

State of Colorado Department of Health Care Policy and Financing

2013 Nursing Facilities Pay for Performance Review

June 28, 2013



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I. EXECUTIVE SUMMARY

The Colorado Nursing Facility Pay for Performance (P4P) program, sponsored by the Colorado Department of Health Care Policy and Financing, has just commenced its fifth year of administration. For the fifth consecutive year, Public Consulting Group has reviewed, evaluated, and validated nursing home applications. The current year's review process included an update of PCG's prior-developed evaluation tool, a reintroduction of Nationally Reported Quality Measures, the assessment of nursing home application scores, and the evaluation of appeals contesting the reviewers' interpretation of submitted materials.

The purpose of the P4P program is to encourage and support the implementation of resident-centered policies and home-like environments throughout the nursing homes of Colorado. Homes that execute these changes are incentivized with a supplemental payment. Participating facilities must have submitted an application by February 28, 2013; this application provided evidence of its performance in establishing measures designed to improve quality of life and quality of care within the home. Incentive payments are determined according to established point thresholds. These thresholds are provided below with the corresponding number of homes that fall into each of these ranges.

Point Range	Per Diem Rate Add-On	Number of 2013 Homes
0 - 20	No Add-On	5
21 - 45	\$1.00	25
46 - 60	\$2.00	21
61 - 79	\$3.00	28
80 - 100	\$4.00	38

The 2013 application was similar to the 2012 application with a few exceptions. The performance measure for Staff Influenza Immunization was removed while performance measures for Reducing Rehospitalizations and Antipsychotic Medication were added in. Additionally, the Nationally Reported Quality Measures seen in the 2011 application were reintroduced with some minor changes. Homes can now receive points for scores within certain ranges for Falls with Major Injury, Moderate/Severe Pain, High Risk Resident with Pressure Ulcers and UTIs. Points were redistributed across the application in order to accommodate the additional performance measures.

In Section V, PCG highlights comments from Nursing Home Administrators (NHAs) regarding their experience with the P4P application. Section VI provides analysis of the scores of those homes which have applied all five years of the program. This section also contains a review of the number of homes applying for each performance measure versus the number of homes qualifying for points.

Finally, Section VII outlines some existing initiatives to support Colorado elders, passed and pending legislation impacting Colorado elders and concludes with some additional changes which are likely in the future.

II. INTRODUCTION

A. Purpose of Project

In December 2010, the Department of Health Care Policy and Financing (the Department) sought quotations from qualified and experienced vendors to conduct reviews to evaluate and validate whether nursing homes that applied for additional reimbursement under the P4P program have implemented and are in compliance with performance measures as defined by the Department.

The Department wishes to foster a person-centered and directed model of care in a home-like environment for Colorado's nursing home residents. Under HB 08-1114, an additional per diem rate based upon performance was to be paid to those nursing home providers that provide services resulting in better care and higher quality of life for their residents effective July 1, 2009. Using this per diem add-on methodology, nursing homes could apply for the P4P program quarterly. Under SB 09-263, additional payments to nursing homes for the Pay-For-Performance program are paid a supplemental payment rather than a per diem payment effective July 1, 2009. Nursing homes must now apply for the Pay-For-Performance program annually, with a deadline of February 28th for 2013, as all supplemental payments for the year must be calculated prior to the July 1 rate-setting date.

B. Goals of the P4P Initiative

The Department received 119 applications by the February 28, 2013 deadline. These applications were reviewed, evaluated, and validated using the Colorado Nursing Homes 2013 Pay-For-Performance (P4P) Application. The rate effective date for these providers is July 1, 2013.

C. Major Deliverables

PCG was tasked with reviewing, evaluating, and validating whether nursing homes that applied for additional reimbursement related to the Pay-For-Performance program are eligible for these additional funds. The performance measures serve to gauge how homes provide high quality of life and high quality of care to their residents.

The P4P measures have been established in the application in two domains:

1. Quality of Life
2. Quality of Care

The 2013 P4P application included 30 performance measures in the domains of Quality of Life and Quality of Care. The reimbursement for these measures is based on cumulative points received for all performance measures. A nursing home may earn a total of up to 100 points. The threshold for any

reimbursement begins with scores of 21 points or higher.¹ Fifty points are possible for the Quality of Life domain and 50 points are possible for the Quality of Care domain. Each nursing home chooses which of these measures it applies for.

Within each domain are sub-category measures. On the application forms, each of these sub-category measures are further described by definitions, minimum requirements, required documentation, and the possible points for each sub-category measure. The state has directed the Contractor to assign the points merited for each measure contingent upon the review, evaluation and validation that the sub-category measurement requirements have been documented and met.

Specifically, the Department required that the contractor is responsible for the following:

- Reviewing, evaluating, and validating applications submitted by nursing homes that applied between February 1, 2012 and February 28, 2013 to participate in the P4P program.
- Developing and implementing the evaluation tool that will be used to measure compliance with each P4P subcategory measure.
- Developing and maintaining a record file for each nursing home that applies for the P4P program.
- Making the results of all evaluations and reports available to the Department for a period of six (6) years after the end of the contract resulting from the DQ.
- Reviewing and providing final analysis and decisions about score revisions to the Department resulting from facilities' requests for reconsideration of the initial review results.
- Developing template letters to inform the Department and the homes about the results of its review, evaluation, and validation of the P4P application and supporting documentation review.
- Developing the reporting mechanisms and any other ancillary documents and systems to successfully implement this program.
- Holding bi-weekly meetings with the Department to ensure that the work is progressing appropriately.
- Making recommendations to the Department for which homes should have on-site visits and conducting review and validations of no less than 10 percent of the P4P applicants.
- Providing evaluation results of the P4P applications to the Department in a standardized format developed by the Contractor and approved by the Department by April 30, 2013.
- Providing a report to the Department by June 30, 2013 detailing the Contractor's experience with this project and submitting recommendations to the Department for continuing and improving this project that might be used in a future solicitation process.

¹ See Colorado Code of Regulations at 10 CCR 2505-10 8:443.12 for points associated with the pay-for-performance per diem add ons. Retrieved on 6-13-2013 from [www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305 Department of Health Care Policy and Financing&agencyID=69&agencyName=2505 Medical Services Boar&ccrDocID=2921&ccrDocName=10 CCR 2505-10 8.400 MEDICAL ASSISTANCE - SECTION 8.400&subDocID=50025&subDocName=8.443 NURSING FACILITY REIMBURSEMENT&version=24](http://www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305%20Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyID=69&agencyName=2505%20Medical%20Services%20Boar&ccrDocID=2921&ccrDocName=10%20CCR%202505-10%208.400%20MEDICAL%20ASSISTANCE%20-%20SECTION%208.400&subDocID=50025&subDocName=8.443%20NURSING%20FACILITY%20REIMBURSEMENT&version=24)



D. Project Team

PCG assembled a team of nationally recognized Subject Matter Experts (SMEs) in long term care policy and planning for this effort. The project was directed by Sean Huse, an experienced manager in Colorado for Medicaid over the past nine years. Mr. Huse managed the project with support from two technical advisors: Les Hendrickson, a national expert on long term care reimbursement policy and planning; and Amy Elliot of the Pioneer Network, a national leader in the work on models of person-directed care in nursing homes.

This team of project managers and technical advisors was assisted by PCG Senior Consultants, Consultants, and Business Analysts with backgrounds researching and analyzing P4P reimbursement structures. Team members included Joe Weber, Lauren Rodrigues, Alison O'Connell, Douglas Grapski, Megan Shaughnessy, and Ben Cormack. PCG believes this staffing approach is balanced, thoughtful, and represents the knowledge and experience necessary to successfully accomplish the Department's multiple objectives.

