



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:** September 25, 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 #6 Bridge Payment Submission

**The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information about the QuILTSS #6 Bridge Payment submission. 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 memo outlining changes to QuILTSS #6 and 7, focusing on just QuILTSS #6.**

The submission portal will be open for QuILTSS #6 Bridge Payment submissions beginning at 10:00 AM CT on Thursday, October 1, 2015. **The deadline for submissions is 4:30 PM CT on Monday, November 2, 2015.** 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 ([Qul.LTSS@tn.gov](mailto:Qul.LTSS@tn.gov)) immediately if you encounter any technical difficulties.

After completing your submission, you will receive an automated email listing all of your answers and your attachments. If, after receiving the confirmation email, you discover some attachments were not submitted, there may be an opportunity to submit inadvertently omitted documents by contacting [Qul.LTSS@tn.gov](mailto:Qul.LTSS@tn.gov). Your email must be received before 12:00 noon CT, November 2, 2015 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, November 2, 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 evaluation period for QUILTSS #6 is July 1 through September 30, 2015. The remainder of this memo 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 #6**

Submission #6 contains the following elements:

#### **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

Conducting satisfaction surveys and taking action based on those surveys is an ongoing expectation of facilities. The measures and points awarded in this area have not changed for Submission #6.

We expect that all facilities have continued these practices and have integrated them into the normal course of business. For Submission #6, surveys must have occurred within 12 months prior to the end of the timeframe being measured (i.e., since 9/30/14). Points will not be awarded for:

- **Surveys conducted prior to 9/30/14**
- **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 have a broad impact. Points will not be awarded for input and actions that addresses 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 may be included, but will not stand on its own 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. Points may only be awarded for an action in one QuILTSS measurement area.

- **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 #6. Instead, we will begin 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 #6:

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

A facility can earn 5 points on Submission #6 if it has developed and begun implementation of a training plan that will result in all staff, including facility leadership, having completed all modules of the *Hand in Hand* training series by the end of 2015. The training plan should include: obtaining the Hand in Hand training tools, orienting your staff on the subject and importance of the training, identification of training facilitator(s), and methods for conducting the trainings.

A facility can earn an additional 5 points (up to a total of 10 points) if at least 20 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 September 30, 2015.

A facility can earn an additional 5 points (up to a total of 15 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 September 30, 2015.

To receive the points, the facility must provide the training plan and evidence that staff has completed the training. The evidence that staff completed the training is the roster of facility staff (direct care staff, administrative staff and all other staff), whether contracted or employed, that indicates those who have completed the CMS *Hand in Hand* training by the September 30, 2015. The required template is "*Staff Roster for Value-Based Purchasing Submission & Hand in Hand.xlsx*" that accompanies this memo (you can also request a copy of the file from [Qui.LTSS@tn.gov](mailto:Qui.LTSS@tn.gov)). Facilities should also retain additional evidence at the facility that staff completed the training.

## 2. Resident Choice

Beginning with Submission #6, to earn points, 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 may 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 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. The facility must also provide evidence that those care practices are being implemented such that all residents are given meaningful opportunities for choice in the specified domain. 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 facility can provide up to 5 narratives (one for each of the 5 domains at 2 points each), along with supporting evidence for each 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. If points are awarded for an action taken to provide resident choice in one of the above areas; for example in response to a survey, points will not be awarded for the *same* action on other QuILTSS measurements (e.g., Resident Choice).

## 3. Action based on Resident Council Input

A facility will receive points if it is able to demonstrate that input was received from the Resident Council and that action was taken based on this input. The goal is to ensure that the facility is engaging in quality improvement efforts and that actions have a broad-based impact. While similar to previous submissions, 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

To earn points, a facility must design a quality improvement initiative around meaningful activities. The facility can begin implementation in the measurement quarter or in the subsequent measurement quarter. The initiative must be completed by the end of the Submission #8 measurement period. For Submission #6, the facility must provide a plan. For Submission #7, the facility must demonstrate that action was taken and is consistent with the plan. For Submission #8, the facility must demonstrate

the impact that the plan and action produced. To receive points for Submission #6, 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.

**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**

Beginning with Submission #6, 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 accompanying 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 the previous submission 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. In addition, beginning with Submission #7, Threshold Measures would preclude a facility found to have provided false information from being eligible for *any* quality payments, as further explained below.

**4. Consistent Staff Assignment**

To receive 5 points, a facility must develop and implement a policy for consistent staff assignment which will include 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.

This will help prepare facilities for measurement of the consistency in staff assignment for Submission #7. Resources to assist facilities are available on the Advancing Excellence website at <https://www.nhqualitycampaign.org/goalDetail.aspx?g=CA#tab1>.

## 5. Staff Training

Staff Training (5 points) is combined with Respectful Treatment for Submission #6, 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 will be offered again for submission #6. Qualifying awards or accreditations **MUST** be current in the review period and are restricted to the following:

- 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

Please be reminded that in future submissions, the following threshold will apply:

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 every quarter, and have processes in place for validating information included in each submission.

Questions about the Quality Framework, including the submission process, 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 \_\_\_\_\_