Colorado Nursing Facilities Pay for Performance (P4P)

2024 Application Changes and Portal Training

Presented by:

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Agenda

1. Introduction and Program Overview
2. Major Program Changes
3. Application Changes Training
4. Portal Training
   a) Portal Walkthrough
   b) Live Demo
   c) 2024 Application Technical Assistance

Introduction and Program Overview

Introduction

What is the Nursing Home P4P Program?

- A voluntary, ongoing reimbursement opportunity for Colorado nursing facilities to earn supplemental Medicaid revenue each year
  - Created to reward facilities for providing high quality care to residents
- Reimbursement is based on achievement of performance measures in the P4P application
  - Application contains measures around quality of life and quality of care for the facility's residents
- The P4P program is administered by the Colorado Department of Health Care Policy and Financing
- Applications are evaluated and scored by Public Consulting Group LLC

Introduction

Application Changes Overview

- The 2024 application has continued to remove language specific to the pandemic throughout the application and to reincorporate quality metric components.
- There have been major changes to reimbursement and prerequisite requirements that will impact the 2024 application.
- This presentation details the specific changes that have been made for the 2024 P4P application.

Major Program Changes

Increased Reimbursement

House Bill 23-1228

- With the passage of HB 23-1228: Nursing Facility Reimbursement Rate Setting, the Per Diem Add On's outlined in Appendix 3 will be updated. The bill states the following:

  > **"Beginning July 1, 2024, the payment must not be less than twelve percent of total provider fee payments and must be adjusted for fiscal years 2024-25 and 2025-26"**

- The Total Provider Fee Payments will double from 6% to 12%.
- Finalization of the proposed changes will be published in the spring of 2024.

Prerequisites

Homes with substandard deficiencies during the previous calendar year (2023) **will be eligible to participate** in the P4P program and receive half of their calculated payment.

DETERMINATION OF SUBSTANDARD QUALITY OF CARE (per SOM, chapter 7)
Substandard quality of care means one or more deficiencies that constitute immediate jeopardy to resident health or safety (level J, K, or L); a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F) related to participation requirements under: - §483.12 Freedom from Abuse, Neglect, and Exploitation (tags F600-F610) - §483.24 Quality of Life (tags F675-F680) - §483.25, quality of care (tags F684-F700)

Severity of Deficiency	Scope of Deficiency		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J	K	L
Actual harm that is not immediate jeopardy	G	H	I
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
No actual harm with potential for minimal harm	A	B	C

Application Changes Training

Changes in Measure Numbers

The previous 2023 application's Measure 9 (QAPI) has been removed. As a result, **all 2024 measures after Measure 8 have shifted forward in numbering by one.**

Quality of Life Domain		
~~Measure 09~~	~~QAPI~~	~~4~~
Measure 10	Consistent Assignments	4
Measure 11	Volunteer Program	3
Measure 12	Staff Engagement	3
Measure 13	Transition of Care: Admissions, Transfer and Disch	3
Measure 14	Equity	2
Measure 15	Isolation Protocols	2
Quality of Care Domain		
Measure 16	Vaccine Education	2
Measure 17	Reducing Avoidable Hospitalizations	3
Measure 18	Quality Measures Narrative	21
Measure 19	Best Practices	5
Measure 20	Antibiotics Stewardship/Infection Prevention & Cont	5
Measure 21	Medicaid Occupancy Average	4
Measure 22	Staff Retention Rate	3
Measure 23	DON and NHA Retention	2
Measure 24	Nursing Staff Turnover Rate	3
Measure 25	Behavioral Health Care	1

Quality of Life Domain		
Measure 09	Consistent Assignments	4
Measure 10	Volunteer Program	3
Measure 11	Staff Engagement	3
Measure 12	Transition of Care: Admissions, Transfer	3
Measure 13	Equity	2
Measure 14	Isolation Protocols	2
Quality of Care Domain		
Measure 15	Vaccine Education	2
Measure 16	Reducing Avoidable Hospitalizations	3
Measure 17	Quality Measures Narrative	21
Measure 18	Best Practices	5
Measure 19	Antibiotics Stewardship/Infection Preven	5
Measure 20	Medicaid Occupancy Average	4
Measure 21	Staff Retention Rate	3
Measure 22	DON and NHA Retention	2
Measure 23	Nursing Staff Turnover Rate	3
Measure 24	Behavioral Health Care	1

Changes in Measures Summary

The following measures have had notable changes to their content in addition to their measure number:

- Measure 13: Equity
- Measure 17: Quality Measures (CMS)
- Measure 19: Antibiotics Stewardship/Infection Prevention & Control (CMS)
- Measure 20: Medicaid Occupancy Average

Changes in Measure Content

Measure 13: Equity

- Measure 13 has been broken out into two subsections: Initiatives and Accessibility.
  - Measure 13.1.1 through 13.1.3 (Initiatives) is now worth 4 points
  - Measure 13.2.1 and 13.2.2 (Accessibility) is now worth 2 points
- 4 points have been added to Measure 13 - Equity, making it worth a combined total of 6 points.

Changes in Measure Content

Measure 13.1* - Please submit your home's written, public-facing statement from leadership that supports and prioritizes the implementation and/or administration of a program improving health disparities by ensuring equitable care is provided to all patients. Additionally, please submit the location of your home's public-facing statement (ex: URL to webpage).

Measure 13.1.2 - Provide evidence of your home's training on areas such as:

- Racial and ethnic disparities and their root causes
- Best practices for shared decision making
- Implicit bias
- Ageism/ableism
- Gender identity/sexual orientation equity (cont. on next slide)

Measure 13.1.3 - Provide evidence of your home's initiatives to increase equity awareness and sensitivity for residents and staff that includes documentation of the initiative's activities throughout the year.

***New Minimum Requirement**

Changes in Measure Content

Measure 13.2.1* - Provide a narrative describing how your home ensures that communications with residents about their medical care in languages other than English meet non-English language proficiency requirements. This can include methods and services such as electronic translation services/language line/iPads, certified interpreters, and language proficiency assessments of staff who are communicating with patients regarding their medical care.

***New Minimum Requirement**

Changes in Measure Content

Measure 13.2.2*- Provide a narrative around your home's plan for ensuring appropriate auxiliary aids and/or services are provided to individuals with a record of, or regarded as, living with a communications disability. Please address each of the categories below.

- Auxiliary aids/services for Individuals who are deaf or hard of hearing (ex: telecommunications devices (TDDs), interpretation services, assistive listening devices, television captioning and decoders, note-takers)
- Auxiliary aids/services for Individuals living with speech deficits (ex: TDDs, computers, flashcards, alphabet boards, communication boards).
- Auxiliary aids/services for individuals living with vision impairments (ex: qualified readers, Brailled, taped, or large-print materials).
- Auxiliary aids and services for individuals living with manual impairments (ex: TDDs, computers, flashcards, alphabet boards, communication boards)

Please describe a specific example of how this was done for one of your residents.

***New Minimum Requirement**

Changes in Measure Content

Measure 17: Nationally Reported Quality Measures Scores (CMS)

The eight Quality Measures and their corresponding Facility Adjusted Percents have been updated for 2024.