III. APPROACH

A. Assessment of Applications

PCG drew on the experience gained from reviewing Colorado P4P applications for the past four years to develop a standardized approach for reviewing the current year's 119 applications that were submitted to the Department. During the period of March 25th, 2013 through April 5th, 2013, PCG's team of reviewers worked together to evaluate the applications. Working together in this collaborative environment allowed reviewers the opportunity to discuss ambiguous applications and develop a uniform approach to the reviews.

To maintain a consistent, equitable evaluation of all of the applications across the team of reviewers, a strict interpretation of the definition, minimum requirements, and required documentation for each performance measure as described in the published P4P application was adopted. Reviewers took the position that the application was a request for state and federal reimbursement for nursing home services and the application would be held to the same standards of accuracy and verifiability that would be required of a Medicaid cost report form.

Each performance measure was broken down into one or more specific minimum requirements based on the language and checklist items listed for each measure in the application. Reviewers examined the supporting documentation submitted in each provider's application to answer "Yes" or "No" to the question, "Did the home meet the minimum requirement?" To gain points on a measure, the provider needed to show the required documentation for each minimum requirement.

The 2013 application included the same high level of detail for each measure that was established in the 2010 application, listing types of required documentation such as narratives, pictures, policy documents, and testimonials. When documentation was listed as required, each piece had to be present in order to meet the requirement. Reviewers did, however, exercise judgment in reviewing documentation provided. For example, if there was no explicit statement that staff members assist with resident room decoration, but pictures show various paint colors, wall hangings, and large pieces of personal furniture, the reviewer would assume that the nursing home staff assisted with the process. To ensure that applications were scored consistently, reviewers debated ambiguous documentation and made sure to apply decisions to all application materials throughout the process.

In all cases, a literal definition of the minimum requirements was applied. If, for example, the requirement is for 12 hours or more of continuing education, answers of 11.99 or less did not meet the requirement. If the care planning requirement calls for both ten initial and ten quarterly care plans, then there had to be at least ten of each present to meet the requirement.

In some cases, if no supporting documentation was included in the section designated for a particular performance measure, the reviewer searched the other sections in the application to see if documentation could be found elsewhere that would meet the minimum requirement. If the application showed that the

minimum requirement for a measure was in fact met, then a “Yes” answer was assigned to the measure regardless of whether or not the home claimed a score for that measure. For example, if a home did not report a score for the neighborhoods/households measure yet the application provided ample documentation that the home had neighborhoods, the reviewer would assign a “Yes” score to the measure. Also, for performance measures containing an option for multiple point levels, such as the +2, +4, or +6 continuing education, reviewers would change the number of points awarded when appropriate. For example, if the provider applied for +6 continuing education, but the documentation only showed +4, the reviewer would say “No” to +6 and add a “Yes” to +4.

B. Evaluation Tool

In 2009 and 2010, PCG utilized a Microsoft Access database developed as an evaluation tool to store information, self-reported scores, and application evaluations for each provider that submitted an application. The evaluation tool used with the 2012 applications was redesigned to incorporate changes in the 2013 application.

After entering in provider information, such as address, phone number, preparer name, etc., reviewers entered in the homes’ self-reported scores. Self-reported scores were entered exactly as provided, even when the homes awarded themselves partial points or points for both options of an either/or measure. Then, reviewers read each application and its supporting documentation to evaluate and score the applications on each of the subcategory performance measures.

As previously mentioned, the measures were broken down into one or more minimum requirements and reviewers would assign a “Yes,” “No,” or “Did Not Apply” to each as appropriate. The database contained a field for reviewers to add comments pertaining to any of the minimum requirements or the decision that was made. The points for a measure would only be assigned when all minimum requirements had a “Yes” entered as a status. Partial points cannot be assigned for a performance measure.

A “No” response for any of the minimum requirements resulted in no points being awarded for that performance measure. For instance, for “Enhanced Dining,” the reviewer would need to see back-up documentation that all of the following minimum requirements were met:

1. Include a detailed narrative describing your enhanced dining program.
2. Evidence that menu options are more than the entree and alternate selection.
3. Evidence that these options included input from a resident/family advisory group such as resident council or a dining advisory committee.
4. Evidence that the residents have had input into the appearance of the dining atmosphere.
5. Evidence the Residents have access to food at any time and staff are empowered to provide it.
6. Supporting documentation can be resident signed testimonials, resident council minutes, minutes from another advisory group or a narrative and photographs of changes in the dining atmosphere.

If the home failed to provide evidence for any of the above mentioned requirements, a “No” response would be entered for that requirement resulting in the home receiving zero points for the performance measure.

The database entry fields were designed so that the total score being accumulated by the applicant was not apparent to the reviewer. This ensured that the supporting documentation for each minimum requirement for each performance measure was evaluated independently without knowledge of cumulative point thresholds.

After all of the applications had been evaluated, summary reports could be run showing nursing home scores, as well as detailed reports by nursing home showing all scores and reviewer comments for each minimum requirement and an evaluation detail report showing the reasoning reviewers provided if points were not awarded for any criteria.

C. Quality Assurance

Throughout the evaluation process, steps were taken to ensure the quality of reviews. Discussions between reviewers on ambiguous aspects of documentation allowed for a standardized approach to scoring the large number of applications. Additionally, the database was designed to guide the reviewer through each performance measure, documenting his or her decision on each minimum requirement during the review.

In redesigning the evaluation tool for 2011, new quality assurance measures were built in to ensure review integrity. First to ensure that a reviewer could not accidentally skip a minimum requirement when evaluating a performance measure, automatic system checks were designed to check the status of all minimum requirements before proceeding from one performance measure to the next. If any minimum requirement status was blank, the system would show an error message and ask the reviewer to double check any missing statuses. Second, the assigning of scores for performance measure was automated. Processes were built into the evaluation tool to read the reviewers’ “Yes” or “No” answers to minimum requirements and determine if points should be awarded or not. If the system found all “Yes” answers for a performance measure, then points would be assigned. If the system encountered any “No” or “Did Not Apply” answers for a performance measure, then no points would be assigned. This more automated scoring process provided real-time updating of score reports as any changes were made to a review.

Finally, during the site visits reviewers took notes about their findings with regard to specific performance measures. While no new documentation was accepted, reviewers identified any instances where documentation may have been misinterpreted in the original evaluation of an application, and after speaking with nursing home staff, it was deemed appropriate to change the scoring based on what was originally provided. For example, a training sign-in sheet for “Bathing Without a Battle” that was not clearly identified in the application could be verified on a site visit. Also, any situations where reviews were seemingly inconsistent on a performance measure were noted. Upon returning from the visits, all

reviewer comments and binders were checked a second time with regard to those noted performance measures to ensure accuracy.

IV. 2013 P4P APPLICATION, SCORING, AND COMMENTS

A. Overview of Application

Pursuant to HB 08-1114 the Department is required to reimburse nursing homes in Colorado an additional per diem rate based upon performance.² The payment is made to support policies that create a resident-centered and resident-directed model of care in a home-like environment for Colorado’s nursing home residents.³

A P4P program is one way the Department can provide an incentive payment rewarding Colorado nursing homes that provide high quality of life and quality of care to their residents. The program is designed to be financially appealing to providers, simple to administer, contain easily accessible data to determine compliance, and is built around measures that are important to nursing home residents, families and consumers. The measures are centered on two “domains,” “Quality of Life” and “Quality of Care.”

Each measure has assigned points that, when totaled, will determine the amount of additional reimbursement per patient day. The following table shows the amount of the per diem add-on that can be obtained for 2013.

