

Colorado Nursing Facilities Pay for Performance (P4P)

2023 Application Changes

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Agenda

1. Introduction
2. 2023 Application Changes
3. Best Practices

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 2022 application maintained some of the narrative focus that was characteristic of the 2021 application while also reverting to some of the quality metrics that allowed homes to demonstrate the high-quality care they are providing for residents
- The 2023 application has continued to remove language specific to the pandemic throughout the application and to reincorporate quality metric components
- This presentation details the specific changes that have been made for the 2023 P4P application

2023 Application Changes

Prerequisites

Changes To Resident/Family Satisfaction Survey

- For the resident/family satisfaction survey, the 2023 application requires homes to report:
 - The name of the survey vendor
 - Who is responsible for administering the survey
 - Vendor staff/Home's internal staff/Other
 - How the survey is administered
 - Phone/Electronic/Paper/Email/In-person interview/Other

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 1: Enhanced Dining

- Minimum requirement 1.1 - removed language around adjustments made due to pandemic's regulatory requirements/guidance
- Minimum requirement 1.6 - removed language around adjustments made due to pandemic's regulatory requirements/guidance

Measure 4: Connection and Meaning

- Minimum requirement 4.1 - removed language around promising practices or opportunities that were implemented during the pandemic and kept
- The points available for this measure have been reduced from 5 points to 4 points

Measure 5: Person-Directed Care Programming & Training

- Minimum requirement 5.1 - removed language around promising practices or opportunities that were implemented during the pandemic and kept

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 6: Trauma - Informed Care

- There is an additional minimum requirement for the home's initiatives and training related to current trauma experienced in the home such as grief management, coping mechanisms, etc.
- One point has been added to make this measure now worth 5 points

Measure 8.1: Physical Environment - Appearance

- Minimum requirement 8.1.1 - removed language around impacts of social distancing

Measure 10: Consistent Assignments

- Minimum requirement 10.1 - removed language around promising practices or opportunities that were implemented during the pandemic and kept
- The points available for this measure have been reduced from 5 points to 4 points

Quality of Life Measure Changes

The below details highlight the changes to the Quality of Life measures:

Measure 14: Equity

- New measure with minimum requirements pertaining to evidence of the home's staff training and initiatives regarding understanding racial and ethnic disparities, ageism/ableism, and gender identity/sexual orientation, as well as their root causes
- Specifically asks home to provide best practices for shared decision making and implicit bias training
- There are 2 points available for this measure

Measure 15: Isolation Protocols

- New measure with narrative-based minimum requirements pertaining to the home's patient-centered efforts and initiatives for patients in isolation protocols, e.g., facilitating communication with families, attending virtual religious ceremonies, maintaining food preferences, and staying physically and mentally active
- There are 2 points available for this measure

Quality of Care Measure Changes

The below details highlight the changes to the Quality of Care measures:

Measure 17: Reducing Avoidable Hospitalizations

- This measure is reinstated and pertains to a home's observed long stay hospitalization data from July 1, 2020 to June 30, 2022 using either Trend Tracker or National Nursing Home Quality Improvement Campaign
- The points available for this measure will be worth three points

Measure 18: Quality Measures (QMs)

- This measure still requires a narrative for a home's three highest percentile QMs, with points awarded on a home's five best score
- The points available for this measure has been reduced from 26 points to 21 points
- The bottom tier (50th percentile and below) has been removed; it is now scored as 1 point for the 40th percentile, 2 points for the 35th percentile, 3 points for the 30th percentile, 4 points for the 25th percentile

Best Practices

2023 Application Best Practices

The below details provide best practices for specific P4P measures.

Measure 1: Enhanced Dining

1.4 - Include the resident information from your Facility Assessment and how that was used to develop your menu options.

- This measure is specifically looking for how the home uses the facility assessment to develop menu options that reflect the home's unique population.

Measure 6: Trauma-Informed Care

6.2 - Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to influence programming and staff training. In your narrative, include a specific example.

6.3 - Provide a narrative on how you are using data and information around known trauma from your Facility Assessment, other assessments done in the home, or other means to recognize trauma, develop an approach, and alter a care plan for residents. In your narrative, include a specific example.

- Minimum requirement 6.2 is looking for details on trauma-informed care on the macro (home-wide) level and minimum requirement 6.3 is looking for details on the micro (resident) level

2023 Application Best Practices

The below details provide best practices for specific P4P measures.

Measure 13: Transitions of Care

13.1- Submit the name and contact information of the individual at the local agency responsible to be the liaison between the nursing care center and agency for community placement referrals.

- This measure requires homes to provide a specific individual, not a general hotline or centralized email inbox

Measure 20.1: Antibiotics Stewardship/Infection Prevention & Control

20.1.1- Complete and submit only Sections 1 through 3 without noted attachments of the CDC Infection Prevention and Control Assessment Tool

- Section 3 is listed as optional in the CDC tool, but is mandatory for the P4P program

Measure 25: Behavioral Health Care

25.1- 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.

- This measure requires homes to provide a specific individual, not a general hotline or centralized email inbox

2023 Application Best Practices

The below details provide best practices for the P4P application.

“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

- Use the tools that are built into the portal to improve 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

- Upload documentation to each specific minimum requirement instead of a batch of documentation to the measure under a single minimum requirement. This leaves less room for interpretation from the review team and allows homes to validate they have uploaded all necessary documentation.



Questions?



Key Dates

2023 Application Key Dates

Portal opening:	December 1, 2022
Portal training session:	Week of December 5, 2022
Applications due:	February 28, 2023
Application reviews:	March 2023
Results released:	May 1, 2023
Appeals process:	May 1 – May 31, 2023

Contact Information

Program–Related Question

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Thank you!