



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 Great Circle Road  
Nashville, Tennessee 37243

**IMPORTANT MEMO**

**DATE:** March 24, 2016

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

**FROM:** Jay Taylor, Deputy of Audit and Compliance  
Long Term Services and Supports

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

QuILTSS Stakeholder Group

**SUBJECT:** QuILTSS #8 & #9 Submissions

**The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information about the schedule and requirements for the QuILTSS #8 submission. Complete and timely submission of this information will affect your TennCare reimbursement for Nursing Facility (NF) services. The memo also provides information to assist you in planning for Submission #9.**

The measurement period for Submission #8 is March 1 through August 31, 2016. Performance on QuILTSS #8 will be used to set the semi-annual per diem rate effective January 1, 2017. The measurement period for Submission #9 will be September 1, 2016 through February 28, 2017. Performance on QuILTSS Submission #9 will be used to set the semi-annual per diem rate effective July 1, 2017.

Beginning with implementation of the Full Model (anticipated on July 1, 2016), facilities will no longer receive quarterly rate adjustments. Adjustments based on quality (QuILTSS) and acuity will be a component of each facility's prospective per diem rate.

## **QuILTSS #8**

Submission #8 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 have not changed for Submission #8.

- A. The facility must be current on payment of the NF Assessment Fee. The facility must not be 60 or more days late in paying the fee at any point during 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.
- B. 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**

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

Satisfaction measures and expectations have not changed for Submission #8.

We continue to see results reports that do not provide evidence of aggregate analysis by the facility. Of particular concern are the results reports for surveys that contain narrative/free-text responses. Copying narrative answers by respondents does not constitute a survey report. Narrative answers should, at a minimum, be categorized so that the facility is able to understand broad responses and trends. A results report must include the frequency of particular responses, categorization of responses and analysis of responses to support quality improvement activities that can lead to increased satisfaction.

Continuing from QuILTSS #7, 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

Surveys must have occurred within 12 months prior to the end of the timeframe being measured (i.e., since 8/31/15) 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.

Points **will not** be awarded for:

- **Surveys conducted prior to 8/31/15**
- **Surveys conducted solely with discharged residents**
- **Any activities from previous QUILTSS submissions**
- **Actions related to a single individual** - Points will be awarded only if actions taken had a broad impact. Points will not be awarded for actions that addressed the concern of a single resident, family member, or staff member.
- **Actions that don't have a broad facility impact** - The action must positively impact a group of residents or the resident population as a whole.
- **Planning activities** - The mere planning of an action will not be counted as an action. The planning meeting can be included, but will not stand alone as an action.
- **Only conducting an in-service** - Conducting an in-service may be part of a facility's actions in response to Council input or survey results, but on its own, will not be sufficient for an award of points. In addition to training, we would expect to see changes in policies and practices that will help ensure in-service training results in actual day-to-day care practice changes.
- **The same action for more than one QUILTSS measurement area** - Note again that if points are awarded for an action taken based on Council input or survey results, points will not be awarded for the same action on other QUILTSS measurements.
- **Conducting an additional survey, including a drill-down survey**

<b>B. Culture Change/Quality of Life</b>	<b>30 Points</b>
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 #8:

- "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 #8, Respectful Treatment and Staff Training domains are once again combined. By the conclusion of the measurement period, facilities will have had a full year to train all staff on the CMS *Hand in Hand* training. However, we still see significant opportunities for improvement.

For Submission #8, 15 points will be awarded only if 100% of staff is trained in the *Hand in Hand* series. Points will not be awarded for less than 100%. For facilities achieving 100% compliance in QUILTSS #6 or #7, you will still need to submit your approved plan and a staff roster showing 100% of staff have been trained as of August 31, 2016. We will continue to make allowances for people hired in the previous 90 days. For facilities not achieving 100% compliance previously, we anticipate Submission #8 will be the last opportunity to receive points for the CMS *Hand in Hand* training. The expectation is that all facilities maintain 100% compliance with training staff in *Hand in Hand* as new staff is hired.

## 2. Resident Choice

A facility must again provide evidence of care practices that assure choice for all residents in the following areas:

- a. Choice of meal time
- b. Choice of menu at meal
- c. Choice of sleep and wake times
- d. Choice of bathing/shower option and time
- e. Choice of room furnishings/décor/appearance

As we strive to ensure that quality continues to improve, a facility will earn 5 points for submitting acceptable evidence in four of the five choices areas and 10 points for submitting acceptable evidence of choice in all five areas. If a facility receives credit in fewer than 4 areas of choice, no points will be awarded. As a previous requirement to earn points the facility must have provided **a narrative description and evidence** of the care practices they have implemented that ensure choice is provided to all residents in each domain for which the facility is seeking points. If you did not receive points in previous submissions for a particular area of choice, you must submit a narrative description and evidence of care practices that ensures choice is provided to all residents. Evidence could include things like the care plan template or actual care plans showing that such choices are documented for each resident (where applicable), copies of the menu selections provided to residents, etc. A narrative description without supporting evidence shall not be sufficient.

If points were awarded in one or more of the 5 choice areas for Submission #6 or #7, the facility must provide an attestation signed by the facility administrator and a member of the Resident Council that such practices remain in place for Submission #8 and that choice continues to be available to all residents in the applicable area(s).

