

**Unified Long-Term Care System Advisory Group**  
**NURSING FACILITY QUALITY MEASUREMENT SUBCOMMITTEE**

**REPORT TO THE OHIO GENERAL ASSEMBLY**  
**September 1, 2011**

**Background**

House Bill 153 of the 129<sup>th</sup> Ohio General Assembly re-established a Unified Long-Term Care System Advisory Workgroup and in Section 209.50 instructed the Workgroup to convene a subcommittee to “... study the quality incentive payments to be paid to nursing facilities under the Medicaid program for fiscal year 2013 [under division (D) of section 5111.244 of the Revised Code], including accountability measures to be used in awarding points for the quality incentive payments and the methodology for calculating the quality incentive payments.” Section 209.50 also instructed the subcommittee to “... complete a report of its study not later than September 1, 2011.” This is the Nursing Facility Quality Measurement Subcommittee’s September 1, 2011 report and concludes the Subcommittee’s charge.

**Membership**

- Bill Sundermeyer, AARP
- Rich Browdie, Benjamin Rose Institute on Aging
- Greg Moody, Governor’s Office of Health Transformation (Subcommittee Chair)
- Allison Salopeck, LeadingAge Ohio
- Linda Black-Kurek, Ohio Health Care Association
- Robert Applebaum, Scripps Gerontology Center
- Beverley Laubert, State of Ohio Long-Term Care Ombudsman
- Bonnie Kantor-Burman, Ohio Department of Aging
- Steve Wermuth, Ohio Department of Health
- John McCarthy, Ohio Office of Health Plans (Medicaid)
- Chris Murray, Ohio Academy of Senior Health Sciences Inc.
- The Honorable Barbara Sears, Ohio House of Representatives
- The Honorable Nickie Antonio, Ohio House of Representatives
- The Honorable David Burke, Ohio Senate
- The Honorable Capri Cafaro, Ohio Senate

## Schedule

- July 19, 2011
- July 26, 2011
- August 2, 2011
- August 9, 2011
- August 16, 2011
- August 23, 2011
- August 30, 2011

## Process

The Subcommittee (1) identified guiding principles for choosing quality measures, (2) identified and reviewed existing measurement frameworks, (3) selected specific accountability measures consistent with the guiding principles, (4) developed the methodology for calculating quality incentive payments and a bonus system to redistribute any unspent payments, (5) identified technical assistance that is available to nursing facilities to assist in achieving full quality payments, (6) determined a process for ongoing quality improvement, (7) and reported recommendations in the form of draft legislative language.

### **1. *Select Guiding Principles***

The Subcommittee identified the following guiding principles for choosing quality measures.

Each measure needs to be:

- Resident focused/consumer driven
- Objective/easy to validate
- Evidence-based/correlated to quality/ideally used by multiple valid sources
- Advantageous for residents and operators
- Low cost to implement/easy to collect
- Something a nursing facility can act on to improve

### **2. *Review Existing Measurement Frameworks***

The Subcommittee identified and reviewed the following existing measurement frameworks:

- Advancing Excellence in America's Nursing Homes Campaign ([http://www.nhqualitycampaign.org/files/Final\\_Goals\\_Technical\\_Information.pdf](http://www.nhqualitycampaign.org/files/Final_Goals_Technical_Information.pdf));
- CMS Artifacts of Change (<http://www.artifactsofculturechange.org/ACCTool/>);
- National Voluntary Consensus Standards for Nursing Homes ([http://www.qualityforum.org/Publications/2011/07/National\\_Voluntary\\_Consensus\\_Standards\\_for\\_Nursing\\_Homes.aspx](http://www.qualityforum.org/Publications/2011/07/National_Voluntary_Consensus_Standards_for_Nursing_Homes.aspx));
- ODH QIS surveys;
- 2010 Ohio Nursing Home Family Satisfaction Survey (revised for 2012);

- 2009 Ohio Nursing Home Resident Satisfaction Survey (revised for 2011);
- Quality incentive payment programs in Colorado, Georgia, Iowa, Kansas, Minnesota, Oklahoma and Rhode Island.

### ***3. Select Accountability Measures***

The Subcommittee selected 20 specific accountability measures (attached). The final list represents hours of discussion and research among the Subcommittee members and an extensive selection process that started with a long list of possible measures. The Subcommittee narrowed the list consistent with its guiding principles and organized the list into the following domains: overall performance on an existing quality measurement framework, resident choice, clinical performance, environmental characteristics, and staffing. For each measure, the Subcommittee provided a definition, method of calculation, source of data, and the threshold a facility must meet to earn a point for the purposes of determining the amount of the facility's quality incentive payment. In general, but not for every measure, the definition is the same as its original source (e.g., as stated on the resident survey or Advancing Excellence). Achievable thresholds were developed based on an analysis of available data. It should be noted that for FY 2013, the data collection timeframe of "calendar year preceding the fiscal year in which the rate is paid" will have to be modified for many of the measures (this is because the calendar year preceding the fiscal year will be over before these new measures are finalized).