Quality Measure	Measure ID	Percentile	Facility Adjusted Percent	Points Available	Self Scoring
Measure 17.2: High Risk Residents with Pressure Ulcers (L)	15.03	25th	Score of 2.75% or less	4	0
		30th	Score >2.75% but <=3.18%	3	
		40th	Score >3.18% but <=3.90%	2	
		50th	Score >3.90% but <=4.71%	1	
Measure 17.3: Residents with One or More Falls with Major Injury (L)	13.02	25th	Score of 1.72% or less	4	0
		30th	Score >1.72% but <=2.00%	3	
		40th	Score >2.00% but <=2.60%	2	
		50th	Score >2.60% but <=3.03%	1	
Measure 17.4: Residents who Received Antipsychotic Medications (L)	31.03	25th	Score of 11.94% or less	4	0
		30th	Score >11.94% but <=12.96%	3	
		40th	Score >12.96% but <=14.05%	2	
		50th	Score >14.05% but <=16.11%	1	
Measure 17.5: Residents with Depression Symptoms (L)	30.02	25th	Score of 0.00% or less	4	0
		30th	Score >0.00% but <=0.67%	3	
		40th	Score >0.67% but <=1.48%	2	
		50th	Score >1.48% but <=2.20%	1	
Measure 17.6: Low Risk Residents who Lose Control of Bowel/Bladder (L)	25.02	25th	Score of 36.19% or less	4	0
		30th	Score >36.19% but <=38.09%	3	
		40th	Score >38.09% but <=42.16%	2	
		50th	Score >42.16% but <=45.55%	1	
Measure 17.7: Residents who Lose Too Much Weight (L)	29.02	25th	Score of 3.39% or less	4	0
		30th	Score >3.39% but <=3.74%	3	
		40th	Score >3.74% but <=4.57%	2	
		50th	Score >4.57% but <=5.28%	1	
Measure 17.8: Residents Whose Need for Help w/ Daily Activities Has Increased (L)	28.02	25th	Score of 9.41% or less	4	0
		30th	Score >9.41% but <=10.38%	3	
		40th	Score >10.38% but <=13.04%	2	
		50th	Score >13.04% but <=14.10%	1	
Measure 17.9: Residents Whose Ability to Move Independently Worsened (L)	35.03	25th	Score of 9.88% or less	4	0
		30th	Score >9.88% but <=11.05%	3	
		40th	Score >11.05% but <=12.76%	2	
		50th	Score >12.76% but <=14.49%	1	

Changes in Measure Content

Measure 19: Antibiotics Stewardship/Infection Prevention & Control (CMS)

- The CDC published an updated version of the Infection Prevention and Control Assessment Tool. This measure now requires homes to complete and submit all sections pertaining to Long-Term Care Facilities in Sections 1 (Demographics - Long Term Care) and Modules 1 - 10 of the CDC Infection Control Assessment and Response Tool.
- www.cdc.gov/hai/prevent/infection-control-assessment-tools.html
- It remains worth 5 points

Changes in Measure Content

Measure 19: Antibiotics Stewardship/Infection Prevention & Control (CMS)

2023 - Infection Prevention and Control Assessment Tool	2024 - Infection Control Assessment and Response Tool
Section 1: Facility Demographics	Module 1 – Training, Audits, Feedback
Section 2: Infection Control Program and Infrastructure	Module 2 – Hand Hygiene
Section 3: Direct Observation of Facility Practices (optional)	Module 3 – Transmission-Based Precautions
Section 4: Infection Control Guidelines and Other Resources	Module 4 – Environmental Services
	Module 5 – High-level Disinfection and Sterilization
	Module 6 – Injection Safety
	Module 7 – Point of Care
	Module 8 – Wound Care
	Module 9 – Healthcare Laundry
	Module 10 – Antibiotic Stewardship

Changes in Measure Content

Measure 20: Medicaid Occupancy Average

- The Medicaid Occupancy Average has been updated to the new statewide average of 64.73%.
- It remains worth 4 points

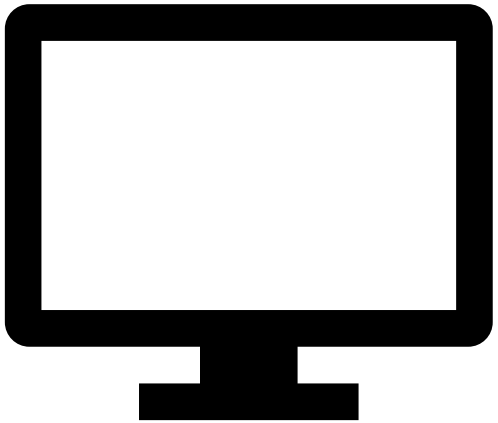
Measure 20: Medicaid Occupancy Average	In order to qualify, a home must be the designated percentage above the statewide average of 64.73%. Supporting documentation must pertain to January 1 - December 31, 2023.	4	0
10% Medicaid	Medicaid occupancy of 10% (71.20%) or more above statewide average.	4	0
OR			
5% Medicaid	Medicaid occupancy of 5% (67.97%) to <10% (71.20%) above statewide average.	3	0

Portal Training

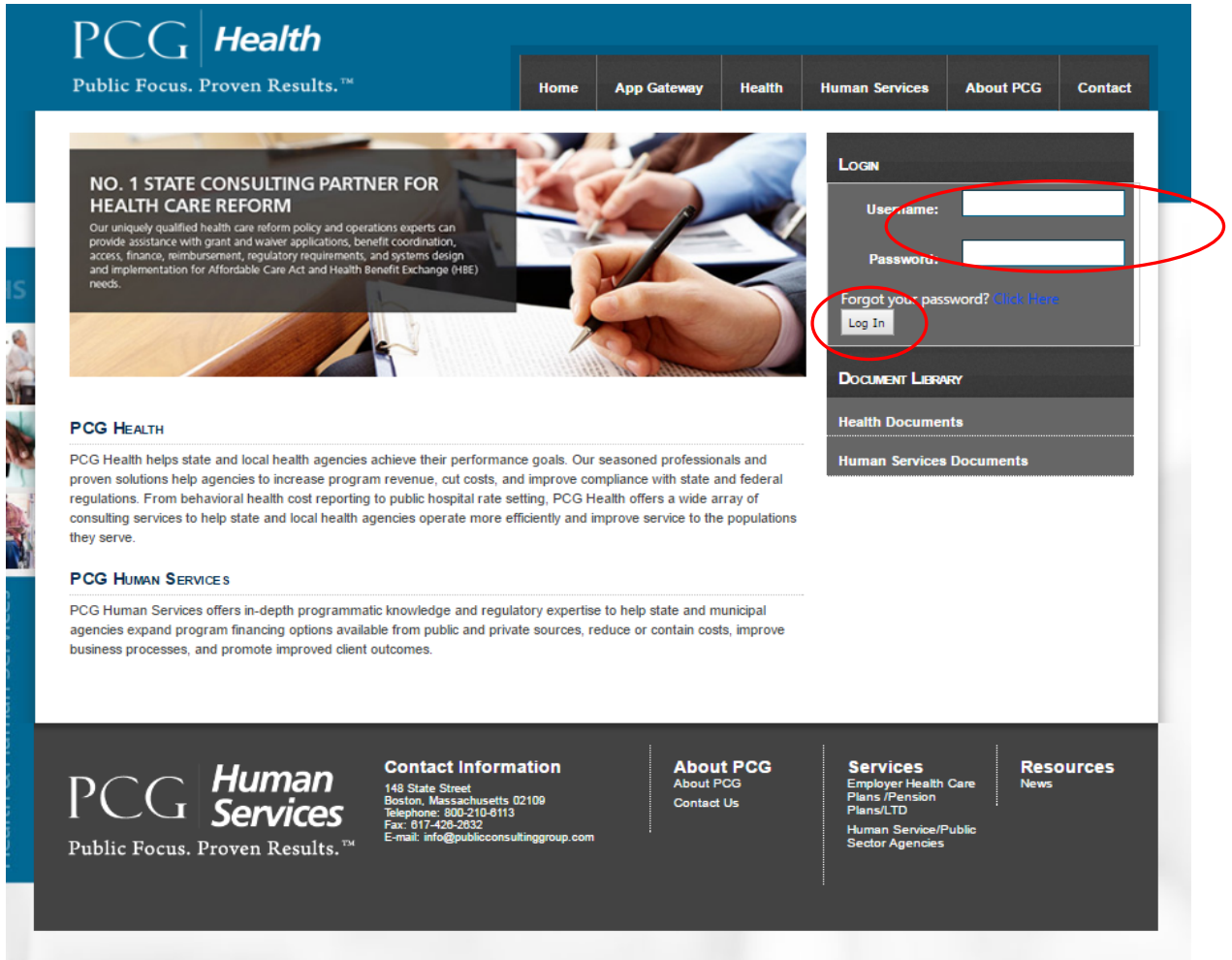
Agenda

- ❑ Log In
- ❑ Home Page
- ❑ Facility Information Management
- ❑ User Management
- ❑ Participant Completion Summary
- ❑ Performance Measure Pages
- ❑ Appendices and Tools
- ❑ File Upload
- ❑ Confirmation and Submission
- ❑ Live System Demo
- ❑ Contact Information