Facilities may also submit new narratives and evidence for points in any of the remaining areas of choice for which points were not earned in Submission #6 or #7. A facility must provide a narrative for each new category for which points are sought, along with supporting evidence for each new narrative. In

addition, the facility must complete the accompanying form that attests choices are in fact offered to all residents in each domain for which points are sought. The form must be signed by both the facility Administrator and a member of the Resident Council.

### 3. Action based on Resident Council Input

As during previous submissions, the facility will receive points if it is able to demonstrate input was received from the Resident Council and that action was taken based on this input. The goal is to ensure the facility is engaging in quality improvement efforts and that actions have a broad-based impact. Facilities should submit the meeting minutes with the comment or suggestion from the council highlighted, then submit evidence the comment or suggestion was addressed.

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

### 4. Meaningful Activities

For Submission #8, the facility must demonstrate the impact of action taken during the #7 reporting period that was consistent with the approved quality improvement plan for meaningful activities. This could include a pre- and post- initiative survey focused on meaningful activities, focus groups conducted before and after the initiative, or other mechanisms to measure the impact of the quality improvement initiative. The evidence must clearly demonstrate the **impact** of: (1) improvements in care planning processes to ensure that the goals, preferences and interests of each resident are in the plan of care; and (2) changes in the facility's care practices to ensure that staff are knowledgeable about the goals, preferences and interests of each resident they support and how to provide care in a way that offers the resident opportunities to participate in meaningful activities each day. General increases in resident satisfaction do not measure impact specific to this initiative. Facilities must resubmit their approved plan and evidence of completed actions. A facility that did not submit an approved plan that was implemented during Submission #7 is not eligible for any points related to measurement of impact as part of Submission #8; the opportunity to earn points in Submission #8 is contingent upon having earned points in Submission #7.

#### 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

#### 2. CNA hours per resident per day

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

### 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 these values are used to adjust 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

By QuILTSS #8, a facility should have developed and implemented a policy for consistent staff assignment which includes both contracted and employed staff, and a facility should have been tracking consistent staff assignment with the Advancing Excellence measurement tool. Facilities were notified in August, 2015 of the expectation to develop the policy and to begin tracking performance. The policy should have been submitted in QuILTSS #6. The policy must be applicable to CNAs and nurses and must include education of staff at all levels about the reasons for consistent assignment, mechanisms for input from residents regarding staff assigned to provide their care, mechanisms for input from CNAs and nurses regarding their assignments, and mechanisms for ongoing collection of data along with the review of the consistency of staff assignment. Documentation of consistent staff assignment should have been submitted in QuILTSS #7.

Consistent Staff Assignment points for Submission #8 will be awarded as follows: two (2) points will be awarded based on tracking of performance, submission of data to Advancing Excellence and permitting Advancing Excellence to share the data with TennCare; and up to three (3) points will be awarded based on facilities’ performance on the percent of long stay residents with a maximum of 12 caregivers over the measured period. To be eligible for up to 3 additional points, the facility must have earned the 2 points for tracking performance and submitting the data.

To earn 2 points on Consistent Staff Assignment for QuILTSS #8, a facility must: (1) track performance using the Advancing Excellence measurement tool for April, May, June, July and August (5 months); (2) submit all 5 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. Additional instruction from Advancing Excellence will be forthcoming.

The opportunity to earn up to 3 additional points will only be available to facilities that earn the 2 points described above. Facilities that earn the 2 points for 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 all 3 additional points (total of 5); facilities in the 3<sup>rd</sup> quartile will be awarded 2 of the 3 additional points (total of 4); those in the 2<sup>nd</sup> quartile will be awarded 1 of the 3 additional points (total of 3); and facilities in the bottom quartile will not earn additional points, but will retain the 2 points for tracking performance and submitting and sharing data.

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 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 #8, 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 #8. Qualifying awards or accreditations **MUST** be current in the review period and are restricted to the following:

- Full Active Participation in Advancing Excellence Campaign
- 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)
- CARF accreditation

- Joint Commission accreditation

Qualifying awards will be restricted to full active participation in Advancing Excellence Campaign, membership in Eden Registry, and achievement of the Malcolm Baldrige Quality Award which will include AHCA Bronze, Silver, or Gold Award and the TN Center for Performance Excellence Award for level 2, 3 or 4. Participation in Advancing Excellence Campaign and/or Membership in Eden Registry must be active during the period that is being measured in each submission. The Malcolm Baldrige Quality Award, AHCA Award or TN Center for Performance Excellence Award 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 8/31/13 for Submission #8).

Please be reminded the following threshold applies to Submission #8 and subsequent submissions:

The facility must not have been found to have knowingly provided false information on a QuILTSS submission. Instances where false information has been submitted 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 information included in each submission.

For planning purposes, we want to share the plan for Staff Training beginning with QuILTSS #9. Based on input from the QuILTSS Stakeholder Group, we intend to implement the following plan:

For Submission #9, the focus will be on “Bathing without a Battle” and “Mouth Care without a Battle.” 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. For example, if a facility has an existing, successful bathing program, they may choose to only implement the “Mouth Care without a Battle” training. Alternatively, a facility can train a portion of their direct care staff on “Bathing without a Battle” and the remainder of their direct care staff on “Mouth Care without a Battle.” 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 completing at least one of these trainings.

Questions about the Quality Framework, including the submission process and schedule of QuILTSS submissions, should be directed [QuILTSS@tn.gov](mailto: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 \_\_\_\_\_