### ***4. Design a Method for Calculating Quality Incentive Payments***

The Subcommittee developed a method for calculating quality incentive payments and a bonus system to redistribute any unspent payments (attached as draft legislative language that shows HB 153 changes and nursing facility quality measurement subcommittee recommendations). The goal of the method is to create a system that rewards performance on specific quality measures and gives all facilities a fair opportunity to earn the full quality incentive payment. The proposed method assigns one point for each performance measure threshold a facility meets. A facility is required to get 5 points to receive the full quality payment, which is \$16.44 per Medicaid bed day in 2013. Facilities with less than 5 points receive one-fifth of the full quality payment per point. The budget assumes that every nursing facility will receive the full quality incentive payment. If some facilities do not achieve 5 points and there is a residual amount left at the end of the fiscal year, then that amount will be distributed to facilities that earned more than 5 points based on each facility's Medicaid bed days and total points received.

### ***5. Provide Technical Assistance***

The Subcommittee identified technical assistance that is available to nursing facilities to assist in achieving full quality incentive payments. The Subcommittee strongly believes that every nursing facility should be working to meet all 20 performance measure thresholds and that

existing technical assistance will be available through state, federal, and other agencies that monitor and evaluate nursing facilities. The Ohio Departments of Aging and Health will work together to connect facilities with programs available for this purpose such as:

- The Ohio Department of Health's Technical Assistance Program;
- The Ohio Department of Aging's Technical Assistance Program (to be launched Fall 2011);
- The Office of the State Long-Term Care Ombudsman state and regional offices;
- The Ohio Local Area Network for Excellence, an arm of the national Advancing Excellence in America's Nursing Homes Campaign;
- Ohio KePro, the Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services to engage in nursing home quality improvement;
- The Ohio Person-Centered Care Coalition;
- Pioneer Network;
- The federal Agency for Health Care Research and Quality;
- Ohio Health Care Association;
- LeadingAge Ohio;
- Ohio Academy of Nursing Homes.

#### ***6. Determine Process for Ongoing Quality Improvement***

The Subcommittee recognizes the importance of ongoing quality improvement in Ohio's nursing homes. HB 153 created additional opportunities to connect person-centered care and health outcomes to reimbursement. These initiatives include creating a single point of coordination for dual eligibles, a single aging Medicaid home- and community-based services waiver, health homes for people with chronic conditions, and ongoing work of the Unified Long-Term Care System Advisory Workgroup and the Joint Legislative Committee for Unified Long-Term Services and Supports.

#### ***7. Forward Recommendations***

The Subcommittee drafted legislative language (attached) that includes specific accountability measures to be used in awarding points for quality incentive payments and the methodology for calculating quality incentive payments. If during the legislative process changes are considered to the measurement framework or payment methodology, then the Subcommittee recommends that the legislature reconvene the members of the Subcommittee to provide input on the changes.

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#	Definition of Measure	Method To Calculate	Possible Sources	Discussion
<i>Framework</i>				
1	<p>To receive a point, a facility must achieve an overall satisfaction score of at least 86 on Ohio’s Resident Satisfaction Survey (for rates paid in odd fiscal years) or an overall satisfaction score of at least 88 on Ohio’s Family Satisfaction Survey (for rates paid in even fiscal years) .</p>	<p>The point will be awarded on the basis of the facility specific results on the Satisfaction Survey initiated in the calendar year preceding the fiscal year for which the rate will be paid.</p> <p>The Resident Satisfaction Survey is used for rates paid for odd fiscal years and the Family Satisfaction Survey is used for rates paid for even fiscal years.</p> <p>If a facility does not have statistically valid survey results, no point will be awarded.</p>	<p>Scores reported by the Ohio Department of Aging</p>	<p>Use survey administered by LTC Ombudsman in calendar year preceding the fiscal year.</p> <p>Statewide average this year is 87.94.</p> <p>The measure represents the consumer’s reported experiences across multiple domains. The measure is resident focused and gleans information directly from residents and their families. Higher resident satisfaction has been linked to better clinical outcomes and facility revenues. The surveys were developed through focus group participation by actual consumers, stakeholder input and extensive testing for reliability and validation. They have been used in Ohio annually since 2006 and results are publicly reported through an existing site.</p> <p>Analysis of the 2010 Family Satisfaction Survey results indicates that approximately half of the providers (359 facilities) would earn this point if the threshold is a score of 88.</p>

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				<p>Analysis of the 2009 Resident Satisfaction Survey results indicate that approximately half of the providers (478 facilities) would earn this point if the threshold is a score of 86.</p> <p>355 providers received this quality point in SFY12.</p>
2	To receive a point, a facility will enroll in the “Advancing Excellence in America’s Nursing Homes” campaign and select at least 3 goals. One goal must be clinical and one goal must be organizational.	The point will be awarded if the facility satisfied the requirements for participation in the “Advancing Excellence in America’s Nursing Homes” campaign during the calendar year preceding the fiscal year for which the rate will be paid.	Pull data from Advancing Excellence website	<p>The definition of Ohio’s quality standard is consistent with the definition of participation utilized by the Advancing Excellence Campaign.</p> <p>A requirement that data be published was considered but not adopted. The subcommittee did not want to create a disincentive for providers to choose problem areas as goals through the Advancing Excellence campaign.</p>
3	To receive a point, a facility will have no certification deficiencies with a scope and severity rating greater than “F” on the standard survey and any complaint surveys and have no citations for substandard quality of care during the calendar year preceding the fiscal year for which the rate will be paid.	<p>If no survey of a facility is conducted during the calendar year preceding the fiscal year, the most recent survey conducted will be used.</p> <p>F-tags indicating a substandard quality of care are F221-F226, F240-F258, and F309 through F334.</p>	ODH survey results	<p>Current standard is no deficiency greater than E on annual survey (excludes complaint surveys) conducted during calendar year.</p> <p>At a scope and severity level not greater than F with no deficiencies indicating substandard of care, using current data the Department of Health estimates that approximately 783 providers would receive the quality point. (667</p>