Log In



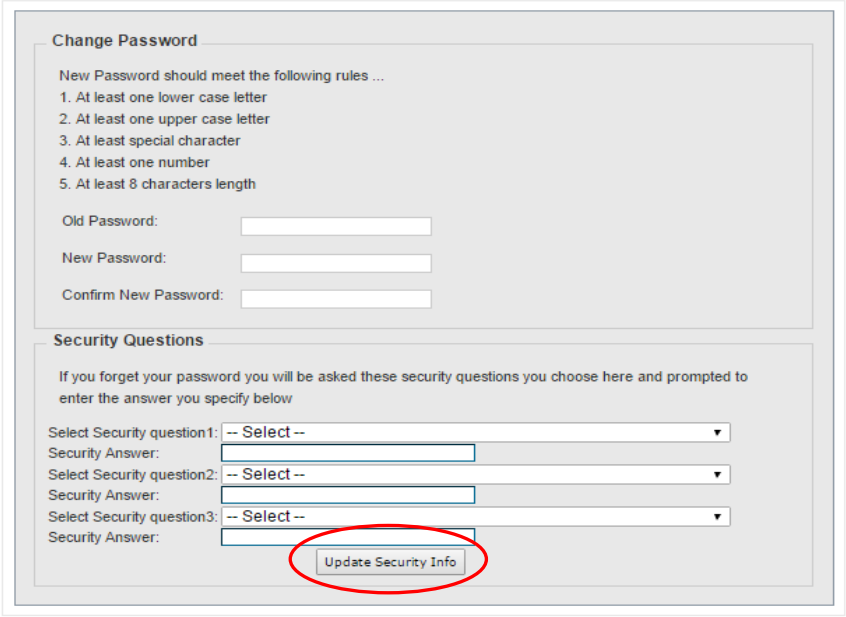
healthportal.pcghealthservices.com/Default.aspx



Log In: First Time Log In

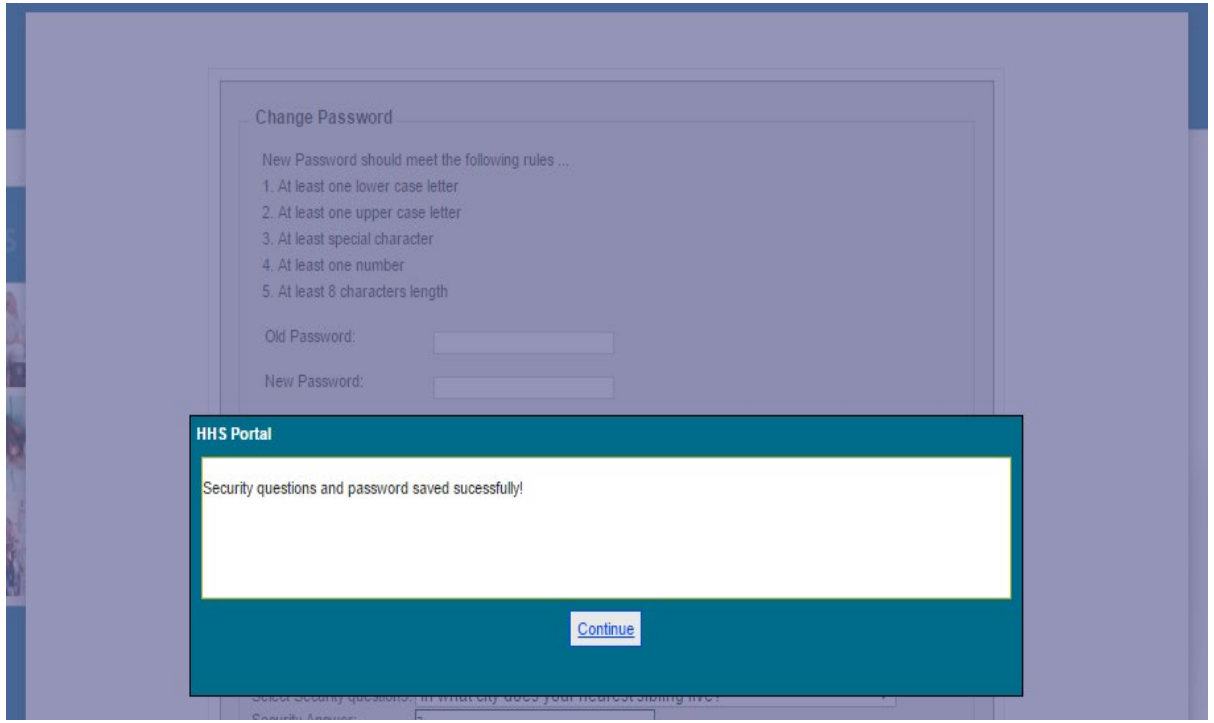
Change Password and Security Questions – only viewed upon initial login

Click “Update Security Info” to continue



Log In: First Time Log In

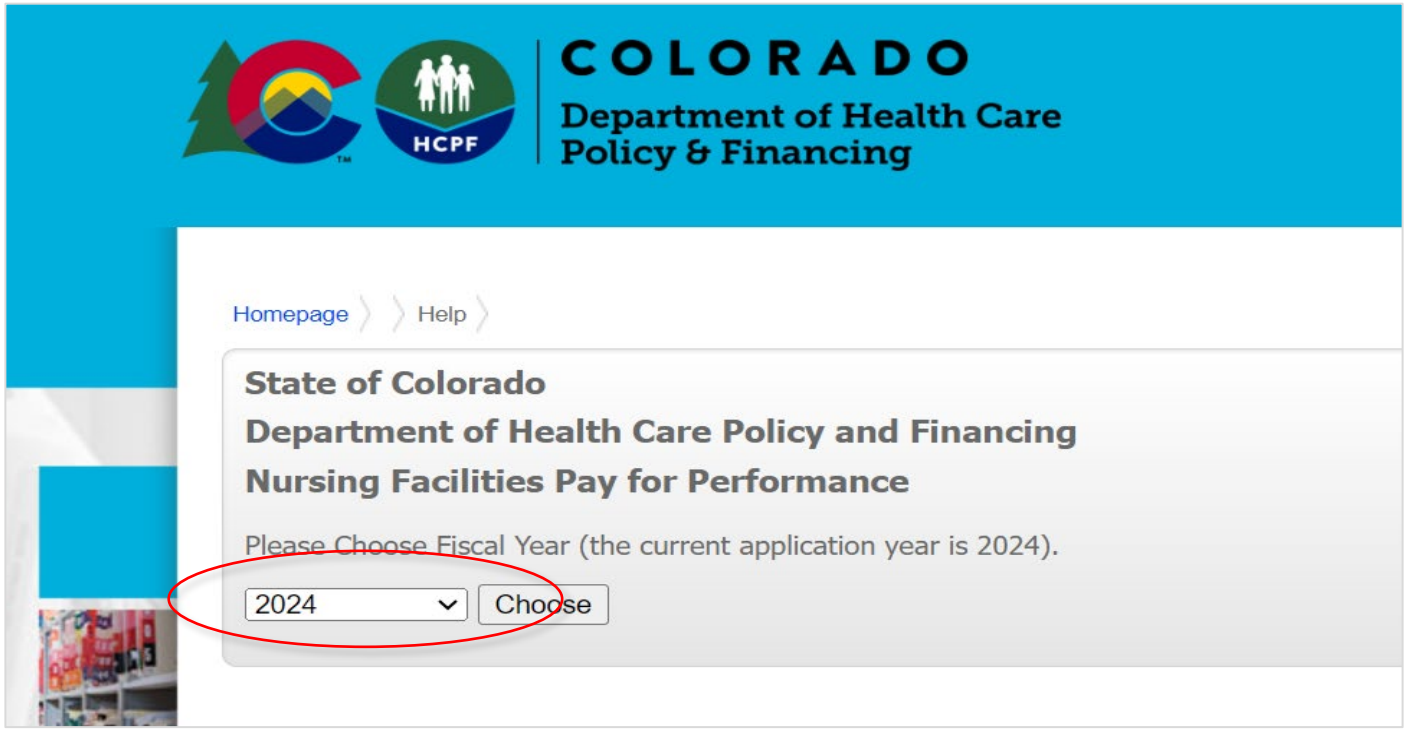
Click “Continue” to navigate to the Homepage



Log In: First Time Log In

Choose the appropriate Fiscal Year to navigate to the Prerequisites page

- The current application year will be indicated



Log In: First Time Log In

PREREQUISITES FOR PARTICIPATION

CDPHE Survey

Homes with substandard deficiencies, as defined in State Operations Manual, during the previous calendar year will be eligible to participate in the P4P program and receive half of their calculated payment. See Appendix 1 for definition. Appendix 1

Acceptable Verification of Pre-Requisite Requirement

This prerequisite will be obtained and verified with Colorado Department of Public Health and Environment.

