel at Shalom Park	91	88
936	Oakwood Care and Rehabilitation	86	84
937	Boulder Canyon Health and Rehabilitation	92	92
938	Briarwood Health Care Center	92	78
939	Brighton Care Center	85	84
940	Brookshire Post Acute	92	83
941	Brookside Inn	86	86
942	Cambridge Care Center	88	81
943	Canon Lodge Care Center	62	52
944	Silver Heights Skilled Nursing and Rehab	86	75
945	Kiowa Hills Rehabilitation and Nursing	80	52
946	Westlake Health and Rehab Center	82	76
947	Cherrellyn Healthcare Center	29	10
948	Hampden Hills Post Acute	82	82
949	Englewood Post Acute & Rehab	86	85
952	Clear Creek Care Center	77	74
953	Colonial Rehabilitation and Nursing	75	62
954	Colorow Care Center	85	85
955	Columbine Manor Care Center	67	50
956	Columbine West Health & Rehab Facility	87	73
957	Riverdale Post Acute	73	67
958	Crowley County Nursing Center	76	72
959	Denver North Care Center	93	86
960	Devonshire Care Center	79	72
961	Casey's Pond Senior Living	80	72
962	Eagle Ridge Post Acute	85	77
963	Eben Ezer Lutheran Care Center	79	76
964	Evergreen Nursing Home	28	19
965	Forest Street Compassionate Care Center	30	17
966	Poudre Canyon Rehabilitation and Nursing	84	53

PFID	Home Name	2025 Self Score	2025 Final Score
967	Durango Health and Rehabilitation	81	81
968	Fowler Health Care	90	90
969	The Gardens Skilled Nursing & Rehabilitation	92	74
970	Westlake Care Community	85	78
971	Glenwood Springs Healthcare	82	59
972	Grace Manor Care Center	77	45
973	Harmony Pointe Nursing Center	77	84
974	Health Center at Franklin Park	88	91
975	Heritage Park Care Center	17	13
977	Hillcrest Care Center & The Towers	61	48
978	Holly Care Center	95	85
981	Julia Temple Healthcare Center	93	86
982	Juniper Village – The Spearly Center	94	43
984	Rock Creek Rehabilitation and Healthcare Center	90	87
985	Broadview Health and Rehabilitation	89	89
986	Larchwood Inns	58	41
988	Life Care Center of Colorado Springs	62	55
989	Life Care Center of Evergreen	71	65
990	Life Care Center of Greeley	92	85
991	Life Care Center of Littleton	95	66
992	Life Care Center of Longmont	81	52
993	Life Care Center of Pueblo	83	44
996	Littleton Care & Rehab Center	94	88
997	Mapleton Post Acute	87	85
998	Boulder Post Acute	92	90
999	Lakeshore Post Acute and Rehab Center	90	86
1000	Sundance Skilled Nursing & Rehabilitation	98	94
1001	Westwood Post Acute	90	81
1002	Canyon View Care Center	80	76
1003	Parkview Care Center	95	88
1004	Pine Ridge Rehabilitation and Healthcare Center	86	77
1005	Pioneer Healthcare Center	87	59
1007	Elk Ridge Health & Rehabilitation Center	77	69
1008	San Luis Care Center	37	26
1010	Riverbend Health and Rehab	91	85
1011	Creekside Village Rehabilitation and Nursing	80	42
1012	Springs Village Care Center	83	66
1013	Sterling Rehabilitation and Nursing	86	46
1014	Sunny Vista Living Center	77	34
1015	South Platte Rehabilitation and Nursing	73	46
1016	Fountain View Rehabilitation and Nursing	86	74
1017	Trinidad Rehabilitation and Healthcare Center	98	87
1018	University Park Care Center	73	65
1019	Uptown Health Care Center	89	86
1020	Valley Manor Care Center	93	85
1021	Valley View Villa	88	83

PFID	Home Name	2025 Self Score	2025 Final Score
1022	Villa Manor Care Center	84	67
1023	Vista Grande Rehabilitation and Healthcare Center	98	86
1026	Walsh Healthcare Center	100	87
1027	Washington County Nursing Home	68	50
1028	Western Hills Health Care Center	85	69
1029	Rock Canyon Respiratory and Rehabilitation Center	94	83
1030	Wheatridge Care Center	86	80
1031	Willow Tree Care Center	77	40
1032	Pelican Pointe Health and Rehabilitation Center	82	77
1036	Belmont Lodge Health Care Center	84	32
1038	Broomfield Skilled Nursing & Rehab Center	93	71
1039	Bruce McCandless Colo State Veterans NH	85	71
1040	Highland Park Rehabilitation & Care Center	94	87
1043	Cedars Health Care Center	86	54
1044	Medallion Post Acute Rehabilitation	94	86
1046	The Pavilion at Villa Pueblo	65	63
1047	Progressive Care Center	79	69
1048	Mountain View Post Acute	72	53
1049	The Suites at Someren Glen	79	77
1050	The Suites at Clermont Park	92	86
1051	Colorado State Veterans NH – Fitzsimons	77	68
1052	Colorado State Veterans NH – Homelake	75	66
1053	Colorado State Veterans NH – Rifle	83	70
1054	Spanish Peaks Veterans Community Living	93	86
1056	Grand River Health Care Center	91	77
1057	Skylake Post Acute	75	75
1058	Lakewood Villa	78	63
1059	Arbor View	89	81
1060	FairAcres Manor	85	81
1062	Good Samaritan Society - Fort Collins Village	83	73
1064	Garden Terrace Alzheimer's Center	79	49
1065	Storybrook Care & Rehabilitation	91	84
1067	Gunnison Valley Health Senior Care	87	61
1068	Hallmark Nursing Center	72	39
1069	Highline Post Acute	83	84
1070	Holly Heights Care and Rehabilitation	91	85
1071	Horizons Health Care Center	93	88
1072	South Valley Post Acute Rehabilitation	98	95
1073	La Villa Grande Care Center	48	30
1074	LeMay Health & Rehab Center	84	64
1076	Good Samaritan Society - Loveland Village	82	76
1077	Malley Transitional Care Center	88	84
1079	Hilltop Park Post Acute	98	94
1080	Mantey Heights Rehabilitation & Care Center	68	35
1081	Red Cliffs Post Acute	93	83
1082	Crestmoor Health and Rehabilitation Center	98	93