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				providers received point in SFY12)
<i>Choice</i>				
4	To receive a point, at least 50% of residents must be offered at least one of the following dining choices for at least one meal each day: a) restaurant style where staff take resident orders, b) buffet style where residents help themselves or tell staff what they want, c) family style where food is served in bowls on dining tables or staff assist them, d) open dining where meal is available for at least a 2 hour period where residents can come when they choose, or e) 24 hour dining where residents can order meals from the facility 24 hours a day.	<p>The point will be awarded to providers who indicate on a data collection tool that at least 50% of their residents are offered choice of meals (as defined).</p> <p>The facility must maintain a written policy regarding choice of meals. The policy must specify the ways in which choice of meals is offered. The policy must be communicated to staff and residents.</p>	<p>New web based data collection tool to be developed by state agencies.</p> <p>Exploring opportunities to use QIS survey data to verify responses.</p>	<p>Question is based on Artifacts of Culture Change tool (“Artifacts”)(#1); 41% - 60% is the middle range in the “Artifacts” question (response is a 3); benchmark report (4/1/2010 – 3/31/2011) indicates national benchmark of 2.4</p> <p>The subcommittee defined the quality standard as 50% of the residents being offered the specified dining choices as the midpoint of the middle range from “Artifacts.”</p> <p>Research considered during the development of “Artifacts” indicates that adoption of open dining policies can improve health outcomes for individuals served and reduce food waste.</p>
5	To receive a point, at least 50% of residents in the facility must be able to get a bath/shower as often as they would like.	<p>The point will be awarded to providers who indicate on a data collection tool that at least 50% of their residents are able to take a bath or shower as often as they like.</p> <p>The facility must maintain a written policy stating that</p>	<p>New web based data collection tool to be developed by state agencies.</p> <p>Exploring opportunities to use QIS survey data to verify responses.</p>	<p>Question is based on “Artifacts” (#11) where 5 indicates all residents, 3 indicates some residents, and 0 indicates that it is not the facility’s current practice; Benchmark report (4/1/2010-3/31/2011) indicates national benchmark of 3.4.</p>

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		residents are able to take a bath or shower as often as they like. The policy must be communicated to staff and residents.		<p>Research supporting “Artifacts” indicates that examples of changes in care practices may include resident choice in areas of daily routine. These choices may include frequency, time and method of bathing.</p> <p>Flexibility in bathing routines has been shown to reduce aggressive behaviors.</p>
6	<p>To receive a point, a facility must achieve a score of at least 89 for the question “Can you go to bed when you like” and a score of at least 76 for the question “Can you decide when to get up in the morning?” on the resident satisfaction survey. (for rates paid for odd fiscal years)</p> <p>To receive a point a facility must achieve a score of at least 88 for the question “Can the resident go to bed when he/she likes?” on the family satisfaction survey and a score of at least 75 for a question regarding the resident’s ability to get up when they choose on the family satisfaction survey. (for rates paid for even fiscal years)</p>	<p>In order to achieve the point, the facility must meet or exceed the threshold for both bedtime and waking time.</p> <p>The point will be awarded on the basis of the facility specific results on the Satisfaction Survey initiated in the calendar year preceding the fiscal year for which the rate will be paid.</p> <p>If a facility does not have statistically valid survey results, no point will be awarded.</p>	<p>Resident/Family Satisfaction Survey</p> <p>Expands current process of providing results to include specified questions.</p>	<p>Can you go to bed when you like?</p> <p>Historical responses on resident satisfaction survey resulted in an average score of 89.5 in 2007 and 89.4 in 2009.</p> <p>Historical responses to comparable question on family satisfaction survey resulted in an average score 87.7 in 2008 and 88 points in 2010.</p> <p>Can you decide when to get up in the morning?</p> <p>Historical responses on resident satisfaction survey resulted in an average score of 75.2 in 2007 and an average score of 75.9 in 2009.</p> <p>The family satisfaction survey does not currently include a question regarding a resident’s ability to</p>



