

APPENDIX # 5
SB 06-131 COMMITTEE REPORT

COLORADO'S PAY FOR PERFORMANCE MODEL

PREREQUISITES TO BE CONSIDERED FOR THE ADD-ON:				
Measure	Definition	Data Source	Data time frame	Comments
CDPHE Survey	No facility with substandard deficiencies on a regular annual, complaint, or any other CDPHE survey will be considered for P4P. Per SOM, this is generally no H level deficiencies or above. No F's or higher in 221-226,240-258,309-312, 314, 315, 317-334	Survey results and results of complaint investigations.	For July 1, 2009 implementation, lookback period will be from June 1, 2007 thru August 31, 2008	15 month look back period to account for annual survey +/- 3 months
Resident/Family satisfaction survey	Survey must be developed, recognized, and standardized by an entity external to the facility. Must be administered on an annual basis with results tabulated by an agency external to the facility. Facility must report their response rate, and a summary report must be made publicly available along with the facility's State Survey results	Externally compiled and tabulated survey	Resident/family satisfaction surveys must have been conducted and tabulated between September 1, 2007 and August 31, 2008.	proof of dates of completion and response rate to be sent upon submission of P4P application

OTHER KEY ELEMENTS OF THE MODEL				
Written report	Facilities will submit a P4P application indicating those measures it feels will qualify it for points with clear descriptions of why it feels it should receive those points and the data and location in the facility where this can be verified (if applicable).	Application co-written by facility representative(s) and member(s) of the facility Resident Council	Application submitted by September 1, 2008	Submitted to HCPF which will verify that prerequisites have been met. HCPF will notify the State Ombudsman of those facilities participating in P4P by October 1, 2008.
Onsight Resident Evaluation	Data in the Quality of Life Domain will be collected on an ongoing basis by an Onsight Resident Evaluation which verifies that the facility has implemented and is sustaining the plan submitted for P4P consideration.	Onsight P4P Evaluation tool with written reports submitted to HCPF	Evaluation will be conducted October, 2008 thru March, 2009	Onsight P4P Evaluation tool will be automated so the results can be transmitted to HCPF for use in computing the P4P add-on. For the initial implementation period, two reports will be submitted: first report will cover the October thru December 2008 quarter and will observe for evidence of implementation of the P4P plan; second report will cover the January thru March 2009 quarter and will observe for evidence that the plan is being sustained.
Appeal process	The facility can submit a formal appeal to HCPF if it disagrees with the results of the point determination	Specifically formatted, clearly delineated facility written request	Must be submitted within HCPF's time frame for rate appeals	Onsight evaluation representative and HCPF will review the appeal document as well as the P4P Evaluations and make a final determination.

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DOMAIN: QUALITY OF LIFE The Quality of Life programs must be in place at time of P4P application

Sub category

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Resident-Directed Care and Activities						
Enhanced Dining	Menus that include numerous options, menus developed with resident input. The dining atmosphere reflects the community. Residents have access to food 24 hours/day, and staff are empowered to provide food when resident desires it.	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Flexible and enhanced bathing	Bath schedules are flexible to meet individual residents' desires, options for bathing are provided, and the physical bathing environment is enhanced	5	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Daily schedules	Residents are assisted in determining their own daily schedules and participate in developing their care plans	3	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
End of Life Program	The facility has developed a program advocating for residents' participation in end of life care, providing regular opportunities for re-evaluation of those wishes, and respecting those wishes when end of life is imminent.	2	Facility P4P application, which may include reference to policies and procedures, inservice records to indicate staff training, care plan review to indicate resident participation	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Total points available this subcategory		12				

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Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Home Environment						
Resident Rooms	Resident rooms have been redesigned to enhance privacy, and allow for personalization and individual needs	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Public and outdoor space	Available Public and outdoor living spaces are designed for stimulation and activity	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Overhead paging	Overhead paging has been turned off and used only in emergencies	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Neighborhoods/Households	Physical environment has been designed or re-designed to create neighborhoods/households	5	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	October - Dec evidence of implementation, Jan - March evidence of sustainability
Subtotal		11				

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Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Relationships with Staff, Family, Resident and Community						
50% consistent assignments	50% of the time (using Advancing Excellence methodology), staff is consistently assigned to the same resident . . . OR. . .	5	Facility P4P application, review of assignment sheets	Onsight evaluation tool	October, 2008 thru March, 2009	Advancing Excellence definition is 80% = 4/7 days a specific caregiver cares for the same resident, based on one month evaluation of assignments
80% consistent assignments	80% of the time (using Advancing Excellence methodology), staff is consistently assigned to the same resident	7	Facility P4P application, review of assignment sheets	Onsight evaluation tool	October, 2008 thru March, 2009	
Internal Community	Regular neighborhood community meetings or learning circles to promote a sense of community and spontaneous activities	6	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	
External Community	External Community invited, informed and involved in the life of the facility	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	May include evidence of family letters, news articles, user-friendly and informative websites
Living environment	Plants, pets, and children have been introduced to develop a living environment	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	
Volunteer Program	Formalized volunteer program exists to allow for the provision of resident-specific activities and visits	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	
Total points available this subcategory		19				

