



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:** December 17, 2015

**TO:** Medicaid Nursing Facility (NF) Providers  
TennCare Managed Care Organizations

**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 #7 Bridge Payment Submission

**The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information about the schedule and requirements for the QuILTSS #7 Bridge Payment submission, as well as the schedule for ongoing QuILTSS submissions. Complete and timely submission of this information will affect your TennCare reimbursement for Nursing Facility (NF) services.**

**This memo is intended to supplement the information provided in the August 14, 2015 memo outlining changes to QuILTSS #6 and 7. Please note that expectations for the Submission #7 reporting period were set forth in August 2015. This memo provides *additional* guidance pertaining to the schedule and lessons learned from Submission #6, as well as minor adjustments based on facility performance on Submission #6 and stakeholder recommendations.**

Based on feedback from the QuILTSS Stakeholder group, TennCare is adjusting the frequency of submissions for NF QuILTSS. This will **not** impact the frequency of payments for quality-based rate adjustments, which will continue to be made quarterly throughout the bridge period.

The measurement period for Submission #7 will be extended to February 29, 2016. The measured period for Submission #7 will be October 1, 2015 through February 29, 2016. This provides facilities with an additional 2 months. The deadline for submissions will be March 15, 2016.

Performance on QuILTSS #6 will be used to make the 2<sup>nd</sup> quarter FY 2016 rate adjustment and the 3<sup>rd</sup> quarter FY 2016 rate adjustment. Performance on QuILTSS Submission #7 will be used to make the 4<sup>th</sup> quarter FY 2016 rate adjustment and to set the initial per diem rates at Full Model implementation (planned for July 1, 2016).

Beginning with implementation of the Full Model, 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.

Future submissions will incorporate a 6-month measurement period of March through August and September through February. The March through August measurement period will impact per diem changes effective January 1 of each year and the September through February measurement period will impact per diem changes effective July 1 of each year. This will allow facilities additional time to improve performance between evaluations and will allow TennCare additional time to evaluate and score submissions and to complete the reconsideration process.

Even with the onset of Full Model implementation on July 1, 2016, we expect continued modification of the QuILTSS measures and benchmarks to ensure a continuous quality improvement approach. The goal of Full Model implementation is to move from "Pay-for-processes" and move to "Pay-for-performance." To date, facilities have been evaluated largely on quality improvement activities; with the implementation of the Full Model, facilities will begin transitioning to evaluation of performance against benchmarks.

The submission portal will be open for QuILTSS #7 Bridge Payment submissions beginning at 7:00 AM CT on Monday, February 14, 2016, covering activities from October 1, 2015 through February 29, 2016. Beginning February 14, the submission portal may be found here:

<https://tenncare.wufoo.com/forms/quiltss-7-bridge-payment-for-nursing-facilities/>.

**The deadline for submissions is 4:30 PM CT on Tuesday, March 15, 2016.** We suggest that facilities use the two weeks in February to familiarize themselves with the submission portal and complete practice submissions. Submissions received after the deadline will not be evaluated. It is important that you begin the submission process early to allow time for unexpected difficulties that may impact a timely submission. You should notify TennCare ([Quil.LTSS@tn.gov](mailto:Quil.LTSS@tn.gov)) immediately if you encounter any technical difficulties.

After completing your submission, you will receive an automated email with all of the submitted answers and attachments. If, after receiving the confirmation email, you discover some attachments were not submitted (for example, attachment file size is too large), there may be an opportunity to submit inadvertently omitted documents by contacting [Quil.LTSS@tn.gov](mailto:Quil.LTSS@tn.gov). Your email must be received before 12:00 noon CT, March 15, 2016 so TennCare can review your request and time is allowed to submit omitted data by 4:30 PM CT. No data may be submitted after 4:30 PM CT, March 15, so facilities are encouraged to submit information as soon as possible and not wait until that afternoon. TennCare will inform facilities who submit information of their quality performance results at our earliest opportunity.

The period being measured for QuILTSS #7 is October 1, 2015 through February 29, 2016.