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				<p>decide when to get up in the morning. The State LTC Ombudsman Office indicated the ability to add a question.</p> <p>The subcommittee discussed reliance on the resident and family satisfaction surveys as a measurement tool for choice in bedtime and waking time. Because the tool measures perceptions rather than actual policy, a discrepancy is possible. The subcommittee agreed that the focus was on the resident's ability to control their environment and agreed that the tool was appropriate for this purpose.</p> <p>Analysis of 2009 Resident Satisfaction survey data indicates that approximately 338 facilities would achieve the standard for waking time and the standard for bedtime.</p> <p>Analysis of 2010 family satisfaction survey data indicates that approximately 50% of providers (468 facilities) would achieve the standard for bed time. No data is available for a family satisfaction survey question regarding waking time, so the standard was set</p>
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				proportionately to the standard for bedtime (based on the proportionate relationship of the standards for the resident satisfaction survey. When new data becomes available the thresholds will need to be evaluated.
7	To receive the point, the facility must demonstrate that at least 75% of residents will have the opportunity to discuss their goals for care including their preferences for advance care planning with an appropriate member of the healthcare team following admission and prior to completing or updating the plan of care quarterly, and that those preferences are recorded in their medical record and used in the development of their plan of care.	The point will be awarded to facilities that indicate on a data collection tool that at least 75% of residents have an opportunity to participate in advance care planning.  The facility must maintain a policy encouraging advance care planning, the policy must be communicated to staff and residents, and resident records must include documentation of advance care planning activities.	New web based data collection tool to be developed by state agencies	Advancing Excellence tool  The Advancing Excellence goal is an average of 75% of residents.  Providers participating in the subcommittee indicated that the Advancing Excellence reporting tools are resident specific and would be a barrier for providers.
<i>Clinical</i>				
8	To receive a point, no more than 4% of a facility's long stay residents report severe to moderate pain during the MDS assessment process.	Use NQF measure 677  Average the facility's results on the measure for the 4 quarters in the calendar year preceding the fiscal year for which the rate will be paid.	MDS data – explore opportunities to obtain calculated measure (e.g., Nursing Home Compare) or develop capacity to calculate in-house	Use QMs developed by CMS  Current Ohio average is 5% (based on MDS 2.0 methodology and data)(Source: Nursing Home Compare)  The National Quality Forum (NQF) has developed new QMs using MDS

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				<p>3.0. Because the new QMs are not yet published the subcommittee was not able to consider state specific data for the MDS 3.0 QMs in establishing thresholds. The objective is to establish a threshold so that approximately half of the providers can earn the point. When new data becomes available the thresholds will need to be evaluated.</p> <p>Approximately 61% of providers (563 facilities) can earn the point using the comparable quality measure calculated using MDS 2.0 data at this threshold.</p>
9	To receive a point no more than 9% of the facility's long stay, high risk residents have been assessed as having one or more stage 2-4 pressure ulcers on their MDS.	<p>Use NQF measure 679</p> <p>Average the facility's results on the measure for the 4 quarters in the calendar year preceding the fiscal year for which the rate will be paid.</p>	MDS data – explore opportunities to obtain calculated measure (e.g., Nursing Home Compare) or develop capacity to calculate in-house.	<p>Use QMs developed by CMS</p> <p>Current Ohio average is 10% (based on MDS 2.0 methodology and data)(Source: Nursing Home Compare)</p> <p>The National Quality Forum (NQF) has developed new QMs using MDS 3.0. Because the new QMs are not yet published the subcommittee was not able to consider state specific data for the MDS 3.0 QMs in establishing thresholds. The National Quality Forum (NQF) has developed new QMs using MDS 3.0. Because the new QMs are not</p>

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				<p>yet published the subcommittee was not able to consider state specific data for the MDS 3.0 QMs in establishing thresholds. The objective is to establish a threshold so that approximately half of the providers can earn the point. When new data becomes available the thresholds will need to be evaluated.</p> <p>Approximately 50% of providers (458 facilities) can earn the point using the comparable quality measure calculated using MDS 2.0 data at this threshold.</p>
10	To receive a point, no more than 2% of long stay residents in a facility were physically restrained as reported on MDS assessments.	<p>Use NQF measure 677</p> <p>Average the facility's results on the measure for the 4 quarters in the calendar year preceding the fiscal year for which the rate will be paid.</p>	MDS data – explore opportunities to obtain calculated measure (e.g., Nursing Home Compare) or develop capacity to calculate in-house.	<p>Use QMs developed by CMS</p> <p>Current Ohio average is 4% (based on MDS 2.0 methodology and data)(Source: Nursing Home Compare)</p> <p>The National Quality Forum (NQF) has developed new QMs using MDS 3.0. Because the new QMs are not yet published the subcommittee was not able to consider state specific data for the MDS 3.0 QMs in establishing thresholds. The objective is to establish a threshold so that approximately half of the providers can earn the point. When new data becomes available</p>

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				<p>the thresholds will need to be evaluated.</p> <p>Approximately 53% of providers (485 facilities) can earn the point using the comparable quality measure calculated using MDS 2.0 data at this threshold.</p>
11	<p>To receive a point, the facility must have fewer than 10% of long stay residents with a urinary tract infection reported on the MDS assessments.</p>	<p>Use NQF measure 684</p> <p>Average the facility's results on the measure for the 4 quarters in the calendar year preceding the fiscal year for which the rate will be paid.</p>	<p>MDS data – explore opportunities to obtain calculated measure (e.g., Nursing Home Compare) or develop capacity to calculate in-house.</p>	<p>The measure uses a six month average to address seasonal variation.</p> <p>Admission assessments are excluded because residents may have developed the UTI in the hospital.</p> <p>Current Ohio average is 11% (based on MDS 2.0 methodology and data)(Source: Nursing Home Compare)</p> <p>The National Quality Forum (NQF) has developed new QMs using MDS 3.0. Because the new QMs are not yet published the subcommittee was not able to consider state specific data for the MDS 3.0 QMs in establishing thresholds. The objective is to establish a threshold so that approximately half of the providers can earn the point. When new data becomes available the thresholds will need to be</p>