Calculation of the Per Diem Rate Add-On
0 – 20 points = No add-on
21 – 45 points = \$1.00 per day add-on
46 – 60 points = \$2.00 per day add-on
61 – 79 points = \$3.00 per day add-on
80 – 100 points = \$4.00 per day add-on

The performance measures for 2013 are shown below. They are divided into two general domains, Quality of Life and Quality of Care.

DOMAIN: QUALITY OF LIFE	DOMAIN: QUALITY OF CARE
Subcategory: Resident-Directed Care	Subcategory: Quality Of Care
Enhanced Dining	12 Hours Continuing Education

² 10 CCR 2505-10 Section 8.443.12.

³ See the SB 06131 Pay for Performance Subcommittee Report and Recommendations for discussion of the rationale behind performance measure selection. Retrieved on June 13, 2013 from <http://165.127.10.10/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1224913928031&ssbinary=true>



DOMAIN: QUALITY OF LIFE	DOMAIN: QUALITY OF CARE
Flexible and Enhanced Bathing	14 Hours Continuing Education
Daily Schedules	16 Hours Continuing Education
End of Life Program	Quality Program Participation
Subcategory: Home Environment	Subcategory: Nationally Reported Quality Measures Scores
Resident Rooms	Falls with Major Injury – Score < 2.3
Public and Outdoor Space	Falls with Major Injury – Score > 2.3 but <= 3.3
Overhead Paging	Moderate/Severe Pain – Score < 6.7
Communities	Moderate/Severe Pain – Score > 6.7 but <= 10
	High Risk Resident with Pressure Ulcers – Score < 2.8
Subcategory: Relationships with Staff, Family, Resident, and Community	High Risk Resident with Pressure Ulcers – Score > 2.8 but <= 4.0
50% Consistent Assignments	UTI - Score < 3.4
80% Consistent Assignments	UTI - Score >3.4 but <= 5.6
Internal Community	Reducing Rehospitalizations
External Community	Antipsychotic Medication
Daily Living Environment	
Volunteer Program	Subcategory: Facility Management
	10% Medicaid above state average
Subcategory: Staff Empowerment	5% Medicaid above state average
Care Planning	
Career Ladders/Career Paths	Subcategory: Staff Stability
Person-Directed Care	Staff Retention Rate
New Staff Program	Staff Retention Improvement
	Director of Nursing Retention
	Nursing Home Administrator Retention
	Employee Satisfaction Survey- < 60% Response Rate
	Employee Satisfaction Survey < 50% Response Rate

Changes to the 2013 P4P Application

The 2013 Pay for Performance application is 27-pages long, consisting of 11 pages detailing each measure and the required documentation, and 16 pages of appendices providing information on how to score specific measures and how to access the Quality Measures reports. Previous reports outlined the changes between the prior year's application and the current year's application. This section of the 2013 report describes the changes from the 2012 to the 2013 application.

The description of the changes is discussed in two parts: changes affecting only one measure and changes in the scoring of measures.

Changes Affecting Only One Measure

In 2013, a major change to the application was the re-addition of the Nationally Reported Quality Measure Scores. These measures were temporarily removed from the 2012 application; no substitute measures were included in their place. Additionally, two new measures were added to the 2013 application: Reducing Rehospitalizations and Antipsychotic Medication. The 20 points currently available for the fulfillment of the Quality Measures criteria and the three points available for both Reducing Rehospitalizations and Antipsychotic Medication were allocated by deducting points from the remaining performance measures in the application.

Changes in the Scoring of Measures

With the addition of the Nationally Reported Quality Measure Scores and the two new measures of Reducing Rehospitalizations and Antipsychotic Medication, twenty six points were redistributed from the remaining performance measures so that the total points available for the entire application remained one hundred points. As a result of this redistribution, many of the remaining measures had one point removed from their 2012 available score as exhibited in the chart below. In 2012, the application was more heavily weighted towards the Quality of Life domain with 66 points available versus the 34 points available for the Quality of Care domain. In 2013, the point distribution between the Quality of Life and the Quality of Care domains were equally weighted at 50 points for each domain.

DOMAIN: QUALITY OF LIFE	POINTS AVAILABLE	POINTS AVAILABLE
	2012	2013
Subcategory: Resident-Directed Care	15	11
Enhanced Dining	4	3
Flexible and Enhanced Bathing	4	3
Daily Schedules	4	3
End of Life Program	3	2
Subcategory: Home Environment	15	11
Resident Rooms	3	2



DOMAIN: QUALITY OF LIFE	POINTS AVAILABLE 2012	POINTS AVAILABLE 2013
Public and Outdoor Space	3	2
Overhead Paging	3	2
Communities	6	5
Subcategory: Relationships with Staff, Family, Resident, and Community	20	16
50% Consistent Assignments	6	5
80% Consistent Assignments	7	6
Internal Community	4	3
External Community	3	3
Daily Living Environment	3	2
Volunteer Program	3	2
Subcategory: Staff Empowerment	16	12
Care Planning	7	6
Career Ladders/Career Paths	3	2
Person-Directed Care	3	2
New Staff Program	3	2
Total Points Available for Quality of Life Domain	66	50

Subcategory: Quality Of Care	12	7
12 hours Continuing Education	3	2
14 Hours Continuing Education	5	4
16 Hours Continuing Education	7	6
Quality Program Participation	2	1
Staff Influenza Immunization	3	N/A
Subcategory: Nationally Reported Quality Measure Scores	N/A	26
Falls with Major Injury - Score of 2.3 or less	N/A	5
Falls with Major Injury - Score >2.3 but <= 3.3	N/A	3
Moderate/Severe Pain (L) – Score of 6.7 or less	N/A	5
Moderate/Severe Pain (L) – Score of >6.7 but <= 10.0	N/A	3
High Risk Resident with Pressure Ulcers (L) – Score of 2.8 or less	N/A	5
High Risk Resident with Pressure Ulcers (L) – Score of >2.8 but <= 4.0	N/A	3
UTI -Score of 3.4 or less	N/A	5
UTI -Score >3.4 but <= 5.6	N/A	3
Reducing Rehospitalizations	N/A	3
Antipsychotic Medication	N/A	3



DOMAIN: QUALITY OF CARE	POINTS AVAILABLE 2012	POINTS AVAILABLE 2013
Subcategory: Facility Management	6	5
10% Medicaid above state average	6	5
5% Medicaid above state average	4	3
Subcategory: Staff Stability	16	12
Staff Retention Rate	5	4
Staff Retention Improvement	5	4
Director of Nursing Retention	3	2
Nursing Home Administrator Retention	3	2
Employee Satisfaction Survey Response Rate of 60%	5	4
Employee Satisfaction Survey Response Rate of 50%	N/A	2
Total Points Available for Quality of Care Domain	34	50
Total Points Available for Domans Quality of Life and Quality of Care	100	100

B. Prerequisites for Participation

The Code of Colorado administrative regulations at 10 CCR 2505 8.443.12 at 2.a. and 2.b. set two prerequisites for applying for the P4P add-on to the per diem:⁴

- 2.a. No home with substandard deficiencies on a regular annual, complaint, or any other Colorado Department of Public Health and Environment survey will be considered for P4P.
- 2.b. The home must perform a resident/family satisfaction survey. The survey must (a) be developed, recognized, and standardized by an entity external to the home; and, (b) be administered on an annual basis with results tabulated by an agency external to the home. The home must report their response rate, and a summary report must be made publically available along with the home’s State’s survey results.

These prerequisites were unchanged in 2013 from prior application years.