Note: Must select "Yes" to continue with the application.

Please Select

Resident/Family Satisfaction Survey

Survey must be developed, recognized, and standardized by an entity external to the home. Must be administered on an annual basis with results tabulated by an agency external to the home. *Please ensure that the Satisfaction Survey is uploaded with the rest of your supporting documentation before submitting your application.*

Acceptable Verification of Pre-Requisite Requirement

*Resident/family satisfaction surveys must have been conducted and tabulated between January 1 and December 31 of 2023 (CY 2023).
*A Summary Report, identifying the vendor completing the survey, must be attached to this application(uploaded) and made available to the public along with the home's Survey Results.

*** Please provide the following information regarding your resident/family satisfaction survey:**

- Average Daily Census for CY 2023:
- # of residents/familes contacted:
- # of residents/families responding:
- Name of vendor:

Who is administering the survey (check all that apply):

- Vendor staff
- Home's internal staff
- Other

Other Details:

How is the survey administered (check all that apply):

- Phone
- Electronic
- Paper
- Email
- In-person interview
- Other

Other Details:

- **Prerequisites Page** – only viewed once
- **Must meet specified criteria and select "Yes"** for Resident/Family Satisfaction Survey completion to be able to continue the application
- **Must enter** requested information regarding your Resident/Family Satisfaction Survey to continue with the application
- **Must upload** a summary report that identifies the vendor completing the survey and the home's survey results. **Without completing this pre-requisite requirement, your home's application will not be scored.**

Home Page

This will be the landing page for all subsequent logins.

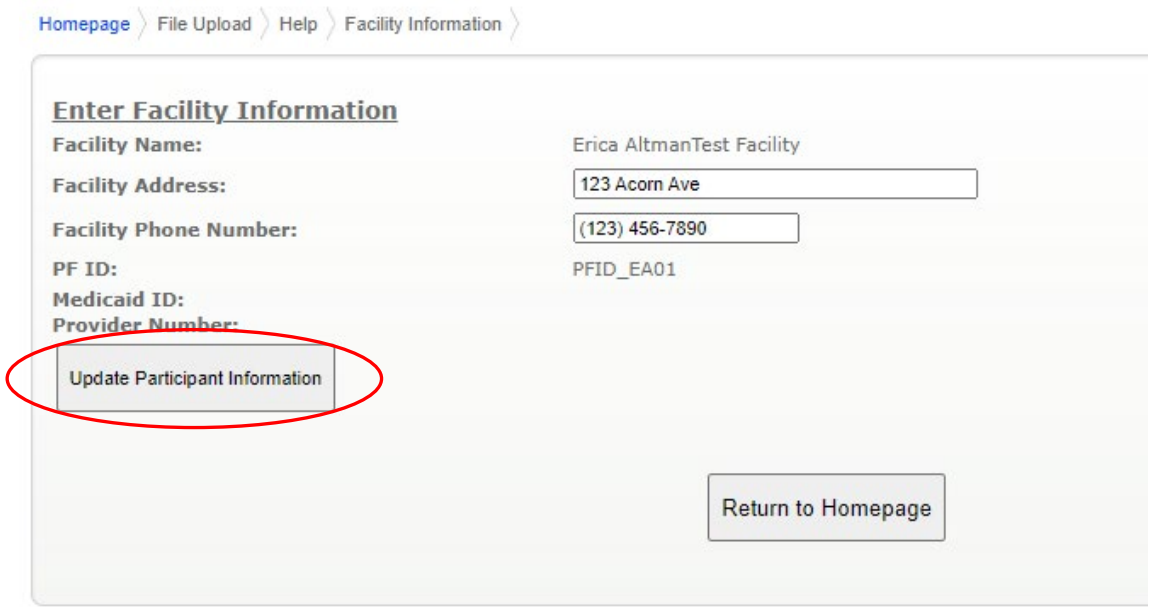
Users can now complete applications for multiple facilities. Facilities can also enable multiple users to complete its application.

Select your facility from the dropdown to access the below pages.

Homepage links:

1. Facility Information Management
2. User Management
3. Participant Completion Summary
4. Confirmation/Submission
   - This button will appear once all measures in the application have been completed
5. View Reports

Facility Information Management



Note: Facility Name, PF ID, Medicaid ID, and Provider Number can only be edited by PCG admins

- Please update all information, as applicable
- Click "Update Participant Information" button to save your information

User Management

Enter User Information

Select Provider: <No Selection>

Select User: <Add New User>

Contact First Name: Test

Contact Last Name: User

Contact E-mail (Username): test@pcgus.com

Contact Position:

Contact Phone Number: Ext:

Temporary Password: p4p2023

User Role: CO P4P User

Active:

Associated Facilities:

- [x] Charlotte Emslie Test Facility
- [x] Erica AltmanTest Facility
- [ ] John Stewart Test Facility

Add New User

Home-level users have the ability to add additional users to homes that they have access to.

We encourage all homes to **grant more than one user access** to the portal.

On the User Management page:

- Choose the <Add New User> option from the Select User dropdown
- Enter the new users name, contact info, and assign a temporary password (admins typically assign “p4p2024”)
- Choose the homes the user should access and select Add New User

Performance Measure Pages

Minimum Requirements (must all be "Yes" to receive points) with supporting documentation. Upload supporting documentation using the File Upload button.

Yes	**1-1** Provide a detailed narrative describing your enhanced dining program that addresses both communal and in-room dining. **Documentation Required.**
Yes	**1-2** Evidence that menu options are more than the entrée and alternate selection and include a variety of options on a daily basis. **Documentation Required.**
Yes	**1-3** One menu cycle from the 2023 calendar year not less than four (4) weeks in length. **Documentation Required.**
Yes	**1-4** Include the resident information from your Facility Assessment and how that was used to develop your menu options. **Documentation Required.**
Yes	**1-5** Evidence that the residents have had input into the appearance of the dining atmosphere. **Documentation Required.**
Yes	**1-6** Provide a narrative describing your policies/processes to ensure that residents have access to food 24/7. **Documentation Required.**
Yes	**1-7** Provide your external survey questions used to evaluate resident food satisfaction and report all results. **Documentation Required.**

- Users have the option to select "Yes", "No", or "Not Applying" in each of the requirement dropdowns
- Selecting "Yes" serves as a confirmation that the applicant has reviewed all minimum requirements and criteria has been met
- Selecting "No" or "Not Applying" serves as an acknowledgement that the facility does not meet the criteria or does not intend to apply for points in this measure

Performance Measure Pages

- Selecting “Yes” for each minimum requirement in the “Please Select” dropdown will award points to the facilities “Self Score”
- Once all minimum requirements have been selected as “Yes”, Self Score will auto populate

Minimum Requirements (must all be “Yes” to receive points) with supporting documentation. Upload supporting documentation using the File Upload button.