The remainder of this memo reiterates or provides *additional* guidance and clarification from the August 14, 2015 memo. **It is important that all submitters read the following information carefully as it impacts your ability to be successful in this submission.**

## **QuILTSS #7**

Submission #7 contains the following elements:

### **Threshold Measures**

- 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 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.

### **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

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 contain information that is able to be analyzed for frequency of particular responses, categorization of responses and analysis of responses.

Beginning with 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 originally anticipated end of the timeframe being measured (i.e., since 12/31/14) to be awarded points for conducting a survey. However, actions may be based on an older survey if needed. Note that the timeframe for conducting the surveys is not being changed, since facilities had previously been notified of this date.

Points **will not** be awarded for:

- **Surveys conducted prior to 12/31/14**
- **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 Resident 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 Resident 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

A new Culture Change/Person Centered Practices assessment is not required for submission #7. Instead, 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 #7:

- "Staff" is intended to include all staff, contracted or employed, who typically spend 8 hours per week or more in the facility.
- "Supervisor" is intended to include all department heads and any person responsible for helping to assign, oversee and/or direct staff and the delivery of care in the facility. Supervision should

be a routine and customary part of the person's responsibilities, but does not need to be any specific percentage of the person's work time.

- "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 #7, the 10 points for Respectful Treatment are combined with the 5 points for Staff Training (see Staffing and Staff Competency below) for a total of 15 points.

The plan or narrative required in Submission #6 must be submitted again and is a **prerequisite** to earn points for Respectful Treatment and Staff Training. A facility reporting any percentage of staff trained without an acceptable plan or narrative will not receive *any* points in this measurement area. Facilities not submitting a training plan or narrative in Submission #6, or not receiving points for their plan or narrative in Submission #6 must submit an acceptable plan or narrative with this submission in order to receive points for their training. Please note that points will **not** be awarded for the plan or narrative in Submission #7; however, an approved plan or narrative is required in order to receive points for training conducted. The narrative must demonstrate how you conducted the training and must include evidence of peer-to-peer discussion and group activities to supplement the instructional material provided by CMS.

A facility can earn 15 points if 100 percent of facility staff completed all modules of the CMS *Hand in Hand* training by February 29, 2016. For Submission #7, failure to train an employee hired in the past 90 days will not count against the facility, but the employee should be listed on the roster, indicating they were hired in the 90 days prior to February 29, and indicating if they have already received the training.

In addition, based on facility performance in Submission #6 and stakeholder input, a facility not earning the entire 15 points for training 100 percent of facility staff may earn points as follows:

- A facility can earn 5 points if at least 50 percent of facility staff, including the Administrator, Director of Nursing, Director of Activities, and **all** supervisory staff have completed all modules of the CMS *Hand in Hand* training by February 29, 2016.

A facility can earn 10 points if at least 75 percent of facility staff, including the Administrator, Director of Nursing, Director of Activities, and **all** supervisory staff have completed all modules of the CMS *Hand in Hand* training by February 29, 2016. Documentation to validate completion of training is required. The roster of facility staff (direct care staff, administrative staff and all other staff), whether contracted or employed, must be submitted and indicate those staff who have completed the CMS *Hand in Hand* training by February 29, 2016. The required template is "*Staff Roster for Value-Based Purchasing Submission & Hand in Hand.xlsx*" that accompanies this memo (you may also request a copy of the file from [Qui.LTSS@tn.gov](mailto:Qui.LTSS@tn.gov)). Facilities should also retain additional documentation at the facility that substantiates staff has completed the training.

### **2. Resident Choice**

Continuing with the requirement for Submission #6, to earn points on Submission #7, a facility must provide evidence of care practices that include choices for all residents in the following areas:

- a. Choice of meal time (2 points)
- b. Choice of menu at meal (2 points)
- c. Choice of sleep and wake times (2 points)
- d. Choice of bathing/shower option and time (2 points)
- e. Choice of room furnishings/décor/appearance (2 points)

A facility can submit information for any number of the above areas. You do not have to submit for all five areas. A facility may earn points in some but not necessarily all areas of choice. In order to earn points, the facility must provide **a narrative description and evidence** of the care practices that have been implemented that ensure choice is provided to all residents in each domain for which the facility is seeking points. 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 to earn points.

