Nursing Home Pay for Performance (P4P) 2024 Application Training Webinar

Colorado Department of Health Care Policy and Financing

Presented by:
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August 10, 2023

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Agenda

1. Welcome

2. Department Update on P4P Payments (HB 23-1228)

3. Overview of 2024 Application Changes

   - New or Deleted Measures

     o No New Measures

     o QAPI measure removed

   - New Minimum Requirements

     o Measure 13 - Equity

   - Updates to Measures

     o Measure 17 – Quality Measures Percentile Updates

     o Medicaid Occupancy Average Percentage Updates

   - New Tools and Resources

     o Updated Antibiotics Stewardship/Infection Prevention & Control Tool

     o Health Equity Resources

4. 2024 Key Dates

Department Updates

Department Updates

Update on P4P Payments (HB 23-1228)

- Authorized an increase in P4P payments based on a percentage of total provider fee payments.

- Department estimates this will be roughly double the total dollars paid.

- Specific table per day will not be available until provider fee model is finalized.

Overview of 2024 Application Changes

New or Deleted Measures

Important Note

Quality of Life Domain

2023's Measure 9 - QAPI has been retired. As a result, all 2024 measures after Measure 8 have shifted forward in numbering by one.

Please see the next slide for a comparison of the numbering changes.

2024 Application vs 2023 Application: Quality of Life Domain

Colorado P4P Application Scoring 2023 and 2024 Comparison Summary					
Quality of Life Domain					
2024 Measure ID	**2024 Measure Name**	**2024 Points Available**	**2023 Measure ID**	**2023 Measure Name**	**2023 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 09	QAPI	4
Measure 10	Volunteer Program	3	Measure 10	Consistent Assignments	4
Measure 11	Staff Engagement	3	Measure 11	Volunteer Program	3
Measure 12	Transition of Care: Admissions, Transfer and Discharge Rights	3	Measure 12	Staff Engagement	3
Measure 13.1	Equity - Initiatives	4	Measure 13	Transition of Care: Admissions, Transfer and Discharge Rights	3
Measure 13.2	Equity - Accessibility	2	Measure 14	Equity	2
Measure 14	Isolation Protocols	2	Measure 15	Isolation Protocols	2
	2024 Quality of Life Points Available	**51**		**2023 Quality of Life Points Available**	**51**

2024 Application vs 2023 Application: Quality of Care Domain

	Quality of Care Domain				
2024 Measure ID	2024 Measure Name	2024 Points Available	2023 Measure ID	2023 Measure Name	2023 Points Available
Measure 15	Vaccine Education	2	Measure 16	Vaccine Education	2
Measure 16	Reducing Avoidable Hospitalizations	3	Measure 17	Reducing Avoidable Hospitalizations	3
Measure 17.1	Quality Measures Narrative	1	Measure 18.1	Quality Measures Narrative	1
Measure 17.2	High Risk Residents with Pressure Ulcers (L) N015.03	4*	Measure 18.2	Residents Whose Need for Help w/ Daily Activities Has Increased (L) N028.02	4*
Measure 17.3	Residents with One or More Falls with Major Injury (L) N013.02	4*	Measure 18.3	Residents with Depression Symptoms (L) N030.02	4*
Measure 17.4	Residents who Received Antipsychotic Medications (L) N031.03	4*	Measure 18.4	Residents who Received Antipsychotic Medications (L) N031.03	4*
Measure 17.5	Residents with Depression Symptoms (L) N030.02	4*	Measure 18.5	Residents Whose Ability to Move Independently Worsened (L) N035.03	4*
Measure 17.6	Low Risk Residents who Lose Control of Bowel/Bladder (L) N025.02	4*	Measure 18.6	High Risk Residents with Pressure Ulcers (L) N015.03	4*
Measure 17.7	Residents who Lose Too Much Weight (L) N029.02	4*	Measure 18.7	Residents who Lose Too Much Weight (L) N029.02	4*
Measure 17.8	Residents Whose Need for Help w/ Daily Activities Has Increased (L) N028.02	4*	Measure 18.8	Low Risk Residents who Lose Control of Bowel/Bladder (L) N025.02	4*