Colorado Department of Public Health and Environment Survey

PCG reviewers were supplied with a definition of a substandard deficiency and used the Colorado Department of Public Health and Environment (CDPHE) website at

⁴ www.sos.state.co.us/CCR/Rule.do?deptID=7&deptName=2505,1305 Department of Health Care Policy and Financing&agencyID=69&agencyName=2505 Medical Services Boar&ccrDocID=2921&ccrDocName=10 CCR 2505-10 8.400 MEDICAL ASSISTANCE - SECTION 8.400&subDocID=50025&subDocName=8.443 NURSING HOME REIMBURSEMENT&version=20

www.cdphe.state.co.us/hf/ncf/index.html to check on homes. The upper left hand corner of the webpage provides search choices. The CDPHE database contains a list of Colorado nursing homes and the results of surveys and complaint investigations. PCG staff looked up each home in the CDPHE database and identified any deficiency that CDPHE assigned to the home that fit the definition of substandard and occurred within the time frame specified. The survey closest to January 2013 was deemed to be the most recent survey. All homes submitting applications in 2013 met this prerequisite.

Resident/Family Satisfaction Survey

This prerequisite measure was defined in the 2013 P4P application as “Survey must be developed, recognized, and standardized by an entity external to the facility.” The acceptable verification said that the “Resident/family satisfaction surveys must have been conducted and tabulated between January 1 and December 31 of the previous year. A Summary Report, identifying vendor completing, must be attached to this application and made available to the public along with the home's State Survey Results.”

As in reviews conducted during prior application years, some homes supplied the full copy of the survey whereas others only supplied cover pages of the survey. Reviewers gave credit to those homes that only supplied the cover pages, reasoning that these were evidence that the survey had been completed.

A total of 10 homes (8.4% of applicants) failed to include a resident/family satisfaction survey and were unable to participate in P4P. Initially, there were 20 homes missing the resident/family satisfaction survey prerequisite; however, through the appeal process ten homes were able to demonstrate that they had completed a survey prior to the application due date of February 28th, 2013.

C. Score Reporting

Summary Chart Showing Scores of Homes

The following table provides a summary of the self-reported and reviewer scores by home. These scores are the final scores submitted to the homes; they include all points obtained through the appeal process.

Provider #	Facility Name	Self Score	Reviewer Score
63934272	Allison Care Center	87	70
77105753	Amberwood Rehab and Care Community	84	76
03604250	Applewood Living Center	25	25
68482825	Arvada Care and Rehabilitation Center	59	52
60958855	Aspen Living Center	29	19
05656004	Autumn Heights Health Care Center	64	55
83603041	Bear Creek Care & Rehab	53	44



Provider #	Facility Name	Self Score	Reviewer Score
11434317	Belmont Lodge Health Care Center	26	26
30576016	Berkley Manor Care Center	100	63
45303762	Berthoud Living Center	21	21
06934242	Boulder Manor	28	22
05651567	Briarwood Health Care Center	40	34
71787267	Brookshire House	89	89
05652813	Brookside Inn	55	55
55754244	Cambridge Care Center	75	75
05652631	Canon Lodge Care Center	31	28
05259525	Castle Rock Care Center	55	44
54454735	Cedarwood Health Care Center	40	35
53308310	Centennial Health Care Center	76	62
05654520	Cheyenne County Hospital District dba Cheyenne Manor	67	24
75951274	Cheyenne Mountain Care & Rehab	51	51
37976231	Christian Living Communities - The Johnson Center	63	40
42988268	Christopher House Rehabilitation & Care Community	80	80
05650338	Clear Creek Care Center	84	89
34308741	Colonial Columns Nursing Center	21	21
05653274	Colorado State Veterans Center - Homelake	73	74
05652748	Colorado State Veterans Center - Rifle	74	71
05652607	Colorow Care Center	78	76
05655394	Columbine Manor	43	50
05650833	Columbine West Health & Rehab	64	63
05654223	CSV - Bruce McCandless	85	83
82159815	CSV - Fitzsimons	77	77
05651922	CSV - Walsenburg	81	83
73422070	Denver North CC	93	91
05652250	Devonshire Acres	64	64
05654702	Doak Walker Care Center	82	82
05653357	E. Dene Moore Care Center	71	55
13086863	Eagle Ridge at Grand Valley	86	82
05653365	Eben Ezer Lutheran Care Center	71	65
05652961	Elms Haven Care and Rehab	54	51
05652649	Evergreen Nursing Home	71	57
05650080	Exempla Colorado Lutheran Home	74	64



Provider #	Facility Name	Self Score	Reviewer Score
05653423	Fairacres Manor	80	85
00122777	Forest Street Compassionate Care Center	36	29
34432850	Fort Collins Health Care Center	36	32
99000792	Four Corners Health Care Center	68	65
01404849	Golden Peaks Care and Rehabilitation Center	56	51
05653704	Good Samaritan Society - Loveland Village	64	64
05650957	Good Samaritan Society - Bonell Community	79	38
05652367	Gunnison Health Care	45	43
05652714	Hallmark Nursing Center	54	25
42402069	Harmony Pointe Nursing Center	92	92
05652623	Heritage Park	53	57
15526755	Highline Rehabilitation and Care Community	84	84
05653571	Hildebrand Care Center	71	62
05651245	Holly Heights Nursing	105	98
05655147	Holly Nursing Care Center	95	93
05652672	Horizon Heights	91	91
05650106	Horizons Health Care Center	42	33
77678737	Jewell Care Center	79	79
34300724	Julia Temple Healthcare Center	63	63
05652565	Juniper Village - The Spearly Center	95	86
05652052	Juniper Village at Lamar	76	65
05652045	Juniper Village at Monte Vista	86	64
05650890	Kindred Transitional Care & Rehabilitation: Cherry Hills	80	58
05650866	Kindred Transitional Care and Rehabilitation Brighton	61	50
56836546	La Villa Grande Care Center	48	18
05652334	Larchwood Inns	66	66
05650122	Laurel Manor Care Center	73	73
05653290	Lemay Avenue Health & Rehab	60	60
75482282	Life Care Center of Evergreen	72	64
05650742	Life Care Center Pueblo	63	69
05652722	Life Center of Westminster	63	52
58301747	Mantey Heights Rehabilitation & Care Centre	78	76
05650304	Medalion Retirement Community/Centura Health	59	58
46279865	Mesa Manor Care and Rehab Center	61	58
05656400	Mesa Vista of Boulder	71	47



Provider #	Facility Name	Self Score	Reviewer Score
01627015	Minnequa Mediacenter	50	
71454241	Mission San Miguel Nursing & Rehabilitation	75	75
05650734	Mount St. Francis Nursing Center	96	79
05650155	Mountain Vista Nursing Home	68	55
85608742	Namaste Alzheimer Center	86	79
05651294	North Shore Health & Rehab	71	71
26554939	North Star Rehabilitation and Care Community	91	91
98774239	Palisade Living Center	32	25
16433548	Paonia Care & Rehab	77	67
54603528	Parkview Care Center	86	84
05652839	Pine Ridge Extended Care Center	81	77
05655717	Prospect Park Living Center	53	45
75825571	Rio Grande Inn	74	67
05652508	Rowan Community	95	95
19005296	San Juan Living Center	87	84
05652615	San Luis Care Center	75	62
05651534	Sandalwood Manor	85	83
21675830	Sandrock Ridge Care & Rehab	67	59
16876334	Sierra Rehabilitation & Care Community	84	84
72008041	Skyline Ridge Nursing & Rehabilitation	78	73
96731591	Spring Creek Health Care Center	31	26
05656269	St. Paul HCC	82	78
41478762	Sterling Living Center	46	39
41328582	Sunset Manor	28	28
05652789	The Peaks Care Center	60	60
23409231	The Suites at Clermont Park	86	83
05651880	The Valley Inn	84	63
05654058	Trinidad Inn Nursing Home	60	53
08858721	Uptown Care Center	89	89
05655121	Valley Manor Care Center	85	73
05651468	Valley View Health Care Center	63	63
05655709	Villa Manor Care Center	69	66
89157231	Vista Grande Inn	75	73
05656343	Walsh Healthcare Center	79	70
05651575	Western Hills Health Care Center	52	46
05655410	WestLake Care Community	78	78



Provider #	Facility Name	Self Score	Reviewer Score
05652664	Westwind Village	80	76
80636217	Wheatridge Manor Care Center	68	53
64623041	Willow Tree Care Center	54	46
87825376	Windsor Healthcare Center	41	35
70601577	Woodridge Terrace Nursing & Rehab	65	59
71956000	Yuma Life Care Center	56	54

The table shows instances where reviewers assigned a higher score than the home requested. This situation occurs when, in the judgment of reviewers, the applications contained documentation that the home qualified for a measure even though the home did not apply for that measure. In other situations, a home may have applied for a performance measure with multiple point thresholds and through their documentation showed that they actually qualify for additional points. This was seen regularly with the Continuing Education performance measure. A number of homes applied for +2 or +4 hours of continuing education, but demonstrated through their documentation that they surpassed these thresholds and qualified for additional points.

