



2025 Pay for Performance Application Summary of Changes

1. Introduction

This document contains the committee-approved changes to the 2025 P4P Application.

2. Prerequisites

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

3. Quality of Life Domain

Measure 06: Trauma-Informed Care

- 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: SAMHSA, 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 06 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 06 and 23. This tracker auto-calculates the information necessary for completing the Trauma-Informed Care and

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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.
- It remains worth 5 points.

Measure 11: Staff Engagement

- 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.
- It remains worth 3 points.

Measure 12: Transitions of Care: Admissions, Transfer and Discharge Rights (CMS, HCPF)

- 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

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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.

- The points for this measure have increased by 1 point since the 2024 application. It is now worth 4 points.

4. Quality of Care Domain

Measure 16: Reducing Avoidable Hospitalizations (CMS, HCPF)

- 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 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 QAPI recovery point for this measure, has been removed entirely from the application.
- It remains worth 3 points.



Measure 17: Nationally Reported Quality Measures Scores (CMS)

- This measure will be updated with calculated percentiles from data reported on CMS' Care Compare website for all homes in Colorado for the specified QM in both Q3-2023 and Q4-2023.
- It still requires a narrative for a home's three highest percentile QMs, with points awarded on a home's five best scores.
- It remains worth 21 points*.
 - *1-4 points awarded for each of the selected percentile categories above the state median. The top 5 of 8 measures are utilized for scoring (20 total points available.)

2024's Measure 20 (Medicaid Occupancy Average) has been removed. As a result, all 2025 measures after Measure 19 have shifted forward in numbering by one.

Measure 20: Staff Retention Rate

- Measure 20 is now Staff Retention Rate. It was previously Medicaid Occupancy Average.
- It remains worth 3 points.

Measure 21: DON and NHA Retention

- Measure 21 is now DON and NHA Retention. It was previously Staff Retention Rate.
- It remains worth 2 points.

Measure 22: Nursing Staff Turnover Rate (CMS)

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

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- It remains worth 3 points.

Measure 23: Behavioral Health Care

- Measure 23 is now Behavioral Health Care. It was previously Nursing Staff Turnover Rate.
- Minimum requirement 23.1 has been completely altered and the RAE contact information component removed entirely. Now, homes must complete a minimum of three specified trainings 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 (2) 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: 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 06 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 06 and 23. This tracker auto-calculates the information necessary for completing the Trauma-Informed Care and Behavioral Health Care Tools.
- The points for this measure have increased by 3 points since the 2024 application. It is now worth 4 points.



Colorado P4P Application Scoring 2024 and 2025 Comparison Summary

Quality of Life Domain

2025 Measure ID	2025 Measure Name	2025 Points Available	2024 Measure ID	2024 Measure Name	2024 Points Available
Measure 01	Enhanced Dining	3	Measure 01	Enhanced Dining	3
Measure 02	Enhanced Personal Care	3	Measure 02	Enhanced Personal Care	3
Measure 03	End Of Life Program	2	Measure 03	End Of Life Program	2
Measure 04	Connection and Meaning	5	Measure 04	Connection and Meaning	5
Measure 05	Person – Directed Care Programming & Training	4	Measure 05	Person – Directed Care Programming & Training	4
Measure 06	Trauma – Informed Care	5	Measure 06	Trauma – Informed Care	5
Measure 07	Daily Schedules and Care Planning	3	Measure 07	Daily Schedules and Care Planning	3
Measure 08.1	Physical Environment - Appearance	2	Measure 08.1	Physical Environment - Appearance	2
Measure 08.2	Physical Environment - Noise Management	3	Measure 08.2	Physical Environment - Noise Management	3
Measure 9	Consistent Assignments	4	Measure 9	Consistent Assignments	4
Measure 10	Volunteer Program	3	Measure 10	Volunteer Program	3
Measure 11	Staff Engagement	3	Measure 11	Staff Engagement	3
Measure 12	Transition of Care: Admissions, Transfer and Discharge Rights	4	Measure 12	Transition of Care: Admissions, Transfer and Discharge Rights	3
Measure 13.1	Equity - Initiatives	4	Measure 13.1	Equity - Initiatives	4