2024 Application vs 2023 Application: Quality of Care Domain

Measure 17.9	Residents Whose Ability to Move Independently Worsened (L) N035.03	4*	Measure 18.9	Residents Who Lose Too Much Weight (L) N029.02	4*
Measure 18.1.1	Best Practices	1	Measure 19.1.1	Best Practices	1
Measure 18.1.2	Best Practices	1	Measure 19.1.2	Best Practices	1
Measure 18.1.3	Best Practices	3	Measure 19.1.3	Best Practices	3
Measure 19.1	Antibiotics Stewardship/Infection Prevention & Control	3	Measure 20.1	Antibiotics Stewardship/Infection Prevention & Control	3
Measure 19.2.1	Antibiotics Stewardship/Infection Prevention & Control	1	Measure 20.2.1	Antibiotics Stewardship/Infection Prevention & Control	1
Measure 19.2.2	Antibiotics Stewardship/Infection Prevention & Control	1	Measure 20.2.2	Antibiotics Stewardship/Infection Prevention & Control	1
Measure 20	Medicaid Occupancy Average	4	Measure 21	Medicaid Occupancy Average	4
Measure 21	Staff Retention Rate	3	Measure 22	Staff Retention Rate	3
Measure 22	DON and NHA Retention	2	Measure 23	DON and NHA Retention	2
Measure 23	Nursing Staff Turnover Rate	3	Measure 24	Nursing Staff Turnover Rate	3
Measure 24	Behavioral Health Care	1	Measure 25	Behavioral Health Care	1
	2024 Quality of Care Points Available	49		**2023 Quality of Care Points Available**	49

Overview of 2024 Application Changes

New Minimum Requirements

Overview of 2024 Application Changes

QUALITY OF LIFE DOMAIN

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.

Updates to Measure 13.1: Equity - Initiatives

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)

(Above options will be radio buttons in portal)

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

Updates to Measure 13.1: Equity - Accessibility

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

Updates to Measure 13.1: Equity - Accessibility

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

Updates to Measure 17: Quality Measures

17.2 through 17.9- Include CASPER Quality Measure report for Quarters 3 and 4 from calendar year 2023 and complete the QM Calculation Tool. Documentation to support this minimum requirement only needs to be submitted once for measures 17.2-17.9.

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	

Updates to Measure 20: Medicaid Occupancy Average

QUALITY OF CARE DOMAIN

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

Measure 24: Behavioral Health Care - Emphasis

QUALITY OF CARE DOMAIN

Measure 24: Behavioral Health Care

• To earn points for minimum requirement 24.1, homes must submit the <u>name and contact information of the individual</u> 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.

Overview of 2024 Application Changes

New Tools and Resources

New Tool – Measure 19: Antibiotics Stewardship/Infection Prevention & Control

QUALITY OF CARE DOMAIN

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.

- https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

- It remains worth 5 points.

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New Tool - Measure 19: Antibiotics Stewardship/Infection Prevention & Control

2023 - Infection Prevention and Control Assessment Tool	2024 - Infection Control Assessment and Response Tool
Section 1: Facility Demographics	Demographics – Long-Term Care
Section 2: Infection Control Program and Infrastructure 1. Infection Control Program and Infrastructure 2. Healthcare Personnel and Resident Safety 3. Surveillance and Disease Reporting 4. Hand Hygiene 5. Personal Protective Equipment 6. Respiratory Hygiene/Cough Etiquette 7. Antibiotic Stewardship 8. Injection Safety and Point of Care Testing 9. Environmental Cleaning	Module 1 – Training, Audits, Feedback
	Module 2 – Hand Hygiene (Observations)
	Module 3 – Transmission-Based Precautions (Observations)
	Module 4 – Environmental Services (Observations)
	Module 5 – High-level Disinfection and Sterilization (Observations)
	Module 6 – Injection Safety (Observations)
	Module 7 – Point of Care (Observations)
	Module 8 – Wound Care (Observations)
Section 3: Direct Observation of Facility Practices (optional) 1. Point of Care Testing Observations 2. Hand Hygiene and Contact Precautions 3. Indwelling Urinary Catheter (IUC) Maintenance Observations (i.e., Foley)* 4. Central Venous Catheter (CVC) Maintenance Observations* 5. Wound Dressing Change Observations	Module 9 – Healthcare Laundry (Observations)
	Module 10 – Antibiotic Stewardship

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New Tool - Measure 19: Antibiotics Stewardship/Infection Prevention & Control