Points Available: 3
Self Score: 3
Reviewer Score:

Yes	**1-1** Provide a detailed narrative describing your enhanced dining program that addresses both communal and in-room dining. **Documentation Required.**
Yes	**1-2** Evidence that menu options are more than the entrée and alternate selection and include a variety of options on a daily basis. **Documentation Required.**
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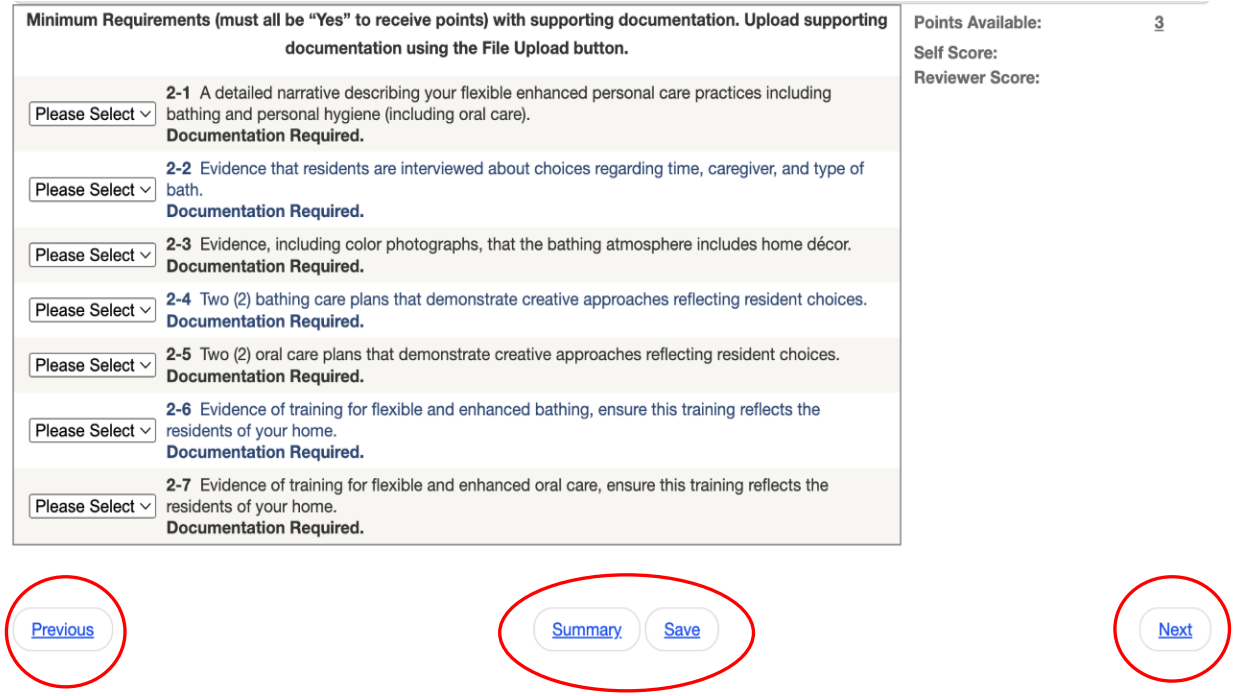
Performance Measure Pages

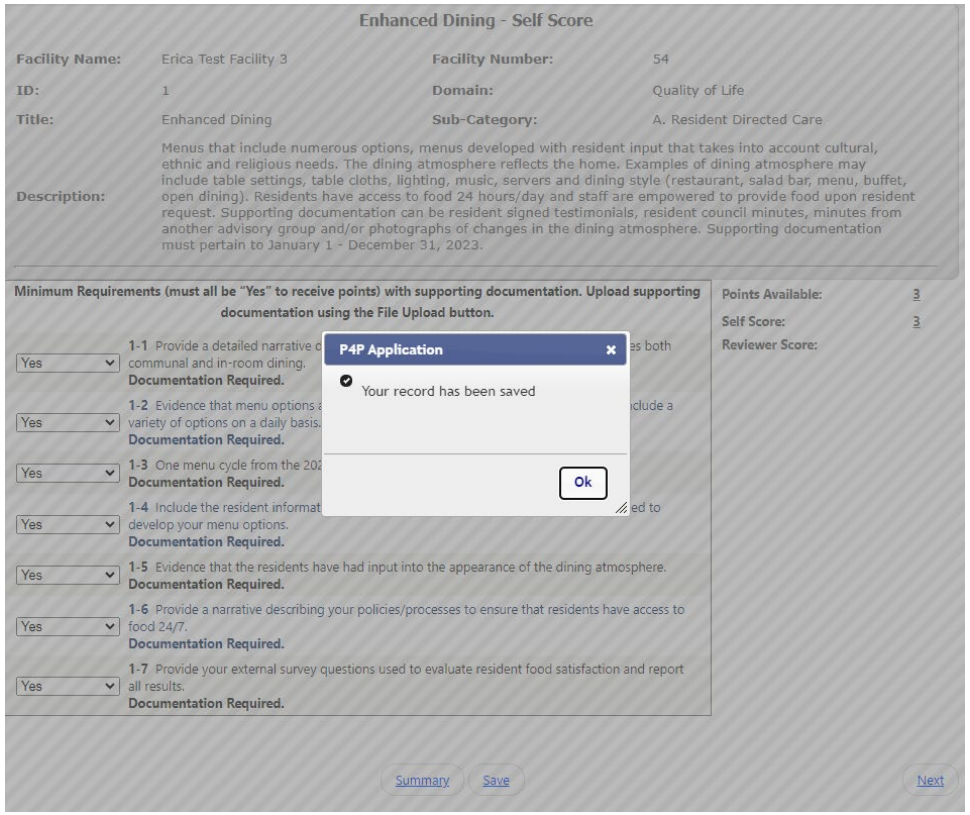


- Click "Save" to save the measure and remain on the page
- Click "Previous" to go back to the previous measure and click "Next" to advance to the next measure
- Click "Summary" at the bottom of the page to navigate back to the Participant Completion Summary page

Performance Measure Pages

Clicking any button that moves to a new page will save your progress

- Including links in Navigation bar at the top of the page



Performance Measure Pages: Status

Row Color Key: = Needs Self Score = Needs Reviewer Score = Reviewed = Score Excluded (QM Scores only)

Documentation Uploaded Key: = Documentation Complete = Needs Documentation = Documentation Not Required

Reminder: Once a self-score has been assigned to each minimum requirement and all necessary documentation is uploaded, please navigate to the homepage and complete the Confirmation/Submission page to submit your application. Your application will not be submitted until you have done so.

Prerequisite

Measure ID	Performance Measure Title	Documentation Uploaded
0	Prerequisites	●

Domain: Quality of Life

Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Documentation Uploaded
A. Resident Directed Care	1	Enhanced Dining		3		●
A. Resident Directed Care	2	Enhanced Personal Care		3		●
A. Resident Directed Care	3	End Of Life Program		2		●
A. Resident Directed Care	4	Connection and Meaning		5		●
A. Resident Directed Care	5	Person-Directed Care Training (CMS, HCPF)		4		●
A. Resident Directed Care	6	Trauma - Informed Care (CMS, HCPF)		5		●
B. Community Centered Living	7	Daily Schedules and Care Planning (CMS, HCPF)		3		●
B. Community Centered Living	8.1	Physical Environment - Appearance		2		●
B. Community Centered Living	8.2	Physical Environment - Noise Management		3		●
D. Relationships with Staff, Family, Resident and Home	9	Consistent Assignments		4		●
D. Relationships with Staff, Family, Resident and Home	10	Volunteer Program		3		●
E. Staff Empowerment	11	Staff Engagement		3		●
F. Care Transitions	12	Transitions of Care : Admissions, Transfer and Discharge Rights (CMS, HCPF)		3		●
G. Equity	13.1	Equity - Initiatives		4		●
G. Equity	13.2	Equity - Accessibility		2		●
H. Quality of Life	14	Isolation Protocols		2		●
		Total - Quality of Life		**51**	**0**	
		Grand Total		**100**	**0**	

- **Participation Completion Summary:** The *Row Color Key* has four statuses:
  - Blue = Needs Self Score
  - Green = Needs Reviewer Score
  - Orange = Reviewed
  - Grey = Excluded (QM only)
- The Row Color Key can be used to easily identify the progress of each measure in the application
- Total scores (for Domain and Grand Total) will populate as the user works through the application

Performance Measure Pages: Documentation Status

Row Color Key: = Needs Self Score = Needs Reviewer Score = Reviewed = Score Excluded (QM Scores only)

Documentation Uploaded Key: ☑ = Documentation Complete ● = Needs Documentation ● = Documentation Not Required

Reminder: Once a self-score has been assigned to each minimum requirement and all necessary documentation is uploaded, please navigate to the homepage and complete the Confirmation/Submission page to submit your application. Your application will not be submitted until you have done so.