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Measure 13.2	Equity - Accessibility	2	Measure 13.2	Equity - Accessibility	2
Measure 14	Isolation Protocols	2	Measure 14	Isolation Protocols	2
2025 Quality of Life Points Available			2024 Quality of Life Points Available		
52			51		

Quality of Care Domain					
2025 Measure ID	2025 Measure Name	2025 Points Available	2024 Measure ID	2024 Measure Name	2024 Points Available
Measure 15	Vaccine Education	2	Measure 15	Vaccine Education	2
Measure 16	Reducing Avoidable Hospitalizations	3	Measure 16	Reducing Avoidable Hospitalizations	3
Measure 17.1	Quality Measures Narrative	1	Measure 17.1	Quality Measures Narrative	1
Measure 17.2	Residents Whose Need for Help w/ Daily Activities Has Increased (L) N028.02 [**The eight QMs pend an update based on Q3 and Q4 2023 data.]	4*	Measure 17.2	Residents Whose Need for Help w/ Daily Activities Has Increased (L) N028.02	4*
Measure 17.3	Residents with Depression Symptoms (L) N030.02**	4*	Measure 17.3	Residents with Depression Symptoms (L) N030.02	4*
Measure 17.4	Residents who Received Antipsychotic Medications (L) N031.03**	4*	Measure 17.4	Residents who Received Antipsychotic Medications (L) N031.03	4*
Measure 17.5	Residents Whose Ability to Move Independently Worsened (L) N035.03**	4*	Measure 17.5	Residents Whose Ability to Move Independently Worsened (L) N035.03	4*
Measure 17.6	High Risk Residents with Pressure Ulcers (L) N015.03**	4*	Measure 17.6	High Risk Residents with Pressure Ulcers (L) N015.03	4*
Measure 17.7	Residents who Lose Too Much Weight (L) N029.02**	4*	Measure 17.7	Residents who Lose Too Much Weight (L) N029.02	4*
Measure 17.8	Low Risk Residents who Lose Control of Bowel/Bladder (L) N025.02**	4*	Measure 17.8	Low Risk Residents who Lose Control of Bowel/Bladder (L) N025.02	4*

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Measure 17.9	Residents Who Lose Too Much Weight (L) N029.02**	4*	Measure 17.9	Residents Who Lose Too Much Weight (L) N029.02	4*
Measure 18.1.1	Best Practices	1	Measure 18.1.1	Best Practices	1
Measure 18.1.2	Best Practices	1	Measure 18.1.2	Best Practices	1
Measure 18.1.3	Best Practices	3	Measure 18.1.3	Best Practices	3
Measure 19.1	Antibiotics Stewardship/Infection Prevention & Control	3	Measure 19.1	Antibiotics Stewardship/Infection Prevention & Control	3
Measure 19.2.1	Antibiotics Stewardship/Infection Prevention & Control	1	Measure 19.2.1	Antibiotics Stewardship/Infection Prevention & Control	1
Measure 19.2.2	Antibiotics Stewardship/Infection Prevention & Control	1	Measure 19.2.2	Antibiotics Stewardship/Infection Prevention & Control	1
Measure 20	Staff Retention Rate	3	Measure 20	Medicaid Occupancy Average	4
Measure 21	DON and NHA Retention	2	Measure 21	Staff Retention Rate	3
Measure 22	Nursing Staff Turnover Rate	3	Measure 22	DON and NHA Retention	2
Measure 23	Behavioral Health Care	4	Measure 23	Nursing Staff Turnover Rate	3
			Measure 24	Behavioral Health Care	1
2025 Quality of Care Points Available		48	2024 Quality of Care Points Available		49