2024 - Infection Control Assessment and Response Tool	Major differences from the 2023 Tool
Demographics – Long Term Care	Includes questions about the Infection Prevention and Control Infrastructure, which used to be Section 2 in the old tool.
Module 1 – Training, Audits, Feedback	
Module 2 – Hand Hygiene (Observations)	New tool asks more detailed questions about processes instead of are employees trained.
Module 3 – Transmission-Based Precautions (Observations)	This section is a combination of the Healthcare Personnel and Resident Safety, Respiratory Hygiene/Cough Etiquette, PPE, and the Surveillance and Disease Reporting sections in the old tool.
Module 4 – Environmental Services (Observations)	The new tool includes more detailed questions about responsibilities and processes, rather than only asking if policies are in place.
Module 5 – High-level Disinfection and Sterilization (Observations)	**New Topic, not included in old tool.**
Module 6 – Injection Safety (Observations)	Th new tool walks through audit questions, whereas the old tool only addresses if audits were routinely conducted.
Module 7 – Point of Care (Observations)	In the old tool, this was included in the audit section. Observations are more detailed in the new tool.
Module 8 – Wound Care (Observations)	The old tool had an observation section for wound care. The new tool includes additional questions about responsibilities and policies.
Module 9 – Healthcare Laundry (Observations)	**New Topic, not included in old tool.**
Module 10 – Antibiotic Stewardship	Questions in the new tool focus more on education and training.

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Health Equity Resources – Cultural and Lingual Competency (CLAS)

From "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care," *HHS Office of Minority Health*

Principal Standard

1. **Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs**

Governance, Leadership, and Workforce

1. Advance and sustain organizational **governance and leadership that promotes CLAS** and health equity through policy, practice, and resource allocation
2. Recruit, promote, and support a **culturally and linguistically diverse** governance, leadership, and workforce **responsive to the serviced population**
3. **Educate and train** governance, leadership, and workforce in culturally and linguistically appropriate policies and practices **on an ongoing basis**

Communication and Language Assistance

1. **Offer language assistance** to individuals with limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health care and services
2. **Inform all individuals of the availability of language assistance** services clearly in their preferred language, verbally and in writing
3. Ensure the **competence of individuals providing language assistance**, avoiding the use of untrained employees or minors as interpreters
4. Provide **easily comprehensible print, multimedia materials, and signage in the languages commonly used** within the service population

Health Equity Resources – Cultural and Lingual Competency (CLAS)

Engagement, Continuous Improvement, and Accountability

1. **Establish culturally and linguistically appropriate goals, policies, and management accountability** and infuse them throughout the organization's planning and operations
2. **Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures** into measurement and continuous quality improvement activities
3. **Collect and maintain accurate and reliable demographic data** to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery
4. **Conduct regular assessments of community health assets and needs** and use the results to plan and **implement services that respond to the cultural and linguistic diversity of populations** in the service area
5. **Partner with the community** to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
6. **Create conflict and grievance resolution processes that are culturally and linguistically appropriate** to identify, prevent, and resolve conflicts or complaints
7. **Communicate the organization's progress** in implementing and sustaining CLAS to all stakeholders, constituents, and the general public

Why CLAS?

Cultural and linguistic incompetency proliferate healthcare inequity, which, in turn, adversely affects local communities as well as society at large. The combined cost of health disparities in the United States is an estimated $1.24 trillion (*Joint Center for Political and Economics Studies*, 2009).

Providing culturally and linguistically appropriate services is an effective method to combat racial and ethnic health disparities. CLAS policies and practices provide a structure to implement appropriate services that promote health equity tailored towards a particular service population.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Stakeholder Strategy for Achieving Health Equity, which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the county.

Health Equity Resources – Additional Resources

Resources to Support Measure 13 Implementation:

- Office of Minority Health Resource Center - https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
  - Provides free, accredited e-learning courses
- Center of Excellence for Behavioral Health in Nursing Facilities - https://nursinghomebehavioralhealth.org/news-events/
  - Upcoming Webinars:

  Mental Health First Aid (MHFA)
  - When: Friday, August 11, 11:00AM – 12:30pm MT
  - This session provides a MHFA certification for three years.
  - *Please note: Registration is limited, so please register ASAP if interested.*

  An Introduction to Culturally and Linguistically Appropriate Services (CLAS) Standards – For Direct Care Staff
  - When: Tuesday, August 15, Noon – 12:30PM MT

  An Introduction to Creating a Trauma Informed Culture in the Post-Acute and Long-Term Care Facility - Part 4: Grounding as an Essential Strategy to Calm an Activated Nervous System
  - When: Thursday, August 17, Noon – 1pm MT

Key 2024 Application Dates

Key 2024 Application Dates

Events:	Date:
Provider Application Changes Training	Thursday, August 10, 2023
Portal Goes Live	Friday, December 1, 2023
Provider Portal and Application Changes Training	Wednesday, December 6, 2023, 11:00 AM - 1:00 PM MT
Portal Closes	Thursday, February 29, 2024, 11:59PM MT
Preliminary Review Findings Dissemination	Friday, March 8, 2024
Final Scores Released	Wednesday, May 1, 2024
Appeals Process Opens	Wednesday, May 1, 2024 – May 31, 2024

Questions?