

MEMORANDUM

DATE: 11/2/2016

TO: Medicaid Nursing Facility (NF) Providers
TennCare Health Plans

FROM: Jeremiah Morton, Director of Value Based Purchasing
Long Term Services and Supports

CC: Patti Killingsworth, Assistant Commissioner
Chief of Long Term Services and Supports

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Long Term Services and Supports Quality & Compliance

QuILTSS Stakeholder Group

SUBJECT: QuILTSS #9 Submission

The purpose of this memo is to provide IMPORTANT reminders and TIME-SENSITIVE information about the schedule and requirements for the Quality Improvement in Long Term Services and Supports (QuILTSS) #9 submission. Accurate and timely submission of this information will affect your TennCare reimbursement for Nursing Facility (NF) services.

Consistent with the information provided to you in the memo of March 24, 2016, the measurement period for Submission #9 is September 1, 2016 through February 28, 2017. Performance on QuILTSS Submission #9 will be used to set the semi-annual quality-based component of the per diem rate effective July 1, 2017.

New expectations regarding facilities' quality improvement processes for Submission #9 include only those provided to you in the memo of March 24, 2016, in order to provide time for planning purposes.

QuILTSS #9

Submission #9 continues to focus on preparing facilities for implementation of the full model as described in previous memos (i.e., transition from payment based on quality improvement *activities* to quality *performance*), and contains the following elements:

Threshold Measures

Threshold measures remain unchanged. Please be reminded the following threshold measurements apply to Submission #9 and subsequent submissions:

1. The facility must be current on payment of the NF Assessment Fee.



The facility must not be 45 or more days late in paying the fee at any point during the measured period. Facilities on an approved payment plan can be no more than 8 days late in paying the fee at any point in the measured period. Failure to meet this threshold will result in the facility’s submission not being reviewed and forfeiture of QuILTSS payment for the review period.

2. The facility must not have been found to have knowingly provided false information on a previous QuILTSS submission.

This will result in suspension from QuILTSS for a time period consistent with the level of deception. By attesting to the accuracy of the submission, the administrator, or his/her designee, acknowledges the information submitted is truthful. In addition to forfeiture of QuILTSS payment for the specified period, any included information which the submitter knew, or should have known to be false, may constitute a false claim for payment and is potentially subject to the penalties thereof. It is therefore critical that facility administrators are reviewing QuILTSS submissions and have processes in place for validating the information included in each submission.

Quality Measures

A. Satisfaction	35 Points
1. Member/Resident	15 Points
a. Conducting survey	5 Points
b. Taking action based on survey	10 Points
2. Family	10 Points
3. Staff	10 Points

Continuing from QuILTSS #8, there must be a minimum number of surveys returned and scored. We want to ensure that all residents/families/staff have an opportunity to be heard at least annually. Too many facilities are limiting resident surveys to those with higher cognitive functioning or other segments of their facility. To qualify as a resident, family or staff survey, you must produce a results report that demonstrates responses according to the following guidelines:

Survey Type	Percentage of Returned Surveys Required
Resident Survey	25% of certified beds on an annual basis
Family Survey	20% of certified beds on an annual basis
Staff Survey	50% of employed and contracted staff on an annual basis

Resident surveys must have occurred within 12 months prior to the end of the timeframe being measured (i.e., since 2/28/2016) to be awarded points for conducting a survey. However, actions may be based on an older survey if needed, as long as the results report clearly identifies the area being addressed and the facility meets the requirements to achieve points in the current measurement period for conducting the applicable survey type. We are looking for *continuous* quality measurement and improvement.

Points **will not** be awarded for:

- Actions related to a single individual
- Actions that don't have a broad facility impact
- Planning activities
- Only conducting an in-service
- The same action for more than one QuILTSS measurement area
- Actions that are already licensure requirements
- Actions related to reducing over-head paging
- Call light audits/drills
- Audits or "rounding" without implementation of change in facility procedure
- Reminding/refreshing residents, family, and/or staff on rules and rights or policies/procedures already in place

B. Culture Change/Quality of Life	30 Points
1. Respectful Treatment	10 Points
2. Resident Choice	10 Points
3. Member/Resident and Family Input	5 Points
4. Meaningful Activities	5 Points

We will continue to measure facilities' quality improvement efforts in each of the Culture Change/Quality of Life measurement areas set forth in the Quality Framework. For the purpose of this memo and Submission #9:

- "Staff" is intended to include all staff, contracted or employed, who typically spend 8 hours per week or more in the facility.
- "Direct Care Staff" is intended to include all licensed nurses and CNTs or CNAs.
- "All residents" should be understood as not including residents with person-centered exceptions based on their health, safety concerns, or mental status; however, the intention is to be as inclusive of all residents as possible.