PFID	Home Name	2025 Self Score	2025 Final Score
1084	Mountain Vista Nursing Home	80	73
1085	North Shore Health and Rehab	91	64
1086	Paonia Care & Rehabilitation Center	56	45
1087	Park Forest Care Center	93	93
1089	Peaks Care Center	56	50
1090	Wellsprings Care Center	86	67
1092	Atlas Post Acute	66	61
1093	Regent Park Nursing and Rehab	99	91
1094	Rehabilitation and Nursing Center of the Rockies	83	82
1095	Rowan Community Inc	91	83
1096	University Heights Rehabilitation and Care Community	87	85
1097	Rehabilitation Center at Sandalwood	87	84
1098	Sandrock Ridge	46	39
1100	Sierra Post Acute	92	85
1101	Skyline Ridge Nursing & Rehabilitation Center	83	41
1103	City Park Healthcare and Rehab Center	83	83
1105	The Valley Rehabilitation and Healthcare Center	91	87
1106	Valley View Health Care Center	87	82
1107	Village Care & Rehab Center	79	34
1108	The Villas at Sunny Acres	91	85
1110	Irondale Post Acute	84	70
1111	Ridgeview Post Acute	92	86
1120	Centre Ave. Health & Rehab	93	86
1124	Orchard Park Health Care Center	90	51
1129	Life Care Center of Aurora	89	72
1337	Rio Grande Rehabilitation and Healthcare Center	92	82
1343	Parker Post Acute	90	88
1405	Cottonwood Rehabilitation and Healthcare Center	90	79
1406	The Green House Homes at Mirasol	77	48
1410	Forest Ridge	91	91
1412	Castle Peak Senior Life & Rehabilitation	87	69
1420	River Valley Rehabilitation and Healthcare Center	89	75
1425	Katherine and Charles Hover Green Houses Inc	74	57

The average self, reviewer, and difference between these two figures have remained consistent over the years. Reference *Table 5*.

Table 5. Historical Scoring Summary

Application Year	Average Self Score	Average Reviewer Score	Average Difference
2020	77	70	-7
2021	86	75	-11

Application Year	Average Self Score	Average Reviewer Score	Average Difference
2022	79	69	-10
2023	78	64	-14
2024	81	66	-15
2025	82	70	-12

Application Measures

The 2025 P4P application is comprised of 23 measures within two domains: Quality of Life and Quality of Care.

Table 6. Domain: Quality of Life

Domain: Quality of Life	Available Points
Resident Directed Care	-
1. Enhanced Dining	3
2. Enhanced Personal Care	3
3. End of Life Program	2
4. Connection and Meaning	5
5. Person-Directed Care Programming & Training	4
6. Trauma – Informed Care	5
7. Daily Schedules and Care Planning	3
Community Centered Living	-
8.1. Physical Environment – Appearance	2
8.2. Physical Environment – Noise Management	3
Relationships with Staff, Family, Residents and Home	-
9. Consistent Assignments	4
10. Volunteer Program	3
Staff Empowerment	-
11. Staff Engagement	3
12. Transitions of Care: Admissions, Transfer and Discharge Rights	4
13.1. Equity – Initiatives	4
13.2. Equity – Accessibility	2
14. Isolation Protocols	2

Table 7. Domain: Quality of Care

Domain: Quality of Care	Available Points
Quality of Care	-
15. Vaccine Education	2
16. Reducing Avoidable Hospitalizations	3
17.1 Nationally Reported Quality Measure Scores - Narrative	1
17.2-17.9 Nationally Reported Quality Measure Scores	20

Domain: Quality of Care	Available Points
18. Best Practices	5
19. Antibiotic Stewardship and Infection Prevention & Control	5
Staff Stability	-
20. Staff Retention Rate	3
21. DON and NHA Retention	2
22. Nursing Staff Turnover Rate	3
Behavioral Health	-
23. Behavioral Health Care	4
Total Application Points	100

Score results by measure are detailed in *Table 8* below.

Table 8. Score Results by Measure

Measure	Homes Applied in 2025	Did Not Receive Points	% Did Not Receive Points
1. Enhanced Dining	159	50	31%
2. Enhanced Personal Care	149	50	34%
3. End of Life Program	149	18	12%
4. Connection and Meaning	155	16	10%
5. Person-Directed Care Programming & Training	156	25	16%
6. Trauma – Informed Care	137	13	9%
7. Daily Schedules and Care Planning	152	29	19%
8.1 Physical Environment – Appearance	159	11	7%
8.2 Physical Environment – Noise Management	159	13	8%
9. Consistent Assignments	155	39	25%
10. Volunteer Program	151	26	17%
11. Staff Engagement	132	36	27%
12. Transitions of Care: Admissions, Transfer and Discharge Rights	146	45	31%
13.1 Equity – Initiatives	145	54	37%
13.2 Equity – Accessibility	145	19	13%
14. Isolation Protocols	157	8	5%
15. Vaccine Education	158	5	3%
16. Reducing Avoidable Hospitalizations	146	10	7%
17.1 Nationally Reported Quality Measure Scores - Narrative	161	6	4%
17.2-17.9 Nationally Reported Quality Measure Scores	161	2	1%
18. Best Practices	-	-	-
18.1.1 Safe Physical Environment	157	2	1%
18.1.2 Pain Management	157	2	1%
18.1.3 Prevention of Abuse and Neglect	157	2	1%
19. Antibiotic Stewardship and Infection Prevention & Control	-	-	-
19.1 Documentation	153	43	28%
19.2.1 Quality Measures – UTI	153	38	25%
19.2.2 Quality Measures – Catheter	153	26	17%

Measure	Homes Applied in 2025	Did Not Receive Points	% Did Not Receive Points
20. Staff Retention Rate	144	27	19%
21. DON and NHA Retention	73	31	42%
22. Nursing Staff Turnover Rate	135	11	8%
23. Behavioral Health Care	115	18	16%

Measure 1: Enhanced Dining

Minimum requirements:

- Narrative describing program that addresses communal and in-room dining.
- Evidence that menu options are more than an entrée/alternate selection and include a variety of options daily.
- One menu cycle at least four weeks in length.
- How menu options were developed using resident information from the Facility Assessment.
- Narrative with policies and procedures ensuring access to food 24 hours per day.
- External survey questions used to evaluate food satisfaction with results.