V. ON-SITE REVIEWS

A. Selection of Homes to Review

As in prior years, reviewers were required to perform on-site reviews of at least ten percent of nursing homes in the applicant pool, which consisted of 119 homes in 2013. Reviewers consulted with the Department and determined that twelve homes would be selected for on-site reviews. In determining which of the 119 homes would be selected, reviewers considered Colorado Code at 10 CCR 2505 section 8.443.12 4. which states that “Facilities will be selected for onsite verification of performance measures representations based on risk.” Taking this statement into consideration, the selection of homes included both purposive and random sampling.

First, during the review of applications, reviewers took note of any instances where they were left with a question or idea that could warrant selection for an on-site review. A master list was maintained that could be consulted during the selection process.

When it came time to begin the selection process, reviewers concluded that any homes that had been visited in prior application years did not present as high of a risk and should therefore be excluded from the pool in 2013. The remaining homes were grouped into geographic regions to ensure that homes from across the state would be part of the sample. A combination of geographic location and varying point levels was used to determine the twelve homes selected for site visits.

Based on the above criteria for selection, the following twelve homes were chosen for an on-site review:

- Aspen Living Center
- Autumn Heights Health Care Center
- Bonell Good Samaritan Village
- Briarwood Health Care Center
- Cheyenne Mountain Care and Rehabilitation Center
- Clermont Park Skilled Nursing (formerly CLC University Hills)
- Colonial Columns Nursing Center
- Exempla Colorado Lutheran Home
- Hildebrand Care Center
- Julia Temple Healthcare Center
- Skyline Ridge Nursing & Rehabilitation Center
- Woodridge Terrace Nursing & Rehabilitation

B. Methods Used To Review Homes

The visits to the twelve nursing homes involved three distinct phases. In each case, a tour of the building was undertaken, a meeting with administrative staff was held, and interviews were conducted with at least two residents of the facility.

Home Tour

The purpose of the tour was to obtain a better idea of the physical environment of the facility and the programs of the home. Generally, the reviewers used the tour to obtain verification of performance measures that could be visually observed. These included the:

- degree to which resident rooms were personalized;
- amount of institutional objects in hallways such as drug carts, lifts, and wheelchairs;
- home décor of the bathing area;
- presence of volunteers;
- presence of community groups;
- availability of food to residents outside their main dining area;
- use of an overhead paging system;
- presence of animals and plants;
- memorial areas in remembrance of former residents; and
- evidence of communities/neighborhoods.

Discussion with Staff

The meeting with administrative staff focused on the review of the application. The purposes of the review were to:

- Learn how the application was put together;
 - Why did the home apply?
 - When did the home start work on it?
 - Did the home receive any help from any one in putting it together?
- Discuss each section of the application;
- Learn why decisions were made to apply for some measures but not others;
- Provide the administrative staff with the reviewers' reaction to the documentation;
- Discuss the documentation with the home, and
- Solicit opinions from the nursing home staff as to how to improve the process.

Resident Interviews

The resident interviews were conducted to accomplish two main goals:

- Obtain first-hand verification of the performance measures for the individual home. There are components (e.g. bathing environment) that can be seen on a tour of the home, so the interview is an additional opportunity to assess certain measures, (e.g. consistency assignments, internal and external community) which are not necessarily evident through a tour of the home.

- Assess any commonalities in findings of resident interviews from the cross-section of homes. This could be particularly valuable in providing additional insight into the overall efficacy of the P4P program from a resident perspective.

The reviewers maintained the position taken in prior years that no supplemental documentation would be accepted during a site visit. This decision was guided by administrative regulation 8.443.13 3., stating that “The required documentation for each performance measure is identified on the application and must be submitted with the application.” Applications and supporting documentation as received are considered complete. Reviewers did not accept additional information, such as material that had been accidentally omitted from the application. If, however, the visit to the home showed reviewers had not correctly understood information that was already in the application, then that changed understanding was used to review the scoring of the measure.

C. Site Visit Comments

During the site visits, reviewers collected noteworthy comments from administrators and other nursing home staff members regarding the P4P application. Below is a compilation of suggestions from administrators and staff.

- **Enhanced Bathing:** One facility commented that the *Bathing Without a Battle* video is a bit dated and they would like to see a new or updated video on this same topic.
- **Applying for New Measures:** A few facilities mentioned that they did not have enough time to apply for the antipsychotic medications and rehospitalization measures.
- **Antipsychotic Medications:** One facility who participated in the reducing antipsychotic medications measure was concerned that the video link was not playing properly on their computer as some images appeared to be distorted. They requested the video be available on a disk in order to make it easier for all staff to watch.
- **Documentation Requirements:** According to one NHA, spontaneous activities and learning circles can be difficult to document and this prevented them from applying for those sections. Another NHA felt that many of the sections are product-specific and this prevents facilities from having flexibility in the way they meet each requirement.
- **Application Notifications:** An NHA expressed a concern regarding the need for earlier notification that the application form is available, as well as notification of any changes.
- **Application Suggestions:** One NHA suggested the application include a section on the growing prevalence of technology in long term care facilities and its usefulness in helping residents to adapt to their new environment.
- **Year to Year Improvements:** Most of the facilities visited shared future plans to apply for additional criteria and make positive changes toward implementing person directed care, especially the new measures of antipsychotic medications and reducing rehospitalizations.

VI. COLORADO P4P PARTICIPATION ANALYSIS 2009 – 2013

A. Participating Homes by Application Year

The P4P program has now been in effect for five years, and PCG has analyzed the participation of homes over the periods of 2009 – 2013. There have been a total of 145 participant homes over all five years of the P4P program, 119 of which applied for the 2013 application year. Forty seven of these 119 homes participated in all five application years. PCG was able to use the application data from these participant groups to examine trends over the 2009 – 2013 periods, focusing especially on the group of 47 homes participating in all five years.

B. Score Improvement Analysis

The table below shows the average reviewer scores for those 47 homes which participated in each year of the program.

Annual Improvement in Average Reviewer Score for Homes Participating All 5 Years

Category	2009	2010	2011	2012	2013
Average Reviewer Score	61.5	66.4	70.2	80.4	73.7
Annual Score Improvement		4.9	3.8	10.2	(6.8)
Percent Score Improvement		8.0%	5.7%	14.6%	-8.4%

The average reviewer score for this group of homes declined in 2013 after steadily increasing in each of the first four years of the program. There was an 8 percent increase in average reviewer score from 2009 to 2010, a 5.7 percent increase from 2010 to 2011, a 14.6 percent increase from 2011 to 2012, and an 8.4 percent decrease from 2012 to 2013.