PREREQUISITE

Measure ID	Performance Measure Title	Documentation Uploaded
0	Prerequisites	●

DOMAIN: QUALITY OF LIFE

Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Reviewer Score	Documentation Uploaded
A. Resident Directed Care	1	Enhanced Dining		3	0		●
A. Resident Directed Care	2	Enhanced Personal Care		3	3		☑
A. Resident Directed Care	3	End Of Life Program		2	0		●
A. Resident Directed Care	4	Connection and Meaning		5	0		●
A. Resident Directed Care	5	Person-Directed Care Training (CMS, HCPF)		4	0		●
A. Resident Directed Care	6	Trauma - Informed Care (CMS, HCPF)		5	0		●
B. Community Centered Living	7	Daily Schedules and Care Planning (CMS, HCPF)		3	3		☑
B. Community Centered Living	8.1	Physical Environment - Appearance		2	2		☑
B. Community Centered Living	8.2	Physical Environment - Noise Management		3	0		●
D. Relationships with Staff, Family, Resident and Home	9	Consistent Assignments		4	4		☑
D. Relationships with Staff, Family, Resident and Home	10	Volunteer Program		3	0		●
E. Staff Empowerment	11	Staff Engagement		3	0		●
F. Care Transitions	12	Transitions of Care : Admissions, Transfer and Discharge Rights (CMS, HCPF)		3	0		●
G. Equity	13.1	Equity - Initiatives		4	4		☑
G. Equity	13.2	Equity - Accessibility		2	2		☑
H. Quality of Life	14	Isolation Protocols		2	2		☑
		Total - Quality of Life		**51**	**20**	**0**	
		Grand Total		**100**	**28**	**0**	

- **Supporting Documentation Completion Summary:** The *Documentation Uploaded Key* has three statuses:
  - Black and white check mark box = Documentation Complete
  - Red = Needs Documentation
  - Blue = Documentation Not Required
- The Documentation Uploaded Key can be used to easily identify the progress of each measure's supporting documentation submission

Appendices and Tools

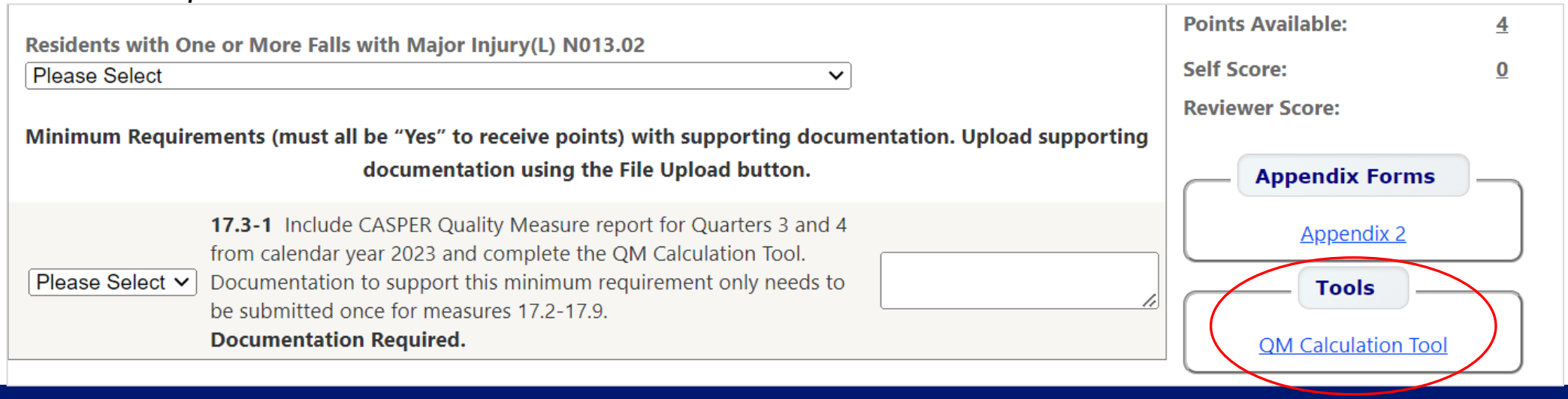
- A checkbox on the Participant Completion Summary notates if there are appendices or tools associated with a Performance Measure

DOMAIN: QUALITY OF CARE

Subcategory Name	Measure ID	Performance Measure Title	Tools and Appendices	Points Available	Self Score	Reviewer Score	Documentation Uploaded
I. Vaccinations	15	Vaccination Data		2	2		☑
J. Quality of Care	16	Reducing Avoidable Hospitalizations (CMS, HCPF)	☑	3	0		●
K. Quality Measures	17.1	Nationally Reported Quality Measures Scores (CMS) - Narrative		1	1		☑
K. Quality Measures	17.2	Nationally Reported Quality Measures Scores (CMS)	☑	4	1		☑
K. Quality Measures	17.3	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.4	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.5	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.6	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.7	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.8	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
K. Quality Measures	17.9	Nationally Reported Quality Measures Scores (CMS)	☑	4	0		●
J. Quality of Care	18.1	Best Practices - Safe Physical Environment		1	0		●
J. Quality of Care	18.2	Best Practices - Pain Management		1	0		●
J. Quality of Care	18.3	Best Practices - Prevention of Abuse and Neglect		3	0		●
J. Quality of Care	19.1	Antibiotics Stewardship/Infection Prevention & Control (CMS) - Documentation		3	0		●
J. Quality of Care	19.2	Antibiotics Stewardship/Infection Prevention & Control (CMS) - Quality Measures	☑	2	2		●
L. Home Management	20	Medicaid Occupancy Average	☑	4	0		●
M. Staff Stability	21	Staff Retention Rate / Improvement	☑	3	0		●
M. Staff Stability	22	DON and NHA Retention	☑	2	2		●
M. Staff Stability	23	Nursing Staff Turnover Rate (CMS)	☑	3	0		●
N. Behavioral Health	24	Behavioral Health Care		1	0		●
		Total - Quality of Care		**49**	**8**	**0**	
		Grand Total		**100**	**28**	**0**	

Appendices and Tools

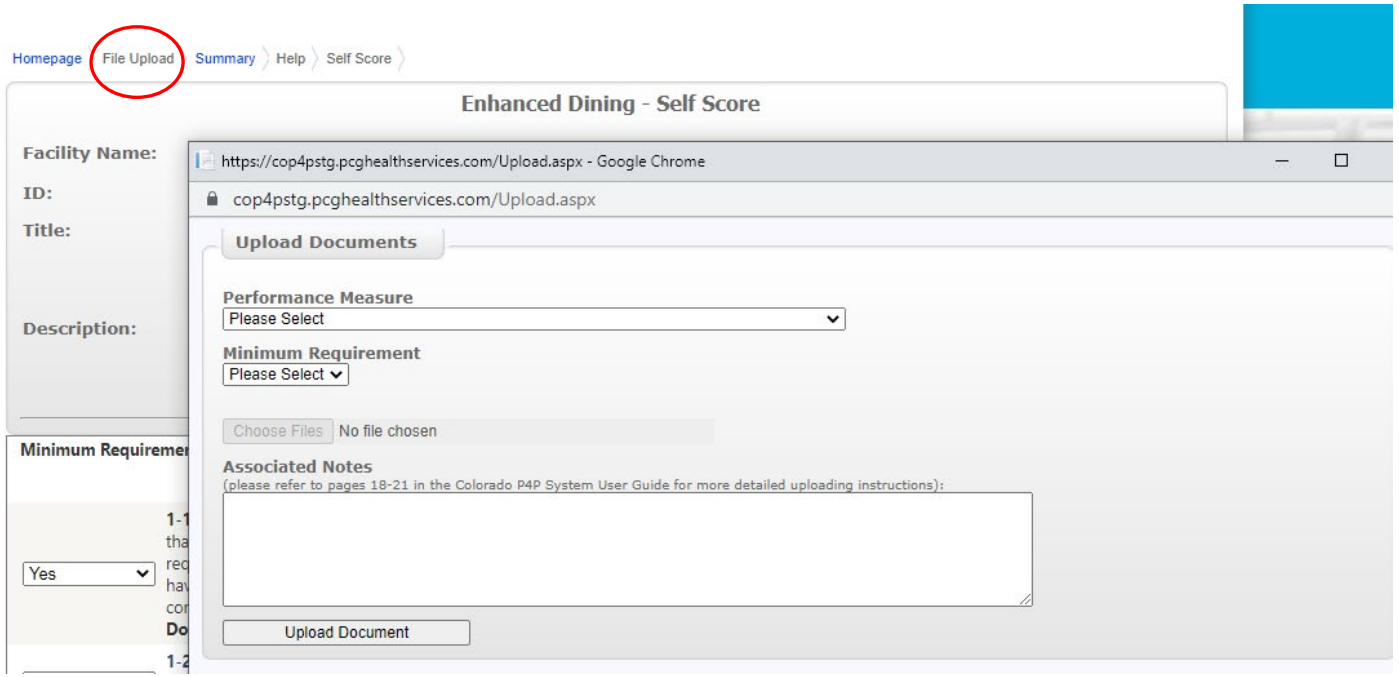
- If a performance Measure has an appendix or tool associated, it can be accessed on the right side of the measure page
- Appendices are informational and do not require any data entry by the user
- Tools are forms that require the user to enter data
  - *Upon review, points will not be awarded for a measure if the associated tool has not been completed in the portal*