Table 9. Enhanced Dining

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	121	97%	104	86%
2021	119	92%	56	47%
2022	104	90%	68	65%
2023	113	90%	69	61%
2024	143	95%	95	66%
2025	159	99%	109	69%

The Enhanced Dining measure has been included in the application since the program’s inception, and the minimum requirements have been refined over the years. This measure experiences a high application rate and consistent awarded percentage.

Examples of findings where points were not awarded include:

1. The narrative submitted did not address in-room or communal dining.
2. Information from the facility assessment did not provide details regarding how the menu options were developed.
3. For Measure 1.7, external survey questions with results were not provided.

Measure 2: Enhanced Personal Care

Minimum requirements:

- Narrative describing flexible enhanced personal care practices (bathing, personal hygiene, oral care).
- Evidence that residents are given choices regarding time, caregiver, and type of bath.
- Color photos and other evidence that bathing atmosphere includes home decor.
- Two bathing and two oral care plans that demonstrate creative approaches to resident choices.
- Training for flexible and enhanced bathing and oral care.

Table 10. Enhanced Personal Care

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	111	89%	103	93%
2021	117	91%	86	74%
2022	102	89%	73	72%
2023	106	85%	81	76%
2024	133	88%	104	78%
2025	149	93%	99	66%

Examples of findings where points were not awarded include:

1. The option to choose a caregiver is not identified on the interview form.
2. The preference sheet submitted for Measure 2.2 does not identify where the resident is given a preference in caregiver.
3. No evidence was submitted that displays trainings were held during the current year. In addition, no training materials were provided.
4. The documentation dates for Measures 2.4 and 2.5 were not included. It is unclear if the care plans are related to a resident in the current year.
5. Evidence of training was not provided for Measures 2.6 and 2.7.

Measure 3: End of Life Program

Minimum requirements:

- Narrative that identifies individual preferences, spiritual needs, wishes, expectations, specific grief counseling, and a plan for honoring those who have died and process to inform the home.
- Documentation of four past residents' wishes and how they were honored or plan to honor current residents' future wishes if four are not available.
- Narrative on the home is preparing staff through end-of-life programming, including efforts to make residents' wishes known to staff.
- Education that focuses on staff's attention to resident preferences re: end-of-life experience.

- Two non-management staff testimonials describing end-of-life planning.

Table 11. End of Life Program

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	117	94%	106	91%
2021	128	99%	97	76%
2022	104	90%	89	86%
2023	106	85%	80	75%
2024	129	85%	97	75%
2025	149	93%	131	88%

Examples of findings where points were not awarded include:

- For Measure 3.4, evidence of employee education was not included.
- The testimonials submitted are unsigned.

Measure 4: Connection and Meaning

Minimum requirements:

- Description of how the home provides connection and meaning to residents that reflects their unique individual needs in the community.
- Four examples that demonstrate connection and meaning.
- Four resident/family and two non-management staff testimonials that discuss and identify shared decision-making and ways residents stay connected to the world.

Table 12. Connection and Meaning

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	118	94%	109	92%
2021	127	98%	120	94%
2022	110	96%	93	85%
2023	120	92%	108	90%
2024	142	94%	127	89%
2025	155	96%	139	90%

Examples of findings where points were not awarded include:

- Staff signatures are missing on testimonials.
- Testimonials are not dated, and it is unclear if they are related to the 2025 application. In addition, the two non-management staff testimonials were not submitted.

Measure 5: Person-Directed Care Training

Minimum requirements:

- Narrative describing home’s person-directed care programming.
- Narrative on how person-directed training curriculum considers the Facility Assessment in defining training objectives and details on plan to move forward and reintroduce person-directed training.
- Mission and Vision Statement regarding person-directed care (separate from narrative).
- List of person-directed training provided.

Table 13. Person-Directed Care

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	115	92%	101	88%
2021	126	98%	111	88%
2022	103	90%	82	80%
2023	113	90%	94	83%
2024	138	91%	120	87%
2025	156	97%	131	84%

Examples of findings where points were not awarded include:

1. The narratives for 5.1 and 5.2 were combined. While the narrative meets the requirements for 5.2 Training Curriculum, sufficient details did not exist describing the overall person-directed programming.
2. The narrative did not include information about how the Facility Assessment is used to develop the training curriculum.

Measure 6: Trauma-Informed Care

Minimum requirements:

- Statistical report of residents likely to need trauma-informed care based on known trauma broken down by percentage with psychiatric diagnoses, percentage of residents with diagnosis or history of alcoholism or drug addiction, and percentage of residents with known history of trauma.
- Narrative on using data and information around known trauma from the Facility Assessment, other assessments, or other means to influence programming and staff training. Include a specific example.
- Narrative on using data and information around known trauma from the Facility Assessment, other assessments, or other means to recognize trauma, develop an approach, and alter a care plan. Include a specific example.

- Complete the Trauma-Informed Care Tool to indicate which trainings were used.
- Documentation of Trauma-Informed Care trainings and specified in the Tool which can include attendance sign-in sheets, training presentation slides, etc.
- Narrative describing initiatives and training around current trauma experienced related to:
 - Grief management, including anticipatory grief.
 - Coping mechanisms.
 - Compassionate care.
 - Managing trauma-related stress.
 - Building resilience in staff and residents.

Table 14. Trauma-Informed Care

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	119	95%	113	95%
2021	121	94%	54	45%
2022	100	87%	83	83%
2023	104	83%	77	74%
2024	134	89%	103	77%
2025	137	85%	124	91%

Examples of findings where points were not awarded include:

1. The narrative submitted did not provide information on how the data and assessments specifically influence programming and staff training.
2. No documentation of Trauma-Informed Care trainings was submitted.

Measure 7: Daily Schedules and Care Planning

Minimum requirements:

- Narrative of process used to obtain the resident’s perspective in implementing their daily schedules.
- Two resident testimonials that prove implementation of their choices, preferences, and daily schedules.
- Two care plans for the same residents providing testimonials that identify the resident or responsible party and direct care staff that participated in developing the care plan. The care plans must document resident choices and identify participants and corresponding job titles.
- Two testimonials from staff that attended and participated in the care planning process.

