



2021 Pay for Performance Application Summary of Changes

1. Introduction

This document contains all the changes made to the 2021 Application due to COVID-19. For a complete view of the 2021 application, see “2021 P4P Application.”

2. Quality OF LIFE DOMAIN [47 POINTS]

Measure 1: Enhanced Dining [2 points]

- Add bold to 1.1 - Provide a detailed narrative describing your enhanced dining program. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing how you accommodated including input from resident/family advisory groups.
- Remove 1.4- ~~Evidence that these options included input from a resident/family advisory group such as resident council or a dining advisory committee that takes into account the cultural, ethnic and religious needs of the resident population.~~
- Adjust 1.6 - ~~Evidence that the residents have access to food at any time, have input into the choice of food and staff have access and are empowered to provide it.~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing your policies/processes to ensure that residents have access to food 24/7.
- Adjust to 1.8 - Provide a narrative describing your food safety practices. Please include any adjustments that had to be made due to COVID-19.

Measure 2: Enhanced Personal Care [3 Points]

- Adjust 2.1- ~~A detailed narrative describing your flexible enhanced personal care practices including bathing and personal hygiene (including oral care).~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing how you still made efforts to accommodate residents’ preferences with their personal care (including oral care).
- Adjust 2.6- ~~Evidence of training for flexible and enhanced bathing, ensure this training reflects the residents of your home.~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing how bathing was accommodated. Include details on staff training and resident education.



- Adjust 2.7- ~~Evidence of training for flexible and enhanced oral care, ensure this training reflects the residents of your home.~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing how oral care was accommodated. Include details on staff training and resident education.

Measure 3: End of Life Program [2 Points]

- Adjust 3.1- ~~A detailed narrative of your end of life program that identifies:~~
 - ~~Individual preferences, spiritual needs, wishes, and expectations~~
 - ~~Specific grief counseling~~
 - ~~A plan for honoring those that have died and a process to inform the home of such death.~~
 - ~~Examples of family support may include offerings of counseling, education, and various other support measures.~~

Given the adjustments that had to be made due to COVID-19, provide a narrative on how your facility is approaching the end of life program including how you maintained support between residents, families, hospices, and systems to accommodate religious/ spiritual preferences around end of life wishes (virtually, telephonically, etc.).

- ~~Remove 3.2 - Documentation of four (4) residents' individual wishes and how you honored them. If the facility does not have four (4) instances of how you have honored past residents, include documentation of how you plan to honor current residents' individual wishes.~~
- ~~Adjust 3.3 - Proof of staff education on your end of life planning program. Provide a narrative on how you are supporting your staff regarding end of life programming as a result of the impacts of COVID-19.~~
- Add **bold** to 3.4 - Provide two (2) signed testimonials from non-management staff describing end of life planning at your home **including details on staff education and support given.**

Measure 4: Connection and Meaning [6 Points]

- ~~Adjust 4.1- Describe what opportunities you have identified to provide connection and meaning to your residents that reflects the unique individual needs of the residents in the community. In addition, describe how you incorporated those opportunities to foster the connection and meaning into the residents' daily lives.~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative on how you have adjusted opportunities for connection and meaning amongst residents.
- ~~Adjust 4.2- Two (2) unique examples per month for twelve (12) months, that demonstrates connection and meaning within your home.~~ Provide four (4) examples that demonstrate how you maintained connection and meaning within your home during the COVID-19 pandemic.



- Adjust 4.3- ~~In addition, include signed testimonials from eight (8) residents or family members and two (2) non-management staff, that explicitly discusses and identifies shared decision making and ways residents stay connected to the world. Provide two (2) testimonials from non-management staff members on how your facility provided connection and meaning to your residents during the COVID-19 pandemic.~~

Measure 5: Person-Directed Care Training (CMS, HCPF) [4 Points]

- Adjust 5.1- ~~A detailed narrative describing your person-directed care programming. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative detailing your efforts to prepare and support your staff around person-directed care. Provide two specific examples of how this was accomplished (this can be informal training, education, communication, etc.).~~
- Remove 5.2- ~~Annual training objectives for your person directed care curriculum that specify how the curriculum considered the community assessment in defining the training objectives.~~
- Add bold and adjust 5.3- **Separate from the required detailed narrative, provide your Mission and Vision statement, separate from the required detailed narrative,** regarding person-directed care.
- Remove 5.4- ~~A list of person directed care trainings.~~

Measure 6: Trauma - Informed Care (CMS, HCPF) [4 Points]

- Remove 6.2- ~~Submit training objectives and proof of actual trainings for your staff on trauma informed care. Resources:~~
 - ~~<https://www.samhsa.gov/nctic/trauma-interventions>~~
 - ~~<https://alamedacountytraumainformedcare.org/caregivers-and-providers>~~
 - ~~You may also find additional resources from your local mental health center~~
- Remove 6.3- ~~Cite the evidence-based resources used during the trainings referenced in Measure 6.2~~
- Remove 6.5- ~~Provide an example of trauma informed care.~~
- Create 6.3- Complete the Trauma and Stress Types Tool.
 - Note: The tool will require homes to mark applicable trauma/stress experienced in the home. It will not require supporting documentation. Please refer to the Trauma and Stress Types Tool attached.