File Upload

Click the File Upload button to access the upload window

- Make sure that your pop-up blocker is disabled

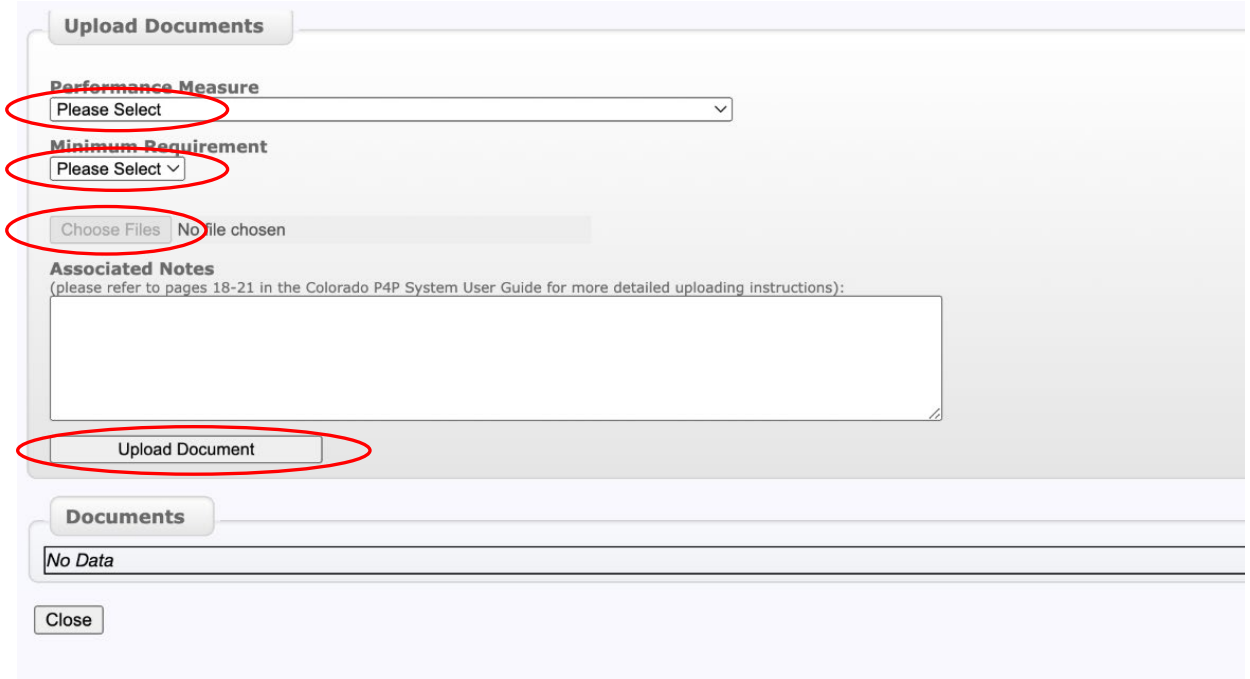


File Upload

Users may upload multiple files at once – however, each file will be associated with the same Performance Measure/Minimum Requirement and have the same Associated Notes.

- Select appropriate Performance Measure
- Select appropriate Minimum Requirement
- Choose file(s)
- Input notes, if applicable
- Click “Upload Document”

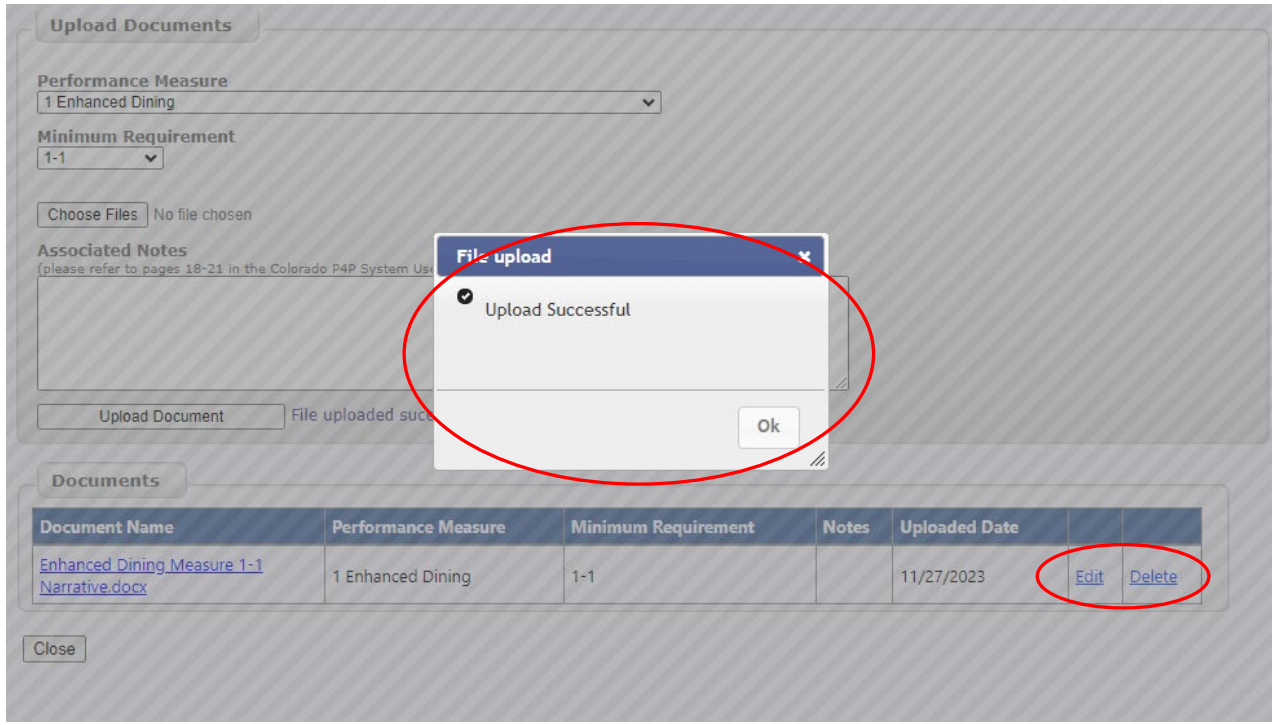
Note: To avoid a potential loss of points during review, please ensure that all supporting documentation is tagged to the appropriate Performance Measure and Minimum Requirement.