Table 15. Daily Schedules and Care Planning

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	111	89%	102	92%
2021	128	99%	117	91%
2022	106	92%	88	83%
2023	107	86%	87	81%
2024	135	89%	122	90%
2025	152	94%	123	81%

Examples of findings where points were not awarded include:

1. Care plans do not identify the participants in care plan development and documentation does not confirm that the participants agree to the testimonials submitted.
2. Only one testimonial was provided.

Measure 8: Physical Environment – Appearance (8.1) and Noise Management (8.2)

Minimum requirements:

- Narrative of process used for de-institutionalization of the physical environment (can include examples that allow residents/staff to choose decor that reflects the community).
- Captioned photographic support of items in narrative and those described below:
 - Common areas for residents to remain independent and social (personal laundry, cooking and pantry areas, social areas).
 - Common areas are easily accessible, free of clutter, and lack visible medical equipment. Nurses’ stations, indoor, and outdoor common areas are included at a minimum.
 - Evidence of home-like environment as directed by residents and staff.

Table 16. Physical Environment – Appearance

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	119	95%	112	94%
2021	120	93%	116	97%
2022	110	96%	97	88%
2023	113	90%	96	85%
2024	142	94%	125	88%
2025	159	99%	148	93%

Minimum requirements:

- Evaluation and action plan to coordinate patient care, operations, and maintenance activities to reduce disruptions involving residents, visitors, and staff of extraneous noise and opportunities to reduce noise. A plan or policy speaking to the reduction or elimination of extraneous noise throughout the building and identifying opportunities to reduce noise.
- A description of strategies used to reduce extraneous noise and difficulties experienced if no improvement is noted.
- Current policy for absence of overhead paging except in emergency situations.
- Narrative that includes a minimum of two examples of approaches toward improving sleeping environments (night owl wings, lighting options, noise management).

Table 17. Physical Environment – Noise Management

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	109	87%	98	90%
2021	118	91%	103	87%
2022	103	90%	91	88%
2023	106	85%	71	67%
2024	133	88%	88	66%
2025	159	99%	146	92%

The application and awarded percentages are both greater than 90%. No further analysis will be included. However, note that providers were not awarded in several instances due to required captions not being included with photographic support.

Measure 9: Consistent Assignments

Minimum requirements:

- Narrative of process for maximizing consistent assignments.
- Three testimonials (including at least one staff member and one resident) that reflect the existence of consistent care assignments.
- One point recovery for Quality Assurance and Performance Improvement (QAPI) project if minimum requirements are not met.

Table 18. Consistent Assignments

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	116	93%	109	94%
2021	128	99%	110	86%
2022	107	93%	99	93%

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2023	117	94%	108	92%
2024	142	94%	132	93%
2025	155	96%	116	75%

Examples of findings where points were not awarded include:

1. Only two testimonials were submitted instead of the three required.
2. Two testimonials do not speak to the consistent assignments of staff.

Measure 10: Volunteer Program

Minimum requirements:

- Narrative that describes volunteer program. Include copy of written volunteer policy.
- Documentation of two distinct opportunities where residents have given to others or their home (examples given in application).
- Two distinct opportunities that had external volunteers with documentation such as volunteer attendance log, sign-in sheet, email, flyer, etc.
- Two resident testimonials from participating residents that reflect two different projects.

Table 19. Volunteer Program

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	116	93%	106	91%
2021	110	85%	45	41%
2022	96	83%	72	75%
2023	103	82%	73	71%
2024	138	91%	116	84%
2025	151	94%	125	83%

Examples of findings where points were not awarded include:

1. Evidence for only one opportunity was submitted. Only one testimonial was submitted.
2. The documentation did not include a written volunteer policy.
3. Only one opportunity was documented for resident volunteers.

Measure 11: Staff Engagement

Minimum requirements:

- Narrative that describes what home is doing to promote the engagement and work-life balance of staff.

- Program or policy and procedures that may include staff advancement, tuition reimbursement, staff wellness, and posting of open positions.
- Existence of staff programs that foster development and engagement through participation (examples given). Four testimonials from staff on empowerment opportunities.
- One example per quarter of staff support or engagement unrelated to typical policies and benefits package.
- Narrative of how staff mentoring or buddy system programs have changed given the adjustments made to home and infection control plan in response to regulatory requirements.
- Completed Staff Satisfaction Survey Tool and documentation of at least a 70% response rate for survey. Include results for “Overall Satisfaction” question.
- One point recovery for QAPI project if minimum requirements are not met.

Table 20. Staff Engagement

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	100	80%	89	89%
2021	127	98%	117	92%
2022	84	73%	67	80%
2023	92	74%	56	61%
2024	122	81%	105	86%
2025	132	82%	96	73%

Examples of findings where points were not awarded include:

1. The provider only submitted three testimonials on empowerment opportunities.
2. The examples of staff support or engagement were not broken down/identified by quarter.
3. Several quarters were missing from the documentation submitted for Measure 11.4. The response rate was not included for Measure 11.5.

Measure 12: Transitions of Care: Admissions, Transfer and Discharge Rights

Minimum requirements:

- Name and contact number of the individual who is the liaison at the local agency between the home and community placement referrals.
- Staff education and training objectives for Options Counseling that occurred.
- CASPER Report Minimum Data Set 3.0 Facility Characteristics Report for third and fourth quarter 2024.
- Discharge plan section of the care plan for four residents that demonstrate ongoing resident or representative involvement in the discharge care plan.

- Narrative of process for onboarding new residents, including how it prepares them for and supports their transition to a nursing home setting, minimizes re-traumatization, and addresses their psychosocial and socioeconomic needs.
- Narrative of how the home developed its onboarding process, including one example of how resident input is included (examples included).

Table 21. Transitions of Care: Admissions, Transfer and Discharge Rights

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	108	86%	96	89%
2021	124	96%	113	91%
2022	100	87%	80	80%
2023	104	83%	71	68%
2024	123	81%	94	76%
2025	146	91%	101	69%

Examples of findings where points were not awarded include:

1. Quality Measure reports submitted instead of Facility Characteristics report.
2. An example of how resident input is included in the development of the onboarding process was not provided in the narrative.