Measure 7: Daily Schedules and Care Planning (CMS, HCPF) [3 Points]

- Adjust 7.1- ~~A detailed narrative of the process used to obtain the resident's perspective in implementing their daily schedules. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative describing your approach to care planning and daily schedules. Please include any efforts in accommodating residents' preferences with their daily schedules.~~



- Remove 7.2- ~~Four (4) signed resident testimonials that prove implementation of the resident's choices, preferences and daily schedules.~~
- Remove 7.3- ~~Four (4) care plans. Documentation must identify that residents and/or responsible party along with direct care staff participate and are present in developing an individual's care plan that documents the resident choices. Evidence that clearly identifies the participants and corresponding job titles.~~
- Remove 7.4- ~~The same four (4) resident care plans and testimonials must be submitted with the application.~~
- Remove 07.5- ~~Four (4) signed testimonials from staff who attended and participated in the care planning process.~~

Measure 8.1: Physical Environment - Appearance [3 Points]

- Add **bold** to 8.1.2 - Provide photographic support **within the last 2 years** from items discussed in your narrative and the items described below. **We understand that your common areas' appearance may have been altered due to COVID-19 regulations. Photographs must be captioned.**

Measure 8.2: Physical Environment - Noise Management [2 Points]

- Remove 8.2-2- ~~Track your audible alarm usage by type and frequency monthly. Each active bed, door, chair & wander guard/code alert user must be tracked every month.~~
- Remove 8.2-3- ~~In addition to audible alarms and overhead paging, describe any improvement in the reduction of other extraneous noise from 2019 to 2020.~~
- Remove 8.2-6- ~~Provide a narrative including minimum of two examples of your facility's approaches towards improving sleeping environments (e.g. policies, night owl wings, lighting options, and noise management).~~

Measure 09: QAPI (CMS) - Based on a Quality Measure [4 Points]

- Adjust 9.1- Provide a narrative describing your QAPI for infection control that includes: ~~Submit your mandated QAPI for infection control. 9.1 A narrative of the QI project that includes:~~
 - ~~The quality measure addressed,~~
 - The problem statement,
 - ~~Baseline data,~~
 - Intended goals,
 - Tools/processes utilized,
 - Final outcomes,
 - Why the project is important, and
 - How this improves the quality of life and quality of care for residents or staff.
 - Include documented data trends through the duration of the project.
- Remove 9.2- ~~Document the process on how the home is kept informed of the project and its progress for each element mentioned in Measure 9.1.~~



- Remove 9.3- Describe the process implemented to ensure that all staff, residents and their families are aware of and have the opportunity to support the QI project.
- Remove 9.4- Provide examples of how residents and staff supported the project.

Measure 10: Consistent Assignments [5 Points]

- Adjust 10.1- Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, potential staffing shortages, and limited contact, provide a narrative describing your process for maintaining consistent assignments. ~~A detailed narrative describing your process for consistent assignments.~~
- Remove 10.2- ~~Monthly staffing schedules for Nurses, CNAs and Housekeeping for three (3) consecutive months that demonstrates consistent assignments. This is defined as staff scheduled to work with the same group of residents at least 80% of their scheduled shifts.~~
- Remove 10.3- ~~Three (3) staff testimonials and three (3) resident and/or family testimonials that reflect the existence of consistent care assignments.~~
- Remove 10.4- ~~If you are unable to qualify for points for Consistent Assignments based upon the above minimum requirements, but you have performed a QAPI project in 2020 for Consistent Assignments, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Consistent Assignments is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.~~

Measure 11: Volunteer Program [3 Points]

- Adjust 11.1- We understand that the pandemic may have affected your normal volunteer program. Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative on how you have maintained volunteer opportunities at your facility. ~~A detailed narrative that describes your volunteer program. Include a copy of your written volunteer policy.~~

Measure 12: Staff Engagement [3 Points]

- Adjust 12.1- ~~A detailed written narrative describing what your home is doing to promote the engagement and work-life balance of your staff.~~ Given the adjustments that had to be made in your home and to your infection control plan in response to regulatory requirements/guidance, provide a narrative on how are you continuing to ensure staff are engaged and maintaining as manageable of a work-life balance. Provide a specific example of how you supported staff with their stress and trauma related to COVID-19.
- Remove 12.3- ~~Evidence of the existence of staff programs that foster development and engagement through participation. This may include a staff group, spontaneous activities and unique benefits that support your staff. Documentation must include four (4) testimonials from staff on empowerment opportunities.~~



- Remove 12.4- One (1) example per quarter of staff support or engagement unrelated to the typical policies and benefits package of the provider.
- Remove 12.5- A written narrative of a program that includes staff mentoring and/or buddy system for new staff.
- Remove 12.6- Documentation of at least a 70% response rate for your Staff Satisfaction Survey. Include the scoring results for an "Overall Satisfaction" question.
- Remove 12.7- If you are unable to qualify for points for Staff Engagement based upon the above minimum requirements, but you have performed a QAPI project in 2020 for Staff Engagement, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Staff Engagement is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.