The decrease in average reviewer score from 2012 to 2013 is in part due to the reinstatement of the Nationally Reported Quality Measure Scores which were included in the Pay for Performance application in 2009, 2010, 2011 and 2013. Consequently, 2013 Pay for Performance reviewer scores are more comparable to scores from 2011 than 2012. There was a 3.5 point increase in average reviewer scores from 2011 to 2013, demonstrating that homes have continued to implement positive changes relating to the domains of quality of life and quality of care.

Another possible factor relating to the decline in average reviewer scores in 2013 is the short window of response time between the publication of the 2013 Pay for Performance application and the application deadline of February 28th, 2013. The Pay for Performance application was posted to the Colorado.gov website in October of 2012. Consequently, many facilities felt they did not have adequate time to implement the new criteria required of the two new measures, “Reducing Rehospitalizations” and “Antipsychotic Medications”.

C. Self Score vs. Reviewer Score Analysis

PCG also compared self scores with reviewer scores to determine how well homes were identifying the performance measures that they qualify for under the application requirements. For this analysis, PCG again focused on the group of 47 homes participating in all five years to determine how this group was improving over time. The table below shows the average self score, average reviewer score, average point change, and average improvement in self scoring for each year of the program.

Improvement in Average Point Change from 2009 to 2013

Category	2009	2010	2011	2012	2013
Average Self Score	73.2	73.9	75.8	84.5	76.9
Average Reviewer Score	61.5	66.4	70.2	81.3	73.7
Average Point Change	(11.7)	(7.5)	(5.6)	(3.3)	(3.3)
Average Improvement in Self Scoring		4.3	1.9	2.4	-

For these 47 homes, the average point change decreases steadily in each year prior to 2013 and remains steady in 2013 implying less of a gap between the reviewer's opinion and what homes believe they are qualified to apply for. While the average self scores are fairly similar in all five years, increasing average reviewer scores in every year prior to 2013 creates a reduction in average point change each year. This improvement is likely due to multiple factors, including improved understanding of the application and increased implementation of programs by homes. Another significant factor contributing to year to year improvements in average point change is the improved clarity of performance measure requirements over time. In the second year of the program, the 2010 application incorporated changes from the 2009 application. Three new performance measures were added, available points were redistributed, and the requirements for performance measurements were detailed at much greater length with lists of example documentation. The 2011 application did not include as many drastic changes, but was again reorganized to include requirements in checklist form and to make other key clarifications.

The 2012 application was nearly identical to the 2011 application except for the removal of the Nationally Reported Quality Measures. This likely contributed to the jump in the average scores for 2012. Since the applications were similar to the previous year, those homes that applied in 2011 could use the feedback from the 2011 application to help them complete their 2012 application. Homes could assess the comments that the reviewers provided when they did not receive points for a measure and use that feedback to reapply for the same measure while incorporating the suggested changes.

Similarly, in spite of the changes to the Pay for Performance application between 2012 and 2013, homes were able to use experience and feedback from prior year applications to improve the quality of their

application. The most significant adjustment to the pay for performance application between 2012 and 2013 was the reinstatement of the Nationally Reported Quality Measures. Homes that participated in all five years of the program were already familiar with the Nationally Reported Quality Measures from their 2009, 2010 and 2011 applications.

Included below is a chart expressing the relationship between the number of homes applying for a performance measure and the number of homes receiving points for that measure. Many of the performance measures with lower percentages are “either/or” measures where a home could qualify for either one metric or another. During the evaluation process, reviewers noticed a number of homes that rated themselves incorrectly – awarding themselves fewer points when the backup provided qualifies them for additional points. The chart shows that most of the percentages are above 80%, which seem to indicate that homes have a good understanding of what performance measures they qualify for.

Homes Applying for Measures versus Homes Receiving Points

DOMAIN: QUALITY OF LIFE	Applied for Measure	Received Points for Measure	Percentage
Subcategory: Resident-Directed Care			
Enhanced Dining	107	95	89%
Flexible and Enhanced Bathing	97	84	87%
Daily Schedules	95	83	87%
End of Life Program	104	88	85%
Subcategory: Home Environment			
Resident Rooms	111	104	94%
Public and Outdoor Space	104	94	90%
Overhead Paging	102	86	84%
Communities	78	68	87%
Subcategory: Relationships with Staff, Family, Resident, and Community			
50% Consistent Assignments	21	18	86%
80% Consistent Assignments	84	71	85%
Internal Community	86	74	86%
External Community	107	98	92%
Daily Living Environment	107	95	89%
Volunteer Program	107	100	93%
Subcategory: Staff Empowerment			
Care Planning	73	66	90%



DOMAIN: QUALITY OF LIFE	Applied for Measure	Received Points for Measure	Percentage
Career Ladders/Career Paths	106	102	96%
Person-Directed Care	60	43	72%
New Staff Program	19	18	95%
Total Points Available for Quality of Life Domain	1568	1387	88%

DOMAIN: QUALITY OF CARE	Applied for Measure	Received Points for Measure	Percentage
Subcategory: Quality Of Care			
12 hours Continuing Education	92	87	95%
14 Hours Continuing Education	12	10	83%
16 Hours Continuing Education	12	10	83%
Quality Program Participation	75	67	89%
Subcategory: Nationally Reported Quality Measure Scores			
Falls with Major Injury - Score of 2.3 or less	51	46	90%
Falls with Major Injury - Score >2.3 but <= 3.3	22	18	82%
Moderate/Severe Pain (L) – Score of 6.7 or less	43	41	95%
Moderate/Severe Pain (L) – Score of >6.7 but <= 10.0	23	21	91%
High Risk Resident with Pressure Ulcers (L) – Score of 2.8 or less	44	38	86%
High Risk Resident with Pressure Ulcers (L) – Score of >2.8 but <= 4.0	18	19	106%
UTI -Score of 3.4 or less	40	37	93%
UTI -Score >3.4 but <= 5.6	25	25	100%
Reducing Rehospitalizations	51	42	82%
Antipsychotic Medication	43	39	91%
Subcategory: Facility Management			
10% Medicaid above state average	58	46	79%
5% Medicaid above state average	13	10	77%
Subcategory: Staff Stability			
Staff Retention Rate	96	90	94%
Staff Retention Improvement	15	7	47%
Director of Nursing Retention	39	34	87%
Nursing Home Administrator Retention	55	47	85%
Employee Satisfaction Survey Response Rate of 60%	77	69	90%

DOMAIN: QUALITY OF CARE	Applied for Measure	Received Points for Measure	Percentage
Employee Satisfaction Survey Response Rate of 50%	31	20	65%
Total Points Available for Quality of Care Domain	935	823	88%
Total Points Available for Domains Quality of Life and Quality of Care	2503	2210	88%

D. Appeal Process

Following the receipt of their score reports, facilities have 35 calendar days to contest the scoring of their submitted application. Facilities are free to appeal if they feel certain documentation may have been misinterpreted by the reviewer; no additional documentation is accepted during the appeal process. At the end of the 35th day, the opportunity to appeal expires and the evaluated score is considered final. The chart below reflects the facilities that submitted appeals and their revised scores if applicable.