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				<p>evaluated.</p> <p>Approximately 53% of providers (490 facilities) can earn the point using the comparable quality measure calculated using MDS 2.0 data at this threshold.</p>
12	To receive a point, the facility must document resident hospital admissions.	To receive the point, a facility must implement a policy to reduce hospital admissions for residents. The policy must identify the tools the facility uses to track hospital admissions. The policy must be communicated to staff.	New web based data collection tool to be developed by state agencies.	<p>Issue is part of tenth scope of work for KePro.</p> <p>Priority for CMS</p> <p>“INTERACT” is an example of care practice (including tracking and strategies to reduce hospital admissions) that a facility might adopt.</p>
<i>Environment</i>				
13	To receive a point, at least 50% on average, of Medicaid certified beds were in private rooms.	Using facility reported data, calculate the number of Medicaid certified beds in private rooms on the first day of each month of the calendar year preceding the fiscal year for which the rate will be paid and on the last day of the fiscal year for which the rate will be paid. Average the percentages for the calendar year.	<p>Modify cost report schedule that collects information re: the number of beds to collect data</p> <p>Add to new web based tool to be developed by state agencies as alternative.</p>	<p>Discussion considered looking at the number of Medicaid eligible residents served in private rooms.</p> <p>Providers have reported that private rooms may be used specifically to meet specific individual needs (e.g., rehab) where Medicaid is not the primary payer.</p> <p>The subcommittee discussed establishing a threshold that, based on average Medicaid utilization, would increase the likelihood that</p>

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				Medicaid residents are receiving services in private rooms.
14	<p>To receive a point, a facility must provide accessible resident bathroom as indicated by an average score of 4 on the following three questions:</p> <p>(A) Resident room mirrors are wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident</p> <p>(B) Sinks in resident rooms are wheelchair accessible with clearance below sink for wheelchair</p> <p>(C) Sinks used by residents have adaptive/easy to use lever or paddle handles</p> <p>In each case all resident bathrooms = 5 , some resident bathrooms = 3, and no resident bathrooms = 0</p>	<p>Adopt the Artifacts questions and response scale.</p> <p>Calculate the average of the facility responses to the three questions.</p> <p>Data will be collected for the calendar year preceding the fiscal year for which the rate will be paid.</p> <p>“Resident room” means the resident’s bedroom and attached bathroom.</p>	<p>New web based data collection tool to be developed by state agencies.</p>	<p>Questions are based on “Artifacts”</p> <p>(A) Resident bathroom mirrors are wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident (benchmark = 3.6)</p> <p>(B) Sinks in resident bathrooms are wheelchair accessible with clearance below sink for wheelchair (benchmark = 4.6)</p> <p>(C) Sinks used by residents have adaptive/easy to use lever or paddle handles (benchmark = 3.8)</p> <p>In each case all resident bathrooms = 5 , some resident bathrooms = 3, and no resident bathrooms = 0</p> <p>The subcommittee noted that a nursing facility would have to receive a score of 5 on two of the three questions to earn the point.</p>
15	<p>To receive a point, a facility must turn off any overhead paging systems or limit use of such systems to emergencies.</p>	<p>Adopt the “Artifacts” question.</p> <p>The facility must maintain a written policy that eliminates overhead paging or limits the use of overhead paging to</p>	<p>New web based data collection tool to be developed by state agencies.</p>	<p>Question based on “Artifacts.”</p> <p>“Artifacts” awards 5 points for a positive response and 0 points for a negative response. National benchmark is 2.3.</p>

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		<p>emergencies. If the policy limits the use of overhead paging to emergencies, the policy must clearly define an emergency. If overhead paging is turned off, the alternative must be defined in the policy. The policy must be communicated to staff and residents.</p>		<p>Research supporting “Artifacts” indicates that the elimination of overhead paging improves the work environment and provides a more “homelike” living environment for individuals served in nursing homes.</p> <p>The subcommittee discussed the need to define an emergency.</p>
16	<p>To receive a point, a facility must achieve a score of at least 90 for the question, “Can you fix up your room with personal items so it looks like home?” on Ohio’s Resident Satisfaction Survey (for rates paid in odd fiscal years) or a score of at least 95 for the question “Can the resident bring in belongings that make his/her room feel homelike?” on Ohio’s Family Satisfaction Survey (for rates paid in even fiscal years).</p>	<p>The point will be awarded on the basis of the facility specific results on the Satisfaction Survey initiated in the calendar year preceding the fiscal year for which the rate will be paid.</p> <p>If a facility does not have statistically valid survey results, no point will be awarded.</p>	<p>Resident/Family Satisfaction survey</p> <p>Expands current process of providing results to include specified questions.</p>	<p>Residents indicate that they have the ability to personalize their rooms on the resident/family satisfaction survey.</p> <p>Historical responses to family satisfaction survey are 94.7 points in 2008 and 94.3 points in 2010.</p> <p>Historical responses to resident satisfaction survey are 90.1 points in 2007 and 88.9 points in 2009.</p> <p>“Artifacts” question addresses issue.</p> <p>By using resident satisfaction survey vs. Artifacts style question, we are focused on resident perception.</p> <p>The measure represents the consumer’s reported experience in personalizing and/or</p>