Measure 13: Equity – Initiatives (13.1) and Accessibility (13.2)

Minimum requirements:

- Written public-facing statement that supports and prioritizes implementation and administration of a program improving health disparities by ensuring equitable care. Submit the location of the statement (e.g., URL to webpage).
- Evidence of training in such areas as:
 - Racial and ethnic disparities and their root causes.
 - Implicit bias.
 - Ageism or ableism.
 - Gender identity or sexual orientation equity.
- Evidence of initiatives to increase equity awareness and sensitivity for residents and staff that includes documentation of the initiative’s activities.

Table 22. Equity – Initiatives (13.1)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	-	-	-	N/A

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2022	-	-	-	N/A
2023	-	-	-	N/A
2024	108	72%	53	49%
2025	145	90%	91	63%

Minimum requirements:

- Narrative describing how communications with residents about their medical care in languages other than English meet non-English proficiency requirements (examples provided).
- Narrative on plan for ensuring appropriate auxiliary aids and services are provided to individuals with a communications disability. Address each of the following categories:
 - Auxiliary aids and services for speech deficits.
 - Auxiliary aids and services for vision impairments.
 - Auxiliary aids and services for manual impairments.

Describe a specific example for one resident.

Table 23. Equity – Accessibility (13.2)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	-	-	-	N/A
2022	-	-	-	N/A
2023	-	-	-	N/A
2024	129	85%	59	46%
2025	145	90%	126	87%

Examples of findings where points were not awarded include:

1. The public-facing statement was submitted as 13.1.3 instead of evidence of the initiatives.
2. The provider submitted documentation filed as 13.1.1 but it was three duplicates of 13.1.2 (training). No public statement was uploaded.
3. The public-facing statement does not address equitable care. The documentation submitted does not address initiatives for equity awareness and sensitivity, only general updates and activity planning.
4. No public-facing statement nor location of statement was provided.

Measure 14: Isolation Protocols

Minimum requirements:

- Narrative describing isolation protocols that demonstrates during isolation residents have the means and ability to:
 - Communicate with their families.
 - Connect with each other.
 - Provide input into care preferences.
 - Provide input into food preferences and ensure that specific requests are met.
 - Have access to resources that can care for mental health during isolation.
 - Communicate with staff by ensuring that staff wear name tags and check in on patients.
 - Stay active mentally and physically.

Table 24. Isolation Protocols

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	-	-	-	N/A
2022	-	-	-	N/A
2023	121	97%	113	93%
2024	149	99%	140	94%
2025	157	98%	149	95%

The application and awarded percentages are both greater than 90%. No further analysis will be included.

Measure 15: Vaccination Education

Minimum requirements:

- Narrative describing educational efforts on the following three vaccinations for residents and staff: Pneumococcal, Influenza, and COVID-19.

Table 25. Vaccination Data

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	128	99%	123	96%
2022	111	97%	106	95%
2023	124	99%	117	94%
2024	150	99%	144	96%
2025	158	98%	153	97%

The application and awarded percentages are both greater than 90%. No further analysis will be included.

Measure 16: Reducing Avoidable Hospitalizations

Minimum requirements:

- Department data provided will determine if the home has a long stay hospitalization rate below 12.1% for the most recently available rolling 12-month average or has documented improvement in rates between the two most recently available 12-month measurement periods.
- Four cases with documentation provided to the receiving hospital or facility as well as the documented reason in the medical record regarding why each resident was hospitalized or discharged to the receiving facility (INTERACT or like program paperwork).

Table 26. Reducing Avoidable Hospitalizations

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	96	77%	83	86%
2021	129	100%	129	100%
2022	No data	No data	No data	0%
2023	86	69%	78	91%
2024	113	75%	32	28%
2025	146	91%	136	93%

The application and awarded percentages are both greater than 90%. No further analysis will be included. Reference the 2026 Pay for Performance Application for significant revisions to this measure.

Measure 17: Nationally Reported Quality Measure Scores 17.1-17.9

The one-point narrative is awarded for those homes that submit a narrative describing the three lowest scoring quality measures based on the resident population served.

Table 27. Quality Measures – Narrative

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	119	95%	114	96%
2021	125	97%	124	99%
2022	111	97%	110	99%
2023	117	94%	110	94%
2024	144	95%	134	93%
2025	161	100%	155	96%

The application and awarded percentages are both greater than 90%. No further analysis will be included.

The number of Homes Awarded data corresponds to homes that were awarded a point value, regardless of what points they applied for. The “0 Points” column includes those homes who scored 0 points, those who did not submit the appropriate CASPER Reports, and those applicants who did not apply for the measure.

Measure 17.2: Residents Who Lose Too Much Weight (L)

Table 28. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	41	36%	5	4%	8	7%	19	17%	42	37%
2023	33	26%	8	6%	6	5%	12	10%	67	53%
2024	42	27%	9	6%	12	8%	13	9%	75	50%
2025	55	34%	7	4%	24	15%	16	10%	59	37%

Measure 17.3: Residents with One or More Falls with Major Injury (L)

Table 29. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	28	24%	10	9%	10	9%	14	12%	53	46%
2023	30	24%	4	3%	7	6%	20	16%	90	71%
2024	39	26%	8	5%	10	7%	15	10%	79	52%
2025	29	18%	12	7%	20	12%	15	9%	85	53%

Measure 17.4: Residents with Depression Symptoms (L)

Table 30. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	23	20%	2	2%	14	12%	27	23%	49	43%
2023	28	22%	5	4%	7	6%	12	10%	74	58%
2024	27	18%	2	1%	12	8%	15	10%	95	63%
2025	27	17%	4	2%	19	12%	24	15%	87	54%

Measure 17.5: Residents Who Received Antipsychotic Medications (L)

Table 31. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	20	17%	5	4%	3	3%	18	16%	69	60%
2023	18	14%	4	3%	22	17%	12	10%	70	56%
2024	38	25%	3	2%	9	6%	15	10%	86	57%
2025	43	27%	11	7%	10	6%	7	4%	90	56%

Measure 17.6: Residents Whose Ability to Walk [Move] Independently Worsened (L)

Table 32. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	42	36%	9	8%	9	8%	21	18%	34	30%
2023	55	44%	3	2%	15	12%	6	5%	47	37%
2024	39	26%	8	5%	9	6%	13	9%	82	54%
2025	54	34%	12	7%	5	3%	12	7%	78	48%

Measure 17.7: High Risk Residents with Pressure Ulcers (L)