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Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Staff Empowerment						
Care Planning	CNA staff is involved in care planning and care conferences	6	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	May include validation of CAN signatures on care plans and care conference attendee records
Promoting staff development and empowerment through:						
Career ladders/career paths	Facility has systems in place to promote and support staff advancement	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	May include review of Policies and procedures, as well as interviews with staff
Person-directed Care	Facility supports and has systems in place to provide formal training on person-directed care to all staff	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	Inservice records with signatures indicating attendance and dept. worked
New staff program	Staff members are involved in recruitment, orientation and mentoring of new staff	2	Facility P4P application	Onsight evaluation tool	October, 2008 thru March, 2009	Recruitment and orientation policies, staff interviews with ombudsman
Total points available this subcategory		12				
Total: Quality of Life		54				

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DOMAIN: QUALITY OF CARE

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
+2 Continuing Education	12 hours on average/caregiver staff person (Social Services/Activities/RN's/LPN's/CNA's) Continuing Education per year . . OR. . .	2	Facility P4P application	Self reported evidence of total hours, submitted to HCPF with cost report	October, 2008 thru March, 2009	CNA's minimum of 12hrs/yr, other staff 8hrs/yr. Simple average = 10hrs/yr as standard + 2
+4 Continuing Education	14 hours on average/caregiver staff person (Social Services/Activities/RN's/LPN's/CNA's) Continuing Education per year. . . OR. . .	5	Facility P4P application	Self reported evidence of total hours, submitted to HCPF with cost report	October, 2008 thru March, 2009	CNA's minimum of 12hrs/yr, other staff 8hrs/yr. Simple average = 10hrs/yr as standard + 4
+6 Continuing Education	16 hours on average/caregiver staff person (Social Services/Activities/RN's/LPN's/CNA's) Continuing Education per year	6	Facility P4P application	Self reported evidence of total hours, submitted to HCPF with cost report	October, 2008 thru March, 2009	CNA's minimum of 12hrs/yr, other staff 8hrs/yr. Simple average = 10hrs/yr as standard + 6
Quality Program participation	Participation in Advancing Excellence in America's Nursing Homes or a successor quality program	1	Advancing Excellence website	CFMC	October, 2008 thru March, 2009	Validate NH has set targets for at least 3 measures on Advancing Excellence website or QIO report
Nationally reported Quality Measures scores:	Average data results over 4 quarters to flatten peaks and valleys and also to capture facilities with low denominators. Use Achievable Benchmarks of Care (abc30 and abc50) numbers to ID achievable quality indices. ABC's represent the best nursing facilities nationwide which include 30/50% of nation's resident population. Tese indices reward for well over 50% achievement in these identified QM's.					
High Risk Pressure Ulcers score of 5.0 or less		5	NHQI website	CFMC	October, 2008 thru March, 2009	06Q3&4 data, state average /national percentiles: 25th% 4.9 /7.5, 50th% 8.6 /11.5. ABC30 5.3, ABC50 7.1
High Risk Pressure Ulcers score > 5.0 but < or = to 6.5		2				
Chronic Care Pain score of 2.0 or less		5	NHQI website	CFMC	October, 2008 thru March, 2009	06Q4 data, state /nat'l percentiles: 25th% 2.0 /1.6, 50th% 4.7 /3.4. ABC30 0.9 ABC50 1.6
Chronic Care Pain score > 2.0 but < or = to 3.0		2				
Physical Restraints score of 1.0 or less		5	NHQI website	CFMC	October, 2008 thru March, 2009	06Q4 data, state /nat'l percentiles: 25th% 1.5 /0, 50th% 4.4 /3.6. ABC30 0.3 ABC50 1.1
Physical Restraints score of > 1.0 but < or = to 2.5		2				
Total points available this subcategory		22				

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Subcategory- Staff Stability

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
Staff retention rate	Staff retention rate (excluding NHA and DON) above (established threshold). . .OR. .	4	Facility P4P application	payroll/human resources data	As of March 31, 2009	Need a baseline and method to collect this data.
Staff retention improvement	Staff retention rate improves X% from previous year	4	Facility P4P application	resources data computed per established	As of March 31, 2009	Need a baseline and method to collect this data. Also need methodology to calculate retention
DON retention	DON retention rate of 3 years or more each.	2	Facility P4P application	CDPHE records	As of March 31, 2009	
NHA retention	NHA retention rate of 3 years or more each.	2	Facility P4P application	CDPHE records	As of March 31, 2009	
Employee satisfaction survey	Externally developed, recognized, and standardized employee satisfaction survey conducted on an annual basis, with at least 60% response rate	4	Facility P4P application	submit copy of report to HCPH to verify response rate	Survey to be conducted and tabulated between September 1, 2007 to August 31, 2008	
Total points available this subcategory		12				
Total: Quality of Care		34				

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DOMAIN: FACILITY MANAGEMENT

Measure	Definition	Points awarded	Data Source	Data verification	Data time frame	Comments
10% medicaid	Medicaid occupancy 10% or more above statewide average	12	Facility P4P application	Cost report	As of March 31, 2009	
5% medicaid	Medicaid occupancy 5% to <10% above statewide average	6	Facility P4P application	Cost report	As of March 31, 2009	
Total points available: Facility Management		12	Point totals for add-on			
GRAND TOTAL P4P		100				
			80-100			\$4
			61-79			\$3
			46-60			\$2
			21-45			\$1
			0-20			No add-on