1. Respectful Treatment (and Staff Training)

For Submission #9, Respectful Treatment and Staff Training domains are once again combined. Facilities were made aware of TennCare's intention to utilize *Bathing without a Battle* and *Mouth Care without a Battle* in the March 24, 2016 memo for the purpose of staff training.

As a reminder, both programs were developed by UNC Center for Health Services Research and are recommended by CMS. Both programs offer the opportunity for Continuing Education credits for nurses and CNAs. While not free, the cost of the programs is nominal (\$60+shipping for "Bathing without a Battle" and \$70+shipping for "Mouth Care without a Battle"). Each facility will have the option of pursuing one or both of these programs and should base the choice on the needs of residents and the facility. The websites to obtain the programs are:

<http://bathingwithoutabattle.unc.edu/> and <http://www.mouthcarewithoutabattle.org>.

For Submission #9, points will be awarded based on the percentage of staff who completed *at least* one of the specified training programs. Facilities may choose to train staff in either training or both. Facilities are encouraged but not required to complete both trainings with all staff.

In addition, facilities must submit a narrative of how the newly implemented training will be incorporated into their daily practices. This narrative must also state which training, if not both, was utilized as well as the training methodology. The narrative submission is a prerequisite to receive points for a percentage of staff trained.

Points will be awarded as follows assuming prerequisites have been met: 5 points will be awarded for 50%-74% of staff trained, an additional 5 points (for a total of 10 points) will be awarded for 75%-99% of staff trained, and an additional 5 points (for a total of 15 available points) will be awarded for 100% of staff trained.

2. Resident Choice

At the start of Submission #9, facilities have had a full year to implement care practices which assure choice in each of the five areas (meal time, menu at meal, sleep and wake times, bathing/shower option and time, and room furnishings/décor/appearance). In submission #8, points were awarded for having 4 or more areas of choice offered. In an effort to continue to raise the bar for quality, for Submission #9, facilities will only be awarded points in the Resident Choice measure for Submission #9 if all five areas of choice are offered to residents. The point value awarded will be 10.

If a facility has been previously awarded points in all five areas, a signed attestation by the administrator and a member of the resident council is the only required documentation. If a facility has been awarded points previously for less than five areas, new documentation is required for each area of choice not previously awarded points (narrative and evidence) in conjunction with the attestation. Facilities providing evidence of less than five areas of choice will not receive any points for this measure.

Please note that the signed attestation form must be dated within the review period (between 9/1/2016 and 2/28/2017) to affirm the choices were being offered during the review period.

3. Action based on Resident Council Input

A facility will receive points for this measure if it is able to demonstrate input was received from the Resident Council and that action was taken based on this input during the review period (9/1/2016 - 2/28/2017). The goal is to ensure the facility is engaging in quality improvement efforts and that actions have a broad-based impact.

Points will not be awarded for:



- Actions related to a single individual
- Actions that don't have a broad facility impact
- Planning activities
- Only conducting an in-service
- The same action for more than one QUILTSS measurement area
- Actions that are considered standards of care (providing regular grooming/oral care, making referrals to specialists, etc.)
- Actions that are already licensure requirements
- Actions related to reducing over-head paging
- Call light audits/drills
- Audits without implementation of change in procedure or policy
- Reminding/refreshing residents, family, and/or staff on rules and rights or policies/procedures already in place

4. Meaningful Activities

Points awarded in Submission #8 for meaningful activities will carry forward in Submission #9. If points were not awarded to a facility in Submission #8, no points will be awarded in Submission #9. TennCare is in the process of developing a new initiative related to meaningful activities for Submission #10, further guidance will be provided prior to the start of the Submission #10 review period.

C. Staffing/Staff Competency	25 Points
1. RN hours per day	5 Points
2. CNA hours per day	5 Points
3. Staff Retention	5 Points
4. Consistent Staff Assignment	5 Points
5. Staff Training	5 Points
(Combined with Respectful Treatment for a total of 15 points)	

1. RN hours per resident per day

RN staffing will be measured only against the national average, not the state average, for an award of 5 points.

2. CNA hours per resident per day

CNA staffing will be measured only against the national average, not the state average, for an award of 5 points.

3. Staff Retention

Facilities will submit the Excel spreadsheet, *Staff Roster and Training*, designed by TennCare. It will be distributed at a later date. Any staff person who is contracted or employed, full-time or

part-time, and in the facility at least an average of 8 hours a week, must be included on the *Staff Roster and Training* spreadsheet. Points will be awarded based on percentage of staff, as defined under “Staff Training,” that were continuously employed or contracted for the previous 12 months. In previous submissions of Staff Retention, several facilities indicated retention rates that were extremely high. Be reminded that TennCare intends to audit data provided through the QUILTSS process, and that QUILTSS scores are used to adjust (or as of July 1, 2017, set) the per diem payment for nursing facility services. As such, any quality-based rate adjustments based on false information will be subject to recoupment and to potential penalties for violations of the False Claims Act.