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				<p>deinstitutionalizing their immediate environment while a resident of the facility. CMS Interpretive Guidelines state, in part: "A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individuality and autonomy of the resident, provides an opportunity for self-expression, and encourages links with the past and family members." The survey questions were developed through focus group participation by actual consumers, stakeholder input and extensive testing for reliability and validation. The surveys have been used in Ohio annually since 2006 and results are publicly reported.</p> <p>Analysis of the 2009 Resident Satisfaction Survey results indicates that approximately half of the providers (480 facilities) would earn this point if the threshold is a score of 90.</p> <p>Analysis of the 2010 Family</p>
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				Satisfaction Survey results indicates that approximately half of the providers (473 facilities) would earn this point if the threshold is a score of 95.
<i>Staffing</i>				
17	To receive a point, the facility must maintain a written policy requiring consistent assignment of STNAs. The policy must be communicated to residents, families and staff and must specify a goal limiting the number of STNAs that provide care to a long term resident to no more than 8 STNAs over a 30 day period.	To receive a point, the facility must maintain a written policy requiring consistent assignment of STNAs. The policy must be communicated to residents, families and staff and must specify a goal limiting the number of STNAs that provide care to a long term resident to no more than 8 STNAs over a 30 day period.	New web based data collection tool to be developed by state agencies.	<p>Advancing Excellence standard is that 85% of long term residents receive care from no more than 8 STNAs over 30 day period.</p> <p>The subcommittee discussed modifying the target to “85% of long term residents receive care from no more than 12 STNAs over a 30 day period.”</p> <p>Provider participating in subcommittee indicated that Advancing Excellence target too tight; Further the subcommittee discussed the complexity of Advancing Excellence data collection mechanisms. Approximately 6 facilities are currently reporting data on this measure through the Advancing Excellence campaign.</p> <p>The subcommittee discussed awarding a point for a policy communicated to staff, residents and families as a first step toward</p>

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				<p>the Advancing Excellence consistent assignment targets.</p> <p>“Artifacts” question is “STNAs consistently work with the residents of the same neighborhood/household/unit (with no rotation). Five points are awarded for all CNAs, 3 points are awarded for some CNAs and 0 points are awarded for a response indication that this is not a current practice. National benchmark is 3.3.</p>
18	<p>To receive a point, the facility must demonstrate an employee retention rate of 75% or greater in the calendar year preceding the fiscal year for which the rate will be paid.</p>	<p>Employee retention reflects the percentage of individuals employed by the nursing facility on the last day of the previous calendar year who are still employed by the nursing facility on the last day of the calendar year preceding the fiscal year for which the rate will be paid.</p> <p>The employee retention rate is calculated across all employees in a facility.</p>	<p>Continue current cost report schedule and methodology</p>	<p>Currently point is awarded for retention greater than peer group average.</p> <p>In FY12, peer group averages ranged from 74.65% to 77.8%</p> <p>498 providers received point</p> <p>The subcommittee discussed the need for caution in establishing a threshold so that an incentive to retain poorly performing employees was not inadvertently created.</p>
19	<p>To receive a point, the facility must document an STNA turnover rate at or below 65%.</p>	<p>Utilize Advancing Excellence methodology to calculate turnover rate.</p>	<p>Add schedule from Advancing Excellence to cost report or web based survey to be developed.</p>	<p>Advancing Excellence: RN turnover at or below 65%; LPN turnover at or below 35%; STNA turnover at or below 65%.</p>

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				<p>The proposed measure focuses on turnover rates for STNAs because STNAs are generally the primary caregivers for individuals served in nursing homes.</p> <p>The subcommittee discussed the need for caution in establishing a threshold so that an incentive to retain poorly performing employees was not inadvertently created.</p> <p>The turnover rate differs from the retention rate. Multiple staff changes in a single position are counted in the turnover rate. In the employee retention rate, multiple changes are not captured.</p>
20	<p>To receive a point, the facility must document that an STNA who is a primary caregiver for the resident attends and participates in a minimum of 50% of resident care conferences in the facility.</p>	<p>Collect the total number of care conferences and the number of care conferences where an STNA who is a primary caregiver for the resident participates.</p> <p>STNA attendance at and participation in the care conference must be documented in resident's record.</p>	<p>New web based data collection tool to be developed by state agencies.</p>	<p>Artifacts of Culture Change awards 5 points for all care conferences, 3 points for some care conferences and 0 point if not a current practice. National benchmark is 2.1.</p> <p>Providers expressed concerns re: the time involved in a requirement that STNAs attend care conferences. Others discussed positive impacts they had seen in their facilities when STNAs were included in care conferences. It was noted that the STNA might</p>

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				attend only a portion of the care conference and that the STNA on the shift when the care conference is held could participate. There was conversation about reducing the threshold to address the concern re: the amount of time STNAs might spend in care conferences and to encourage facilities to begin to implement this practice.
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Sec. 5111.244.