File Upload

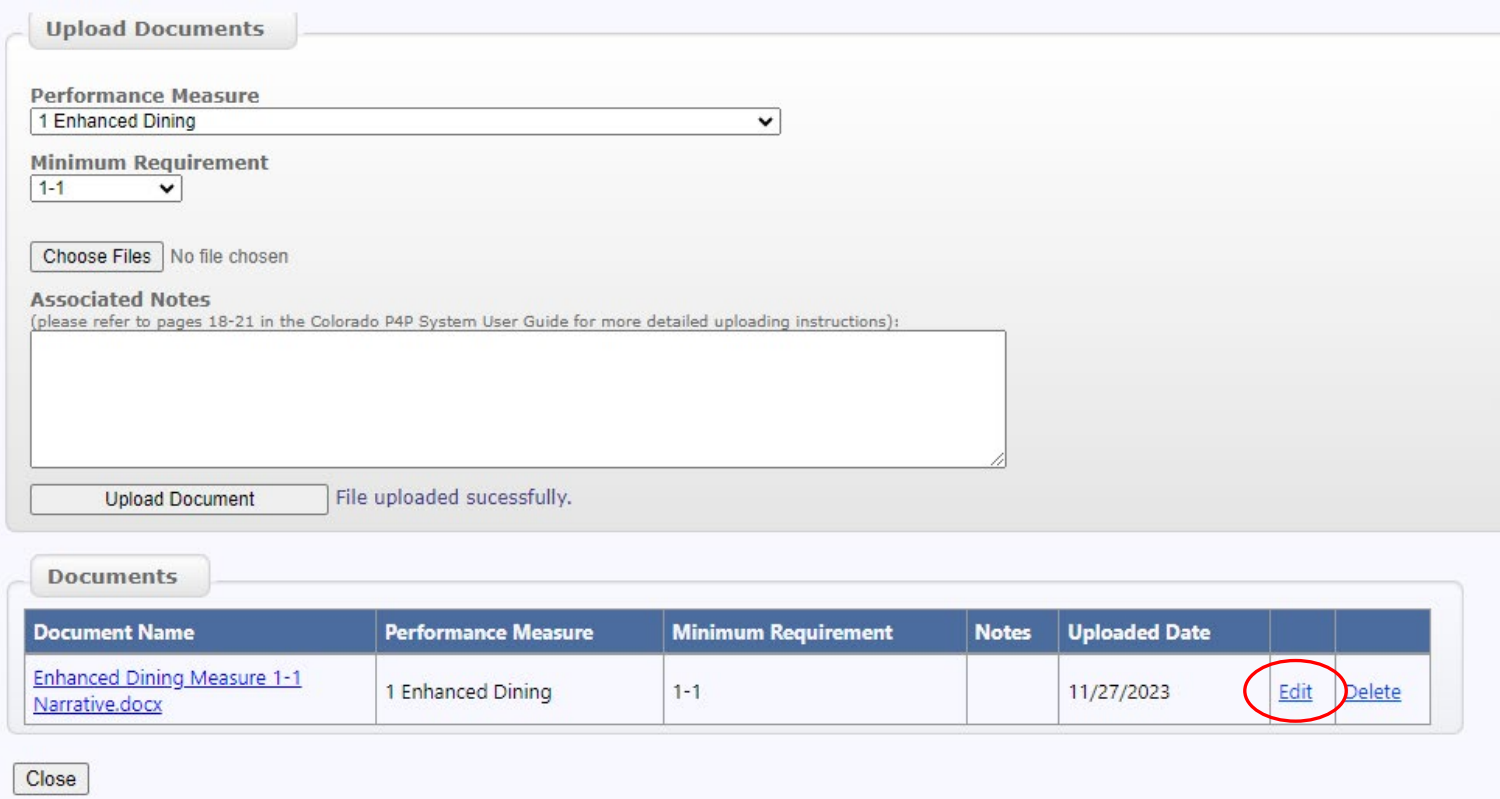
- A confirmation message will appear when upload has completed
- The uploaded file with associated information will appear under Documents on the File Upload window within the Performance Measure to which the document is tagged
  - Click "Edit" to edit the *Performance Measure*, *Minimum Requirement* or *Notes* fields
  - Click "Delete" to delete the uploaded document

Note: Users cannot upload multiple files with the same name (i.e., rename CASPER reports for measures 17 and 20.2)



File Upload

- When changing the Performance Measure, Minimum Requirement, or Notes field associated with an uploaded document, click “Edit” to save your changes



File Upload: Document Naming Requirements

- It is a requirement that all supporting documentation is well organized, clearly labeled, and easy to navigate through.
- Recommendation for a best practice in uploading files is to use the following naming format:
  - **MeasureID_MeasureName_DocumentDescription**
    - **Measure ID:** Each measure has a corresponding Measure ID in the system. This ID can be found on the Participant Completion Summary page and on each individual Measure page. Please include a leading zero for measures 1-9.
    - **Document Description:** A brief description of the documentation being uploaded. This description should tie to a minimum requirement. Additional details can be included in the "Associated Notes" field to provide more clarity on each document.
- **Examples of this file naming format include:**
  - 01_EnhancedDining_MenuCycle
  - 11_VolunteerProgram_Testimonials

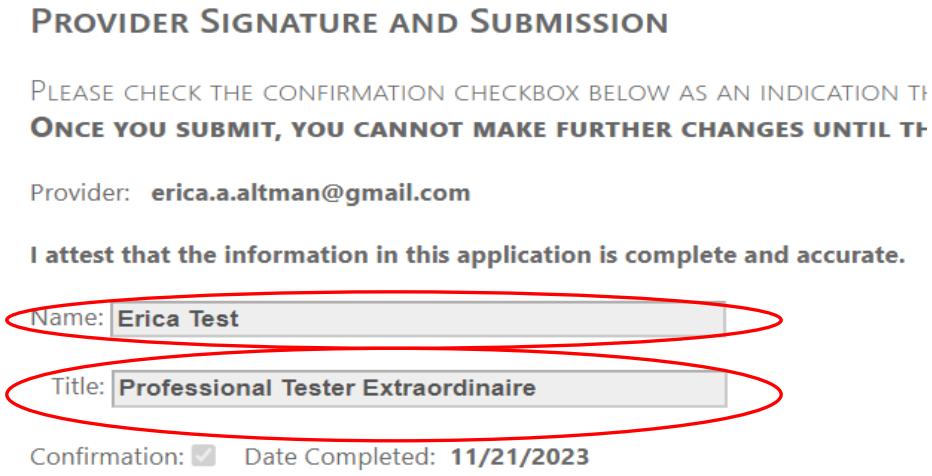
Note: It is recommended that facilities use a "_" in file names as other delimiters (such as "/" or "." have been known to cause issues with uploading and/or opening files.

Confirmation and Submission

- Once all measures have been completed in the application, a fourth button will appear on the Homepage
- Click on the “Confirmation/Submission” button to access the Confirmation/Submission page

Confirmation and Submission

- Read text under Provider Signature and Submission
- Enter your Name and Title in the attestation box
- Check the Confirmation box to certify that all the information in the application is complete and accurate
- Click “Submit”
- Users will receive an email indicating that their application has been submitted



Note: Once submitted, the application is locked, and you will not be able to make any further changes.

Live Portal Demonstration

2024 Application Technical Guidance

2024 Application Technical Guidance

The below details show changes to the application submission requirements.

"Evidence" of events, programs, etc.

- When the term "***evidence***" is used in the measure, the requirement is that the home supply more than a narrative description of the event, program, etc. The Department is expecting that the home provide specific documents such as images, announcements, flyers, formal policies, sign-in sheets, or similar documentation for the review team.

Use the portal's tools

- **Please use the tools that are built into the portal.** This improves the consistency of the data received as well as the Department's ability to report on the tool's data.

Upload documentation to specific minimum requirements

- **Please upload documentation to each specific minimum requirement.** Batches of documentation uploaded to the measure under a single minimum requirement leaves room for interpretation from the review team. Uploading to each individual minimum requirement allows homes to validate they have uploaded all necessary documentation.

2024 Application Measure Call Out

Measure 24: Behavioral Health Care

To earn points for minimum requirement 24.1, homes must submit the name and contact information of the individual at the Regional Accountable Entity (RAE) responsible to be the liaison between the nursing home and RAE for behavioral health services.

Organizational contact information (general phone number) will not suffice.

Key Dates

2024 Application Key Dates

Portal opening:	December 1, 2023
Portal training session:	December 6, 2023
Applications due:	February 29, 2024
Application reviews:	March 2024
On-site reviews:	April 2024
Results released:	May 1, 2024
Appeals process:	May 1 – May 31, 2024

Contact Information

Program-Related Questions

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Portal-Related Questions

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Questions?

Thank you!