4. Consistent Staff Assignment

As explained in previous submissions, facilities should have a policy in place for consistent staff assignment which includes both contracted and employed staff. Facilities should also be tracking consistent staff assignment with the Advancing Excellence measurement tool.

For Submission #9, facilities may earn points for Consistent Staff Assignment based only on the facility’s performance on the percent of long stay residents with a maximum of 12 caregivers over the measured period. In order to be eligible for these points, a facility must: (1) track performance using the Advancing Excellence measurement tool for September 2016, October 2016, November 2016, December 2016, January 2017 and February 2017 (six months); (2) submit all six months of data to Advancing Excellence through their website; and (3) provide permission for Advancing Excellence to share the performance data with TennCare. To submit data through Advancing Excellence’s website, facilities will need to register with Advancing Excellence (<https://www.nhqualitycampaign.org/login.aspx?returnUrl=/goalEntry.aspx>) and follow the prompts to obtain a Username and Password. Facilities must indicate that Advancing Excellence is permitted to share the facility’s data with TennCare, by checking the appropriate box in the facility’s Advancing Excellence account profile. Performance will be tracked using your CMS provider number; be sure you provide the accurate number to Advancing Excellence in your account profile. Facilities are advised to enter data each month rather than holding data for several months.

Facilities that complete the required steps of tracking, submission and sharing of the data will be ranked based on the facility’s average monthly performance on the percent of long stay residents with a maximum of 12 caregivers during the 5 month period. Facilities ranked in the top quartile will receive 5 points; facilities in the 3rd quartile will be awarded 4 points; those in the 2nd quartile will be awarded 3 points; and facilities in the bottom quartile will earn 2 points.

As previously advised, resources to assist facilities are available on the Advancing Excellence website at <https://www.nhqualitycampaign.org/goalDetail.aspx?g=CA#tab1>. The tool required for measuring consistent staffing may be downloaded from the Advancing Excellence website. It is the spreadsheet titled “Consistent Assignment Tracking Tool.” From the link above, the spreadsheet can be found under the “Identify Baseline” option. The Advancing Excellence website provides detailed instructions on how to complete the spreadsheet.

There are a number of resources available to assist facilities with consistent staff assignment, including but not limited to Advancing Excellence. We encourage facilities to seek assistance to accurately track performance and report data, increase the percent of long stay residents with a maximum of 12 caregivers and to expand consistent staff assignment throughout the facility.

In future submissions, TennCare intends to apply a performance benchmark for Consistent Staff Assignment, such that facilities would need to attain a certain percentage of long stay residents with a maximum of 12 caregivers in order to earn points. The benchmark has not yet been set because we are in the process of collecting additional data on facilities' performance. The data submitted to Advancing Excellence will assist in establishing the benchmark.

5. Staff Training

Staff Training (5 points) is combined with Respectful Treatment for Submission #9, as described above.

D. Clinical Performance	10 Points
1. Antipsychotic Medication	5 Points
2. Urinary Tract Infection	5 Points

The measures and methodology related to Clinical Performance are unchanged.

E. Bonus Points **10 Points**

Bonus Points - Bonus Points continue to be offered for Submission #9. Qualifying awards or accreditations **MUST** be current in the review period and are restricted to the following:

- Listed as a Full Active Participant in Advancing Excellence Campaign (as defined by AEC)
- Membership in Eden Registry
- Achievement of the Malcolm Baldrige Quality Award. This includes AHCA Award (Bronze, Silver, or Gold) and the TN Center for Performance Excellence Award (Level 2, 3 or 4, which correspond with the Commitment Award, Achievement Award and Excellence Award; Level 1 Interest Award is specifically excluded from points). Award(s) must have been achieved within the 3 years prior to the end of the measured period which will be recalculated at each submission (which means it must have been achieved after 2/28/2014 for Submission #9).
- CARF accreditation
- Joint Commission accreditation

Note: Qualifying awards associated with Advancing Excellence Campaign, membership in Eden Registry, and achievement of the Malcolm Baldrige Quality Award will be restricted to full, active participation. Participation in Advancing Excellence Campaign and/or Membership in Eden Registry must be active during the period that is being measured in each submission

Questions about the Quality Framework, including the submission process and schedule of QuILTSS submissions, should be directed QuILTSS@tn.gov.

Facility Name: _____ CMS Number: _____

Attestation Form

I attest that choice in the area(s) indicated below is in fact offered to all residents (with person-centered exceptions based on health, safety concerns, or mental status). The facility has indicated that it provides choice in the domain(s) checked below:

- Choice of meal time
- Choice of menu at meal
- Choice of sleep and wake times
- Choice of bathing/shower option and time
- Choice of room furnishings/décor/appearance

Facility Administrator

Name _____

Signature **X** _____ Date _____

AND

Member of the Resident Council

Name _____

Signature **X** _____ Date _____