- (A) As used in this section, "deficiency" and "standard survey" have the same meanings as in section 5111.35 of the Revised Code.
- (B) The department of job and family services shall pay the provider of each nursing facility a quality incentive payment. The amount of a quality incentive payment paid to a provider for fiscal year 2012 shall be based on the number of points the provider's nursing facility is awarded under division (C) of this section for meeting accountability measures for that fiscal year. The amount of a quality incentive payment paid to a provider for fiscal year 2013 and thereafter shall be based on the number of points the provider's nursing facility is awarded under division (D) of this section for meeting accountability measures for that fiscal year. The amount of a quality incentive payment paid to a provider of a nursing facility that is awarded no points may be zero.
- (C)(1) For fiscal year 2012 only and subject to division (C)(2) of this section, the department shall award each nursing facility participating in the medicaid program points for meeting the following accountability measures:
  - (a) The facility had no health deficiencies on the facility's most recent standard survey.
  - (b) The facility had no health deficiencies with a scope and severity level greater than E, as determined under nursing facility certification standards established under Title XIX, on the facility's most recent standard survey.
  - (c) The facility's resident satisfaction is above the statewide average.
  - (d) The facility's family satisfaction is above the statewide average.
  - (e) The number of hours the facility employs nurses is above the statewide average.
  - (f) The facility's employee retention rate is above the average for the facility's peer group established in division (C) of section 5111.231 of the Revised Code.
  - (g) The facility's occupancy rate is above the statewide average.
  - (h) The facility's case-mix score is above the statewide average.
  - (i) The facility's medicaid utilization rate is above the statewide average.
- (2) A nursing facility shall be awarded one point for each of the accountability measures specified in divisions (C)(1)(a) to (h) of this section that the nursing facility meets. A nursing facility shall be awarded three points for meeting the accountability measure specified in division (C)(1)(i) of this section. The department shall award points pursuant to division (C)(1)(c) or (d) of this section to a nursing facility only if a survey of resident

or family satisfaction was conducted under section 173.47 of the Revised Code for the nursing facility in calendar year 2010.

- (D) For fiscal year 2013 and thereafter, the department shall award the provider of each nursing facility participating in the medicaid program a quality incentive payment calculated as follows:
  - (1) Subject to division (D)(2) of this section, the department shall annually award each nursing facility participating in the Medicaid program one point points for meeting each of the following accountability measures the facility meets in accordance with amendments to be made to this section not later than December 31, 2011, that provide for all of the following:
    - (a) The facility's overall score on Ohio's Resident Satisfaction Survey is at least eighty-six.
    - (b) The facility's overall score on Ohio's Family Satisfaction Survey is at least eighty-eight.
    - (c) The facility satisfies the requirements for participation in the "Advancing Excellence in America's Nursing Homes" campaign.
    - (d) The facility had neither of the following, as determined under nursing facility certification standards established under Title XIX, on the facility's most recent standard survey and any complaint surveys conducted in the calendar year preceding the fiscal year.
      - (i) A health deficiency with a scope and severity level greater than F.
      - (ii) A deficiency that constitutes a substandard quality of care.
    - (e) The facility offers at least fifty percent of residents at least one of the following dining choices for at least one meal each day.
      - (i) Restaurant style dining where staff take resident orders;
      - (ii) Buffet style dining where residents help themselves or tell staff what they want;
      - (iii) Family style dining where food is served in bowls on dining tables or staff assist them;
      - (iv) Open dining where the meal is available for at least a two hour period and residents can come when they choose; or
      - (v) Twenty-four hour dining where residents can order meals from the facility twenty-four hours a day.
    - (f) At least fifty percent of the individuals served in the facility are able to take a bath or shower as often as they like.

- (g) The facility's score on Ohio's resident satisfaction survey for the question relating to the individual's ability to choose when to go to bed at night is at least eighty-nine and the facility's score on Ohio's resident satisfaction survey for the question relating to the individual's ability to choose when to get up in the morning is at least seventy-six.
- (h) The facility's score on Ohio's family satisfaction survey for the question relating to the individual's ability to choose when to go to bed at night is at least eighty-eight and the facility's score on Ohio's family satisfaction survey for the question relating to the individual's ability to choose when to get up in the morning is at least seventy-five.
- (i) At least seventy-five percent of the facility's residents have the opportunity to discuss their goals for care including their preferences for advance care planning with an appropriate member of the healthcare team following admission and prior to completing or updating the plan of care quarterly. The facility records those preferences in the individual's medical record and uses those preferences in the development of the individual's plan of care.
- (j) No more than four percent of the facility's long stay residents, calculated in accordance with the National Voluntary Consensus Standards for Nursing Homes, report severe to moderate pain during the MDS assessment process.
- (k) No more than nine percent of the facility's long stay, high risk residents, calculated in accordance with the National Voluntary Consensus Standards for Nursing Homes, have been assessed as having one or more stage two through four pressure ulcers during the MDS assessment process.
- (l) No more than two percent of the facility's long stay residents, calculated in accordance with the National Voluntary Consensus Standards for Nursing Homes, were physically restrained as reported during the MDS assessment process.
- (m) Less than ten percent of long stay residents, calculated in accordance with the National Voluntary Consensus Standards for Nursing Homes, had a urinary tract infection as reported during the MDS assessment process.
- (n) The facility uses a tool for tracking admission of residents to a hospital.
- (o) Fifty percent or more of the facility's Medicaid certified beds were in private rooms.
- (p) The facility must provide accessible resident bathrooms, all of which meet two of the following three standards and some of which meet the third standard;
- (i) Resident room mirrors are wheelchair accessible and/or adjustable in order to be visible to a seated or standing resident;