Points awarded for Submission #6 in one or more of the five areas will be carried forward to Submission #7 **if** the facility provides an attestation signed by the facility administrator and the Resident Council **OR** the LTC Ombudsman representative that such practices remain in place 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. 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 the Resident Council **OR** the LTC Ombudsman representative.

### **3. Action based on Resident Council Input**

A 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.

Points **will not** be awarded for:

- Actions related to a single individual
- Actions that do not 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 #7, the facility must demonstrate action was taken and is consistent with the plan submitted in QuILTSS #6. A facility may demonstrate action was taken in a variety of ways including, but not limited to, submitting revised activity calendars, individual activity plans, care plan documentation, evidence of communicating care plans with caregivers or measurements of the impact of the improved meaningful activities. The plan or narrative required in Submission #6 must be submitted again and is a

prerequisite for earning points for Meaningful Activities. If the facility’s plan was not deemed acceptable in QuILTSS #6, a revised plan is required. Please note that points will **not** be awarded for the plan in Submission #7; however, an approved plan is required in order to receive points for actions taken in Submission #7. The facility’s quality improvement initiative plan must include:

- Improvements in care planning processes to ensure that the goals, preferences, and interests of each resident are in the plan of care. (Example: What makes life meaningful to you? What do you like to do?)
- Changes in the facility’s practices to ensure that staff providing care are knowledgeable about the goals, preferences and interests of each resident they support and how to provide care in a way that offers the residents opportunities to participate in meaningful activities each day.
- A mechanism for measuring the impact of the facility’s quality improvement efforts on residents’ experiences of 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.

As a reminder, for Submission #8, the facility must demonstrate the impact that the plan and action produced. We encourage facilities to be prepared to submit evidence of impact during Submission #8.

<b>C. Staffing/Staff Competency</b>	<b>25 Points</b>
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, and not the state average, for an award of 5 points per measure.

**3. Staff Retention**

Facilities will submit the Excel spreadsheet, “*Staff Roster for Value-Based Purchasing Submission & Hand in Hand.xlsx*,” designed by TennCare. 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 for Value-Based Purchasing Submission & Hand in Hand* 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

In QuILTSS #6, a facility must have developed and implemented a policy for consistent staff assignment which includes both contracted and employed staff. 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.

For Submission #7, facilities must demonstrate that they have measured consistent staff assignment. 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 that is titled “Consistent Assignment Tracking Tool v2.4.” 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. To qualify for points, the facility must submit one copy of the “Data for Website Entry” tab for each of the measured months (October, November and December 2015 and January and February 2016). You should not attempt to submit the entire spreadsheet. The .pdf copies of the “Data for Website Entry” tab must include data that is specific to the facility. The facility should retain the entire spreadsheet for verification purposes at a later date.

#### 5. Staff Training

Staff Training (5 points) is combined with Respectful Treatment for Submission #7, as described above.

##### D. Clinical Performance

##### 10 Points

- |                             |          |
|-----------------------------|----------|
| 1. Antipsychotic Medication | 5 Points |
| 2. Urinary Tract Infection  | 5 Points |

Clinical Performance—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 #7. 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 Bronze, Silver, or Gold Award and the TN Center for Performance Excellence Award
- 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. Participation in Advancing Excellence Campaign and/or Membership in Eden Registry must be active for full participation during the period that is being measured in each submission. The Malcolm Baldrige Quality Award must have been achieved within the three years prior to the end of the measured period

which will be recalculated at each submission (which means it must have been achieved after 2/28/13 for Submission #7).

Please be reminded the following threshold applies to Submission #7 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.

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

### Resident Council Representative

Name \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**OR**

### LTC Ombudsman Representative

Name \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_