Table 33. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	43	37%	5	4%	3	3%	24	21%	40	35%
2023	26	21%	15	12%	13	10%	5	4%	67	53%
2024	50	33%	5	3%	16	11%	14	9%	66	44%
2025	38	24%	8	5%	25	16%	16	10%	74	46%

Measure 17.8: Residents Whose Need for Help with Daily Activities has Increased (L)

Table 34. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	42	36%	7	6%	6	5%	11	10%	49	43%
2023	37	29%	4	3%	7	6%	13	10%	65	52%
2024	46	30%	6	4%	19	13%	10	7%	70	46%
2025	49	30%	5	3%	22	14%	19	12%	66	41%

Measure 17.9: Residents with New or Worsened Bowel or Bladder Incontinence (L)

Table 35. Homes Awarded

Application Year	4 Points	%	3 Points	%	2 Points	%	1 Point	%	0 Points	%
2022	28	24%	7	6%	3	3%	23	20%	54	47%
2023	23	18%	7	6%	8	6%	13	10%	75	60%
2024	43	29%	7	5%	17	11%	11	7%	73	48%
2025	39	24%	8	5%	11	7%	13	8%	90	56%

Measure 18: Best Practices

Safe Physical Environment (18.1)

Pain Management (18.2)

Prevention of Abuse and Neglect (18.3)

Minimum requirement:

- Narrative with a minimum of two examples of how home maintains a safe physical environment to prevent falls (examples provided).

Table 36. Best Practices – Safe Physical Environment (18.1)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	124	96%	121	98%
2022	109	95%	107	98%
2023	122	98%	119	98%
2024	147	97%	141	96%
2025	157	98%	155	99%

Minimum requirement:

- Narrative with a minimum of two examples of home’s non-pharmacological approach to pain management.

Table 37. Best Practices – Pain Management (18.2)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	124	96%	123	99%
2022	109	95%	107	98%

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2023	120	96%	119	99%
2024	142	94%	141	99%
2025	157	98%	155	99%

Minimum requirement:

- Narrative with a minimum of two examples of how the home approaches abuse and neglect, including any combination of interactions between residents and caregivers. It should address how the home promotes safe culture, communicates reporting processes, and addresses risk factors for staff and residents. Some of the most common risk factors include:
 - Staff:
 - Workload, stress, exhaustion, compassion fatigues.
 - Inadequate training on how to diffuse challenging situations and how to report abuse.
 - Inadequate staff screening.
 - Residents:
 - Lack of visitors.
 - Cognitive impairment.
 - Mix of ages or medical complexity.

Table 38. Best Practices – Prevention of Abuse and Neglect (18.3)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	124	96%	123	99%
2022	108	94%	106	98%
2023	119	95%	114	96%
2024	145	96%	143	99%
2025	157	98%	155	99%

The application and awarded percentages are both greater than 90%. No further analysis will be included.

Measure 19: Antibiotics Stewardship and Infection Prevention & Control

Documentation (19.1)

Quality Measures (19.2)

Minimum requirements:

- Complete/submit all sections pertaining to Long-Term Care Facilities in Section 1 (Demographics – Long-Term Care) and Modules 1-10 of the Centers for Disease Control and Prevention (CDC) Infection Control Assessment and Response Tool.
- Narrative of how the home maintained infection control, including how staff were trained, how the infection control plan was implemented, etc.
- Submit the name and qualifications of your infection preventionist.

Table 39. Antibiotic Stewardship – Documentation (19.1)

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	110	88%	95	86%
2021	123	95%	85	69%
2022	107	93%	90	84%
2023	113	90%	73	65%
2024	137	91%	94	69%
2025	153	95%	110	72%

Minimum requirements:

- Complete the Antibiotics Stewardship and Infection Prevention & Control Quality Measure Calculation Tool and submit CASPER Quality Measure Data on **UTI (L) N024.02**. To receive points, the two-quarter average from 2024 Q3 and Q4 must be better than either the two-quarter state average from 2024 Q3 and Q4 or the two-quarter average from 2023 Q3 and Q4.
- Complete the Antibiotics Stewardship and Infection Prevention & Control Quality Measure Calculation Tool and submit CASPER Quality Measure Data on **Catheter Inserted or Left in Bladder (L) N026.03**. To receive points, the two-quarter average from 2024 Q3 and Q4 must be better than either the two-quarter state average from 2024 Q3 and Q4 or the home’s two-quarter average from 2023 Q3 and Q4.

Table 40. Antibiotic Stewardship – Quality Measures (19.2)

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

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2021	128	99%	124	97%
2022	100	87%	94	94%
2023	109	87%	95	87%
2024	134	89%	134	100%
2025	153	95%	143	93%

Table 41. Antibiotic Stewardship – UTI

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2025	153	95%	115	75%

Table 42. Antibiotic Stewardship – Catheter

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2025	153	95%	127	83%

- One point recovery for QAPI project if minimum requirements are not met.

Examples of findings where points were not awarded include:

1. Section 1, Module 5 was not submitted.
2. Section 1, Modules 1-10 were not submitted.
3. Section 1, Module 8 was not submitted.
4. Qualifications related to the infection preventionist were not submitted.
5. The provider only submitted CASPER reports for 2023.
6. The home’s two-quarter average in 2024 was not better than either two-quarter state average.
7. The trainings for infection prevention certification are from 2020, which is not associated with the current year application.

Measure 20: Staff Retention Rate

Excluding the Nursing Home Administrator (NHA) and Director of Nursing (DON), the staff retention rate must be at or above 60% or show a demonstrated improvement between prior year 2023 and CY 2024.

Minimum requirements:

- Complete and attach the Staff Retention Rate and Improvement Calculator.
- Submit a December 31, 2024 payroll roster listing names of all staff and dates of hire, with staff hired on or before January 1, 2024 highlighted.

- One point recovery for QAPI project if minimum requirements are not met.

Table 43. Staff Retention Rate

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	105	84%	98	93%
2021	128	99%	122	95%
2022	89	77%	79	89%
2023	94	75%	75	80%
2024	122	81%	110	90%
2025	144	89%	117	81%

Examples of findings where points were not awarded include:

1. The Staff Retention Rate and Improvement Calculator was not submitted.
2. The provider did not attach the Staff Retention Rate and Improvement Calculator.