- (ii) Sinks in resident rooms are wheelchair accessible with clearance below sink for a wheelchair; and
- (iii) Sinks used by residents have adaptive or easy to use lever or paddle handles.
- (q) The facility maintains and communicates to staff and residents a written policy that eliminates overhead paging systems or limits use of overhead paging systems to emergencies, as defined in the policy.
- (r) The facility's score on Ohio's resident satisfaction survey for the question relating to the individual's ability to personalize his or her room with personal belongings is at least ninety.
- (s) The facility's score on Ohio's family satisfaction survey for the question relating to the individual's ability to personalize his or her room with personal belongings is at least ninety-five.
- (t) The facility maintains a written policy requiring consistent assignment of state tested nurse aides. The policy is communicated to residents, families and staff. The policy specifies a goal limiting the number of state tested nurse aides that provide care to a long term resident to no more than eight state tested nurse aides over a thirty day period.
- (u) The facility's employee retention rate is at least seventy-five percent.
- (v) The facility's turnover rate for state tested nurse aides is at or below sixty-five percent.
- (w) A state tested nurse aide who is a primary caregiver for the resident attends and participates in at least fifty percent of the resident care conferences in the facility.
- (2)(a) The department shall award points pursuant to division (D)(1)(a),(g) or (r) of this section to a nursing facility only if a survey of resident satisfaction was initiated under section 173.47 of the Revised Code for the nursing facility in the calendar year preceding the fiscal year for which the rate will be paid.
- (b) The department shall award points pursuant to division (D)(1)(b),(h) or (s) of this section to a nursing facility only if a survey of family satisfaction was initiated under section 173.47 of the Revised Code for the nursing facility in the calendar year preceding the fiscal year for which the rate will be paid.
- (c) On or before July 1, 2012, the department shall adjust the percentages specified in divisions (D)(1)(j), (k), (l) and (m) of this section to reflect calculations of the quality measures in accordance with the National Voluntary Consensus Standards for Nursing Homes using data from the MDS 3.0 instrument. The department shall adjust the percentages so that approximately fifty percent of the facilities in this state meet each accountability measure.

- (d) On or before July 1, 2013, the department shall adjust the score specified in division (D)(1)(h) of this section for the question on the family satisfaction survey relating to the individual's ability to choose when to get up in the morning to reflect facility scores on the family satisfaction survey initiated in 2012. The department shall adjust the percentages so that the quality measure reflects the average score for the question for nursing facilities in Ohio.
- (3) The department shall establish time frames for the data used to determine whether facilities meet the measures specified in division (D)(1) of this section. For fiscal year 2013, the department shall establish time frames other than the calendar year preceding the fiscal year in which the rate is paid for the measures specified in divisions (D)(1)(c), (e), (f), (i) through (q), (t), (v) and (w).
- ~~(a) Meaningful accountability measures of quality of care, quality of life, and nursing facility staffing;~~
- ~~(b) The maximum number of points that a nursing facility may earn for meeting accountability measures;~~
- ~~(c) A methodology for calculating the quality incentive payment that recognizes different business and care models in nursing facilities by providing flexibility in nursing facilities' ability to earn the entire quality incentive payment;~~
- ~~(d) A quality bonus to be paid at the end of a fiscal year in a manner that provides for all funds that the general assembly intends to be used for the quality incentive payment for that fiscal year are distributed to nursing facilities.~~
- (3) The quality incentive payment for the provider of each nursing facility shall be the product of the number of points awarded pursuant to division (D)(1) of this section and three dollars and twenty-nine cents. The maximum quality incentive payment paid to the provider of a nursing facility shall be sixteen dollars and forty-four cents per Medicaid day.
- (E) The department shall pay each provider of a nursing facility that is awarded more than five points for the fiscal year a quality bonus calculated as follows:
- (1) Determine the total dollars available for the nursing facility quality bonus payment by calculating the difference between the following:
- (a) The product of the number of Medicaid days in the fiscal year for which the bonus will be paid and sixteen dollars and forty-four cents; and
- (b) The sum of the total quality incentive payments calculated pursuant to division (D) of this section and included in payments to providers of nursing facilities in the fiscal year for which the bonus will be paid.

- (2) The maximum quality incentive payment the general assembly has specified in law to be paid to nursing facilities for that fiscal year. Calculate the bonus payment per point according to the following calculation:
- (i) Determine the number of bonus point days by calculating the product of the number of points in excess of five awarded pursuant to division (D)(1) of this section to each nursing facility and the number of Medicaid days for each provider during the fiscal year for which the quality bonus will be paid.
  - (ii) Divide the total dollars available calculated in accordance with division (E)(1) of this section for the quality bonus payment by the bonus point days.
- (3) Calculate the quality bonus payment per Medicaid day for each nursing facility by calculating the product of the number of points in excess of five awarded pursuant to division (D)(1) of this section and the bonus payment per point, and the number of Medicaid days for which the provider of the nursing facility was reimbursed during the fiscal year for which the bonus is paid. A provider of a nursing facility who is awarded five or fewer points pursuant to division (D)(1) of this section for the fiscal year shall not receive a quality bonus payment.
- (4) Calculate the total quality bonus payment for each provider by multiplying the bonus payment per Medicaid day for the nursing facility by the number of Medicaid days for which the provider was paid during the fiscal year for which the quality bonus payment is made.
- (a) The calculation of the bonus payments is not subject to appeal under Chapter 119. of the Revised Code.
- (E) The director of job and family services shall adopt rules under section 5111.02 of the Revised Code as necessary to implement this section.