Measure 13: Transitions of Care: Admissions, Transfer and Discharge Rights (CMS, HCPF) [3 Points]

- Remove 13.2- Submit the staff education and training objectives for Options Counseling that has occurred in your building in 2020. (resources about Transition Services: <https://www.colorado.gov/pacific/hcpf/transition-services>)"

3. QUALITY OF CARE DOMAIN [53 POINTS]

Measure 15: Reducing Avoidable Hospitalizations (CMS, HCPF) [3 Points]

- Adjust 15.1- Provide your long stay hospitalization data from July 1, 2018 to June 30, 2020. Use either Trend Tracker: www.ahcancal.org/research_data/trendtracker/Pages/default.aspx or National Nursing Home Quality Improvement Campaign www.nhqualitycampaign.org/. Improvement must be documented in your rates between the two 12-month measurement periods OR if your hospitalization rate is below 12.1% for each period, points are awarded.
- Add bold 15.3- Select four (4) cases and show the documentation your community provided to the receiving hospital/facility as well as the reason documented in the medical record as to why the individual was hospitalized or discharged to the receiving facility. (INTERACT, SBAR, or like program paperwork will be accepted).
- Remove 15.4- If you are unable to qualify for points for Reducing Avoidable Hospitalizations for your long stay residents based upon the above minimum requirements, but you have performed a QAPI project in 2020 for Reducing Avoidable Hospitalizations for your long stay residents, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Reducing Avoidable Hospitalizations for your long stay residents is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.



Measure 18.1: Antibiotics Stewardship/Infection Prevention & Control (CMS) - Documentation [3 Points]

- Adjust 18.1.2- ~~Implement training for the staff in your community on Antibiotic Stewardship, utilizing either CDC Antibiotic Stewardship (<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>) or Advancing Excellence Infections module (<https://www.nhqualitycampaign.org/goalDetail.aspx?g=inf#tab4>). Submit training objectives and proof of education.~~ Provide a narrative of how you maintained infection control in your facility including how you trained staff, implemented the infection control plan, etc.

Measure 18.2: Antibiotics Stewardship/Infection Prevention & Control (CMS) - Quality Measures [2 Points]

- Adjust 18.2.1- Submit your Casper Quality Measure Data on UTI (L) N024.1 and Catheter Inserted/Left in Bladder (L) N026.02 for the third and fourth quarter of 2020. ~~To receive points, your two quarter average must be better than the state average OR you must show improvement from the third and fourth quarter of 2019.~~

Measure 20: Staff Retention Rate [3 Points]

- Adjust 20.1- ~~Staff retention rate (excluding NHA and DON) at or above 60%. Supporting documentation must pertain to January 1 - December 31, 2020.~~
OR
~~For communities with less than a 60% staff retention rate, a 5% improvement on the prior year staff retention rate. Supporting documentation must pertain to January 1 - December 31, 2020.~~
Submit your staff retention rate (excluding NHA and DON). Supporting documentation must pertain to January 1 - December 31, 2020.
- Remove 20.3- ~~Do not enter points for both the Staff Retention Rate AND Staff Retention Improvement categories above. Only three (3) points may be obtained for one of these categories~~
- Remove 20.4- ~~If you are unable to qualify for points for Staff Retention Rate / Improvement based upon the above minimum requirements, but you have performed a QAPI project in 2020 for Staff Retention Rate / Improvement, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Staff Retention Rate / Improvement is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.~~

Measure 22: Nursing Staff Turnover Rate (CMS) [3 Points]

- Adjust 22.1- Use the Staff Turnover Calculation tool to calculate your nursing staff turnover rate for calendar years 2019 and 2020. ~~To receive points a rate below 56.6% or a documented improvement (lower rate) between 2019 and 2020 must be present. A~~



termination is defined as any person who is no longer employed by the home for any reason.

- ~~Remove 22.2-If you are unable to qualify for points for Nursing Staff Turnover Rate based upon the above minimum requirements, but you have performed a QAPI project in 2020 for Nursing Staff Turnover Rate, you are able to earn one (1) QAPI recovery point by submitting a narrative of the QAPI project that includes how Nursing Staff Turnover Rate is addressed, the problem statement, baseline data, intended goals, tools/processes utilized, and final outcomes.~~