Measure 21: DON and NHA Retention Rate

DON or NHA retention rate of three years or more. Full points will be given for meeting the retention rate of either position.

Minimum requirements:

- Documentation that includes the name and hire date, including date started in DON position.
- Documentation that includes the name and hire date, including date started in NHA position.

Table 44. DON and NHA Retention Rate

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	60	48%	56	93%
2021	72	56%	58	81%
2022	62	54%	48	77%
2023	74	59%	50	68%
2024	69	46%	54	78%
2025	73	45%	42	58%

Examples of findings where points were not awarded include:

1. The name of the NHA is missing in the documentation submitted.
2. The DON documentation submitted is missing the name and date the employee started in the DON position. No NHA documentation was submitted.
3. The retention rate is less than three years.

4. Documentation did not identify the employee’s name and the employee did not meet the retention rate.

Measure 22: Nursing Staff Turnover Rate

Minimum requirements:

- Use the Staff Turnover Calculation Tool to calculate the nursing staff turnover rate for CYs 2023 and 2024. A rate below 60% or documented improvement between 2023 and 2024 must be present.
- One point recovery for QAPI project if minimum requirement above is not met.

Table 45. Nursing Staff Turnover Rate

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	97	87%	89	92%
2021	127	98%	120	94%
2022	73	63%	67	92%
2023	95	76%	89	94%
2024	122	81%	108	89%
2025	135	84%	124	92%

Examples of findings where points were not awarded include:

1. The staffing turnover rate in the current year was not below the 60% threshold and did not show documented improvement.

Measure 23: Behavioral Health Care

Minimum requirement:

- Complete the Behavioral Health Care Tool. Applicants are required to complete Mental Health 101: Suicide Prevention & De-Escalation Strategies and at least two of the three following foundational trainings:
 1. Serious Mental Illness.
 2. Substance Abuse 101.
 3. Addressing Co-Occurring Disorders in Nursing Facilities.

Table 46. Behavioral Health Care

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2020	-	-	-	N/A
2021	125	97%	79	63%
2022	101	88%	77	76%

Application Year	Homes Applied	Applied %	Homes Awarded	Awarded %
2023	108	86%	85	79%
2024	135	89%	94	70%
2025	115	71%	97	84%

Examples of findings where points were not awarded include:

1. Only one champion from Social Service attended.
2. Insufficient Social Service champion attendance.

On-site Reviews

On-site reviews are completed for a sample of the participating facilities. Per CCR 8.443.12.6, “Facilities shall be selected for onsite verification of performance measures representations based on risk.”

On-site Review Selection

A risk methodology assessment was completed on all applications after initial review. The risk methodology included various categories with assigned risk weights. These categories and associated weights include:

- On-site P4P visit for past application years 2020 through 2024 and/or a cost report field examination during CY 2024.
- High Medicaid utilization.
- Increase or decrease level of census between 2023 and 2024 CYs.
- Change of ownership occurring in CY 2024.
- Ownership structure.
- Significant growth in Colorado during CY 2024 for multi-state organizations.
- State survey results.

Risk categories were applied to all homes that filed an application. Points are assigned for each category and are then applied against a weight percentage ranging from 5% to 25%. The 16 highest scoring facilities that met prerequisite qualifications were chosen. No more than two per chain organization were included. Locations were chosen without regard to location to obtain statewide representation.

Based on the process above, 10% of total applicants, or 16 homes, were selected for on-site reviews.

Table 47. Homes Selected for On-site Review

Home Name
Beth Israel at Shalom Park
Brighton Care Center
Brookside Inn
Canyon View Care Center
Colonial Rehabilitation and Nursing
Colorado State Veterans NH - Rifle
Falcon Heights Rehabilitation and Nursing
Fowler Health Care
Gunnison Valley Health Senior Care
Hilltop Park Post Acute
Juniper Village - The Spearly Center
Rio Grande Rehabilitation and Healthcare Center
Rock Canyon Respiratory and Rehabilitation Center

Home Name
Rock Creek Rehabilitation and Healthcare Center
Skylake Post Acute
Thornton Care Center

On-site Review Summary

On-site reviews are beneficial to the P4P program since they allow verification that policies and procedures are being followed. Documentation can be clarified in person for those selected where narratives are unclear. Resident interviews confirm that practices are in place for those measures applied for. The homes that hosted on-site reviews this year were gracious, accommodating, and proud of the measures they implemented to enhance quality.

Appeals

Nursing homes received their Reviewer Final Score Report on either May 1 or May 2 of 2025. An appeal option was available through May 31. Homes submitted official appeals through the COP4P@mslc.com email address if they disagreed with how the score was determined.

Table 48. Appeals Filed – Historical Data

Application Year	Number of Appeals
2020	20
2021	24
2022	16
2023	20
2024	25
2025	77

Appeals were reevaluated for the measures requested and recommendations were communicated to the Department. After final decisions were made, providers were sent an email with their appeal results and revised scores.

A summary of those homes that filed an appeal is included below in *Table 49*.

Table 49. 2025 Appeals Summary

Home Name	Self Score	Initial Reviewer Score	Appeal Score
Allison Care Center	84	69	80
Amberwood Post Acute	85	74	78
Arbor View	89	74	81
Arvada Care & Rehab Center	91	78	85
Briarwood Health Care Center	92	70	78
Brighton Care Center	85	74	84
Broadview Health and Rehabilitation	89	75	89
Broomfield Skilled Nursing & Rehab Center	93	58	71
Canyon View Care Center	80	62	76
Centre Ave. Health & Rehab	93	76	86
City Park Healthcare and Rehab Center	83	72	83
Colonial Rehabilitation and Nursing	75	59	62
Colorow Care Center	85	81	85
Denver North Care Center	93	80	86
Durango Health and Rehabilitation	81	76	81
Eagle Ridge Post Acute	85	54	77
Eben Ezer Lutheran Care Center	79	63	76
Englewood Post Acute & Rehab	86	77	85
FairAcres Manor	85	77	81