Appeals and Score Adjustments by Facility

Facility	Original Score	Appealed Points	Points Awarded	Revised Score
Aspen Living Center	19	N/A	N/A	N/A
Autumn Heights	49	6	6	55
Berkley Manor	63	5	0	N/A
Berthoud Living Center	17	4	4	21
Castle Rock Care Center	44	9	0	N/A
Christopher House Rehab & Care Community	78	2	2	80
Clear Creek Care Center	84	5	5	89
Colorow Care Center	71	5	5	76
CSV-Rifle	69	2	2	71
Denver North CC	86	5	5	91
Eagle Ridge at Grand Valley	82	4	0	N/A
Fairacres Manor	80	5	5	85
Four Corners	55	10	10	65
Highline Rehabilitation and Care Community	79	5	5	84
Juniper Village - The Spearly Center	86	0	0	N/A
Juniper Village at Monte Vista	61	6	3	64
Minnequa Mediacenter	43	4	4	47
Parkview Care Center	79	5	5	84
The Rehab Center at Sandalwood	80	7	3	83
Trinidad Inn	51	9	2	53
Valley Manor Care Center	71	5	2	73
Vista Grande Inn	65	8	8	73

Additionally, this year marked the first year of a formal appeal process available for those facilities that failed to include the prerequisite resident/family satisfaction survey. The application states that a summary report, identifying vendor completing the Resident/Family Satisfaction Survey must be attached to the application. Per P4P application instructions, application packets as received are considered to be complete and no post receipt addendums or additional information will be accepted. However, it was determined if a facility can provide proof that the Resident/Family Satisfaction Survey was run prior to the application deadline, this documentation would be considered for review. This process was adopted to ensure that those facilities who had run and intended to include the survey, but perhaps inadvertently failed to include the survey in their submission, were not harshly penalized and denied funds for their mistake.

A total of 20 homes failed to include a resident/family satisfaction survey in their initial application submission. Through the appeal process, ten homes were able to demonstrate that they had completed a survey prior to the application due date of February 28th, 2013. The remaining ten homes will be ineligible for P4P funds.

VII. PERSON-CENTERED CARE IN COLORADO - THE CURRENT LANDSCAPE

With the 4th lowest percentage of senior residents in the United States, Colorado has a relatively small population of elders.⁵ At the time of the 2010 census, individuals who were 60 and older made up only 16.3% of Colorado's overall population. Although Colorado's current senior population falls below the US average, each year the total number of seniors in Colorado is increasing at a higher rate than total population growth for the state. By 2021 the total number of Coloradans who are over sixty years old is expected to double.⁶ Consequently, there is a renewed focus on legislation and advocacy aimed at improving the quality of life for Colorado's seniors.

A. Existing Initiatives to Support CO Elders

The pay-for-performance system is just one of many steps in place in Colorado to assure that the elder population receives the care they need in a way that does not restrict their ability to make their own lifestyle and healthcare choices. Below is a brief overview of several initiatives which are in place to provide quality care to Colorado's aging population. As more and more Coloradans move toward retirement, it is likely that additional programs and laws will be put in place to protect Colorado's seniors as well as their families and caretakers.

Existing Initiatives for the Protection of Colorado's Elders			
Name	Agency	Year Started	Issue Area
Nursing Home Pay for Performance	CO Department of Health Care Policy and Financing	2009	Financial incentives for nursing homes implementing person-centered care
Long Term Care Ombudsman	Department of Human Services State Unit on Aging/Area Agencies on Aging (AAAs)	1965 - result of the Older Americans Act	Advocacy for residents of adult long term care facilities
Legal Assistance Developer Program	County Departments of Social Services/Area Agencies on Aging	1965 - result of the Older Americans Act	Legal support for low income elders
AARP ElderWatch	CO Attorney General/AARP	2000	Resources to prevent the financial exploitation of elders
Colorado Senior Lobby	Not For Profit	Unavailable	Advocacy
Older Americans Coalition	Not For Profit	1999	Advocacy for the Older Coloradans Program

⁵ United States: Profile of General Population and Housing Characteristics: 2010
www.aoa.gov/Aging_Statistics/Census_Population/census2010/Index.aspx

⁶ Doherty, Eileen. "New Money for Senior Services and Prevention of Abuse." *Colorado Gerontological Society*. N.p., 14 May 2013. Web. 17 June 2013. www.senioranswers.org/index.php?q=node/390

Existing Initiatives for the Protection of Colorado's Elders			
Name	Agency	Year Started	Issue Area
CO Gerontological Society	Not For Profit	1980	Advocacy, information and assistance for seniors

Colorado Long Term Care Ombudsman⁷

The Colorado Department of Human Services (CDHS) describes the goal of the Long-Term Care Ombudsman Program (Ombudsman Program) as “[assisting] residents of licensed long-term care facilities in protecting their health, safety, welfare, and rights.”

Long-term care ombudsmen serve as advocates for residents of nursing homes and other adult care facilities. Ombudsmen work directly with residents and nursing home staff to address the issues of residents and implement changes in local, state, and national regulations to improve the quality of long-term care in Colorado. Both paid and volunteer ombudsmen are trained to visit nursing homes and other long term care facilities on a regular basis and identify potential red flags and ways in which the living conditions and resident care can be improved.

The Colorado Department of Human Services State Unit on Aging contracts with The Legal Center for People with Disabilities and Older People to provide staffing and administrative services for the Office of the Colorado Long-Term Care Ombudsman. Colorado has both a State Ombudsman who oversees the Ombudsman Program including a network of local long-term care ombudsmen. Local ombudsman programs are administered by sixteen regional Area Agencies on Aging (AAAs). The ombudsman program is funded by the federal Older Americans Act as well as state and local resources.

Services Provided by the Long Term Care Ombudsman Program
Local ombudsmen visit every nursing home under their jurisdiction at least once monthly
Work directly with residents to ensure that all resident needs are being met
Receive and investigate complaints from residents and other stakeholders
Help individuals in need of long term care to identify an appropriate facility
Provide guidance on issue resolution to residents and family members
Provide education and training to faculty and community

Colorado Legal Assistance Developer Program

Each of Colorado’s AAAs employs a legal assistance provider who works to organize access to free legal services for older people. In some instances, legal assistance is provided on a contract basis by local attorneys or nonprofit organizations. Individuals who qualify for the legal assistance developer program

⁷ CDHS. "Long-Term Care Ombudsman Program." *Colorado.gov*. Colorado Department of Human Services, n.d. Web. 17 June 2013. www.colorado.gov/cs/Satellite?c=Page&childpagename=CDHS-SelfSuff%2FCBONLayout&cid=1251583764640&pagenam=C BONWrapper

must be 60 years and older and living on a low income. Qualifying elders may reside in a long-term care facility, their own home or any other home setting.

Examples of Legal Issues Impacting Elders (Source: CO Long Term Care Ombudsman and Legal Assistance Developer 2009 Annual Report)⁸

Financial exploitation by a relative or caregiver
Eviction from a long-term care facility for non-payment that may be due to the failure of a loved one to send the senior's Social Security or other income to the facility
A relative or professional trying to force them into a facility against their will
Obtaining or maintaining public assistance benefits such as Medicare, Medicaid or food stamps
Being harassed by collection agencies for unpaid bills, or having their exempt income improperly garnished

AARP ElderWatch⁹

The Colorado Attorney General teamed up with the AARP Foundation to develop a program to prevent the financial exploitation of elders in Colorado. AARP ElderWatch provides services to seniors through a coordinated effort between not for profit organizations, law enforcement agencies, adult protection agencies and elders in Colorado.

AARP ElderWatch was initially established as a result of a 1999 study published by former Attorney General Ken Salazar, *Respecting Our Elders: A Statewide Action Plan to Combat Senior Fraud*. The Attorney General's study recommended the establishment of an agency to serve as a liaison between public and private organizations with the shared goal of avoiding fraudulent activities directed at elders. Ultimately, that recommendation came to fruition through the establishment of the AARP ElderWatch program in 2000.