Home Name	Self Score	Initial Reviewer Score	Appeal Score
Forest Ridge	91	78	91
Fountain View Rehabilitation and Nursing	86	57	74
Fowler Health Care	90	74	90
Good Samaritan Society – Fort Collins Village	83	56	73
Good Samaritan Society – Loveland Village	82	71	76
Grace Manor Care Center	77	35	45
Hampden Hills Post Acute	82	77	82
Health Center at Franklin Park	88	77	91
Highland Park Rehabilitation & Care Center	94	77	87
Highline Post Acute	83	70	84
Irondale Post Acute	84	62	70
Julia Temple Healthcare Center	93	81	86
Lakeshore Post Acute and Rehab Center	90	76	86
Lakewood Villa	78	46	63
Life Care Center of Greeley	92	79	85
Malley Transitional Care Center	88	71	84
Mapleton Post Acute	87	79	85
McIntosh Care and Rehabilitation Center	83	79	82
Medallion Post-Acute Rehabilitation	94	68	86
Mountain View Post Acute	72	50	53
Mountain Vista Nursing Home	80	56	73
North Shore Health and Rehab	91	29	64
Oakwood Care and Rehabilitation	86	72	84
Paonia Care & Rehabilitation Center	56	35	45
Park Forest Care Center	93	55	93
Parker Post Acute	90	81	88
Pelican Pointe Health and Rehabilitation Center	82	57	77
Pine Ridge Rehabilitation and Healthcare Center	86	71	77
Red Cliffs Post Acute	93	77	83
Rehabilitation and Nursing Center of the Rockies	83	75	82
Rio Grande Rehabilitation and Healthcare Center	92	82	82
River Valley Rehabilitation and Healthcare Center	89	51	75
Riverdale Post Acute	73	60	67
Rock Creek Rehabilitation and Healthcare Center	90	66	87
Sierra Post Acute	92	82	85
Silver Heights Skilled Nursing and Rehab	86	69	75
Skylake Post Acute	75	73	75
South Valley Post Acute Rehabilitation	98	92	95
Spanish Peaks Veterans Community Living	93	71	86
Springs Village Care Center	83	54	66
Storybrook Care & Rehabilitation	91	72	84
Sundance Skilled Nursing & Rehabilitation	98	91	94
The Gardens Skilled Nursing & Rehabilitation	92	70	74
The Heights Post Acute	87	58	66
The Rehabilitation at Sandalwood	87	62	84
The Suites at Someren Glen	79	60	77

Home Name	Self Score	Initial Reviewer Score	Appeal Score
The Valley Rehabilitation and Healthcare Center	91	81	87
Trinidad Rehabilitation and Healthcare Center	98	76	87
University Heights Rehabilitation and Care Community	87	79	85
Uptown Health Care Center	89	78	86
Valley Manor Care Center	93	80	85
Valley View Health Care Center	87	74	82
Vista Grande Rehabilitation and Healthcare Center	98	82	86
Western Hills Health Care Center	85	63	69
Westlake Care Community	85	66	78
Westlake Health and Rehab Center	82	60	76
Westwood Post Acute	90	77	81
Wheatridge Care Center	86	73	80

Appeals Details

The 77 homes appealed a total of 263 measures, averaging 3.42 measures appealed per home. One appeal was related to their state survey and is not included in the total stated below of 262. In 2024, three appeals were noted for Medicaid Occupancy Average, which is not a measure in 2025. These three are not included in the 2024 total stated of 69. The number of appeals by measure are detailed below:

Table 50. Appeals by Measure

Measure	Total Appeals 2025	% To Total	Total Appeals 2024	% To Total
1. Enhanced Dining	22	8%	3	4%
2. Enhanced Personal Care	19	7%	6	9%
3. End of Life Program	9	3%	2	3%
4. Connection and Meaning	6	2%	-	-
5. Person-Directed Care Programming & Training	13	5%	1	1%
6. Trauma – Informed Care	15	6%	3	4%
7. Daily Schedules and Care Planning	32	12%	3	4%
8. Physical Environment – Appearance and Noise Management	6	2%	9	13%
9. Consistent Assignments	25	10%	-	-
10. Volunteer Program	11	4%	2	3%
11. Staff Engagement	14	5%	4	6%
12. Transitions of Care: Admissions, Transfer and Discharge Rights	11	4%	2	3%
13. Equity – Initiatives and Accessibility	26	10%	21	30%
14. Isolation Protocols	4	2%	1	1%
15. Vaccine Education	2	1%	-	-
16. Reducing Avoidable Hospitalizations	1	< 1%	2	3%
17. Nationally Reported Quality Measure Scores	0	N/A	2	3%
18. Best Practices	2	1%	-	-
19. Antibiotic Stewardship and Infection Prevention & Control	27	10%	2	3%

Measure	Total Appeals 2025	% To Total	Total Appeals 2024	% To Total
20. Staff Retention Rate	4	2%	1	1%
21. DON and NHA Retention	9	3%	-	-
22. Nursing Staff Turnover Rate	0	< 1%	-	-
23. Behavioral Health Care	4	2%	5	7%
Total Measures Appealed	262	100%	69	100%

Measure 7, Daily Schedules and Care Planning

This measure was appealed the most. Originally, several homes were denied points due to the full care plan not being submitted. Every home, even those that did not appeal this measure, was re-reviewed and sufficient partial care plans that met minimum requirements were awarded points.

Measure 13, Equity – Initiatives and Accessibility

The elements of the written, public-facing statement and documentation of the activities throughout the year were sub-measures that consistently were not awarded full points. Overall review of this measure may be necessary to foster applicant understanding of the requirements since this was the most appealed measure in the prior year application.

Measure 19, Antibiotic Stewardship and Infection Prevention & Control

Originally, several homes were denied points when the qualifications of their infection preventionist were dated in the past, at times three to four years ago. There is broad and non-definitive information available related to infection preventionist qualifications and training. Every home, even those that did not appeal this measure, was re-reviewed and past-dated qualification documentation that met minimum requirements were awarded points. Clarification of acceptable infection preventionist qualifications/certifications should be defined in the measure prior to next year’s application review.

Summary

The Colorado P4P program encourages quality of care delivery while prioritizing quality of life — a feature that is unique in comparison to most states' programs. By linking tiered financial incentives to resident experience, Colorado is promoting a vision of creative and purposeful resident care. The application design is driven by stakeholder collaboration, including a committee that designs incremental and sustainable annual changes to measures, sub-measures, and point values. Colorado will continue to thoughtfully and carefully consider and implement these annual changes to address potential quality concerns, reward desired performance, and ensure the program's relevance into the future.