Specific Initiatives of the AARP ElderWatch Program

Hotline	A toll free hotline is available to provide assistance to caretakers and elders
Consumer Alerts	Phone, fax and email alerts are distributed to public and private entities working to serve older Coloradans
Data Collection	Regular reports are developed regarding the abuse and financial exploitation of elders
Media Outreach/PR	Public service announcements and commercials are created and broadcasted
Educational Materials	Newsletters, brochures, fact sheets and video tapes are compiled for use in educating elders, family members, communities and caregivers

⁸ The Legal Center for People With Disabilities and Older People. "Colorado Long Term Care Ombudsman and Legal Assistance Developer 2009 Annual Report." www.colorado.gov. Colorado Department of Human Services, 2009. Web. 17 June 2013.

⁹ hotline.aarpelderwatch.org/public/about.html

Specific Initiatives of the AARP ElderWatch Program	
Trainings	Training materials are developed for law enforcement, adult protection agencies, family members, individuals, and the media

Not for Profit Advocacy Organizations Aimed at Protecting Elders

Colorado Senior Lobby¹⁰: Colorado Senior Lobby is a volunteer run, non partisan not for profit membership organization. The Colorado Senior Lobby aims to ensure that all voices representing elders in Colorado are heard by Colorado's General Assembly, Congress and other State and Local lawmakers. Their website includes detailed information about current legislation with the potential to impact elders.

Older Americans Coalition¹¹: Colorado's Older Americans Coalition operates as a non partisan not for profit organization. The Older Americans Coalition is comparable to the Colorado Senior Lobby; however, the Older Americans Coalition is entirely focused on advocating for additional funding for the Older Coloradans Cash Fund.

Colorado Gerontological Society (CGS)¹²: CGS is a not for profit organization providing advocacy, counseling and referral, assistance with government forms, grant assistance and many additional services to elders in Colorado. The CGS website contains resources addressing many of the issues impacting seniors in Colorado.

B. Passed and Pending Legislation Impacting CO Elders

The Colorado State Senate and State House of Representatives met for 120 days in 2013. State lawmakers adjourned sine die on May 8th, concluding the legislative session for 2013. Below is a summary of legislative action impacting Colorado's elders which took place in the most recent legislative session.

Key Colorado Legislation Discussed in 2013 Which May Impact Elders		
Bill	Title	Status
SB13-127	Sales Tax Revenue To Older Coloradans Cash Fund	Signed Into Law in 2013
SB13 -111	Require Reports Of Elder Abuse And Exploitation	Signed Into Law in 2013
Budget	Increase to Assisted Living Provider Reimbursement	Passed
Budget	Dental Benefits to Low Income Seniors	Passed
HB13-1121	Pharmacist Substitute Biosimilar Products	Postponed Indefinitely in the Senate

¹⁰ www.coloradoseniorlobby.org

¹¹ denverregion.co.networkofcare.org/aging/services/agency.aspx?pid=OlderAmericansCoalition_965_1_0

¹² www.senioranswers.org

Increase in State Funding to the Older Coloradans Cash Fund¹³: The Older Coloradans Cash Fund supports programs for low income elders such as: homemaker services, meals on wheels, senior lunch programs, transportation, and legal services. Priority is assigned based on economic need.

Currently, \$8,000,000 of Colorado sales and use tax receipts are reassigned from the General Fund to the Older Coloradans Cash Fund. Recent legislation dictates that the Older Coloradans Cash Fund will receive additional funding as follows:

- \$12,000,000 for state fiscal year 2013-14;
- \$16,000,000 for the state fiscal year 2014-15; and
- \$20,000,000 for the state fiscal year 2015-16 and each subsequent year.

In addition to a growing senior population in Colorado and an increased demand for services, there is potential for the federal share of the Older Coloradans Cash Fund to be reduced. This year's boost in state funding guarantees that services to elders will be maintained and possibly increased in fiscal year 2013-2014.

Passage of Legislation to Require Reports of Elder Abuse and Exploitation¹⁴: Currently, Colorado is one of only three states which do not designate caretakers of elders as mandatory reporters of abuse and maltreatment. Effective July 1, 2014 professionals who observe abuse or exploitation or evidence of abuse or exploitation of a person who is 70 years of age or older are required to report abuse to a law enforcement agency within 24 hours. Mandatory reporters are protected from civil action or criminal prosecution resulting from good faith reporting of a perceived incident of abuse or exploitation.

Additionally, staffing and funding is being increased to the Colorado Department of Human Services to conduct trainings and raise awareness about issues relating to the abuse of elders.

8.1% Increase to Assisted Living Provider Reimbursement¹⁵: Medicaid reimbursement to assisted living providers was increased by 8.1%. Consequently, more assisted living operators will have the capacity to accept additional Medicaid eligible residents. Lawmakers and public officials in Colorado are searching for ways in which to shift older Coloradans who are not in need of nursing home services into assisted living facilities.

Continuation of Funding for \$3,000,000 Dental Benefits to Low Income Seniors¹⁶: Coloradans who are recipients of Old Age Pension funds and Medicare Savings Program benefits will continue to be eligible for dental reimbursement. Covered services include exams, x-rays, fillings, extractions, dentures and partial dentures.

¹³ "SB13-127." *Sales Tax Revenue To Older Coloradans Cash Fund*. LegisPeak.com, n.d. Web. 17 June 2013. www.legispeak.com/bill/2013/sb13-127

¹⁴ Steffen, Jordan. "Mandatory Elder Abuse Reporting Bill Heads to Colorado Governor's Desk." *The Denver Post*. Denverpost.com, 1 May 2013. Web. 17 June 2013. www.denverpost.com/breakingnews/ci_23148138/mandatory-elder-abuse-reporting-bill-heads-colorado-governors

¹⁵ Doherty, Eileen. "New Money for Senior Services and Prevention of Abuse." *Colorado Gerontological Society*. N.p., 14 May 2013. Web. 17 June 2013. www.senioranswers.org/index.php?q=node/390

Legislation enabling pharmacists to substitute biosimilars for prescription chemical drugs passed the Colorado House of Representatives but failed to pass the State Senate. Currently, pharmacists in Colorado may substitute generic chemical drugs which are identical to their name brand counterparts; however, they are not able to substitute biological drug products. Supporters of biosimilar substitutes argue that they would allow Coloradans to access biological drugs at a lower cost. The availability of biosimilar drugs could have a particularly large impact on elders whose conditions have not improved with the use of chemical based drugs. Opponents believe that not enough research exists regarding biosimilar products.

Conclusion: Additional Change Likely in the Future

The programs and legislation referenced in this report represent only a few of a large number of policies aimed at supporting Colorado's elders. As the elder population continues to grow, it is very likely that programs to address issues impacting seniors will continue to be at the forefront of policy change in Colorado and across the United States.

Many of the future changes impacting elders in Colorado may impact the sustainability and funding for nursing homes and other long term care facilities. Between 70 and 75 percent of individuals 65 years of age or older will need long-term care. In Colorado, an estimated 870,000 to 930,000 residents will enroll in long-term care in the next 17 years. The cost of a semi-private room in a nursing home facility has increased by 4 percent in just five years. Many of these costs will be absorbed by Medicaid as elders are unable to afford necessary nursing home care which averaged \$206 per day in 2012.¹⁶

Final Observations Regarding Colorado Pay-for-Performance

Already, PCG has witnessed year to year improvements in quality of life and quality of care at many of the facilities reviewed. The 119 nursing home applicants this year far exceeded the minimum requirements to receive points in many of the score categories they applied to. Each year, new facilities submit applications for pay-for-performance consideration.

Without a doubt, positive steps have been taken toward improved quality of life for CO's elders; however, there is no limit to the potential for continued advancement. As nursing home facilities provide day-to-day care to CO's elders, they stand in a unique position to identify additional need for change on behalf of their residents.

¹⁶ Genworth. "Genworth 2012 Cost of Care Survey." N.p., 20 Apr. 2012. Web. 17 June 2013.
www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/coc_12.pdf

