

**DATE:** January 27, 2020

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

**FROM:** Patti Killingsworth, Chief of LTSS

**CC:** Tennessee Health Care Association  
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**SUBJECT: QuILTSS #12 Submission Memo UPDATES and REMINDERS:**  
**1) Staff Training Measure; and**  
**2) Correction on NRC Survey Distribution Tracking Tool**

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**The purpose of this memo is to provide IMPORTANT UPDATES AND CRITICAL REMINDERS regarding two required elements of the QuILTSS #12 submission.**

For reference, the following memos have been sent with guidance and instructions related to QuILTSS #12:

- The QuILTSS #12 measurements, expectations and scoring process were communicated to facilities on August 14, 2019 (access to the memo is available [here](#)).
- The QuILTSS #12 Staff Training Points memo that provided additional details regarding the staff training measure was provided on October 1, 2019 (access to the memo is available [here](#)).
- The QuILTSS #12 Staff Training Measure – orientation Video UPDATES memo was sent on November 25, 2019 (access to the memo is available [here](#)).
- The QuILTSS # 12 Submission Process for January 1, 2019 to December 31, 2019 that provided details regarding submission of data by the facilities directly to TennCare through the Formstack submission portal was provided in a January 7, 2020 (access to the memo is available [here](#)).

We strongly encourage you to review those documents carefully, as needed.

## 1) Staff Training Measure

This memo provides certain IMPORTANT ADDITIONAL UPDATES regarding certain details of the November 25, 2019 QuILTSS #12 Staff Training Measure—Orientation Video UPDATES memo, as well as CRITICAL REMINDERS regarding the requirements of the Staff Training Measure, as described in that memo.

First, the memo advised that “[a]round January 15<sup>th</sup>, 2020 (at least two weeks prior to January 31, 2020), *The QuILTSS Institute* will provide each facility with a preliminary report of staff who have completed ALL of the actions above. This should provide ample time for you to follow up with any staff who are outstanding.”

While an initial report was provided to you on January 16<sup>th</sup>, 2020, there were two problems with the information you received:

- 1) The viewer data did not include the individuals from the management viewing period, i.e., prior to October 30, 2019.
- 2) The “completion data” was based *solely* on individuals who had completed an attestation. It included *in error* individuals who completed an attestation, but did not actually view the video in its entirety. This could be because they fast-forwarded through components of the video, or otherwise failed to complete the training in its entirety. As clearly provided in the November 25<sup>th</sup>, 2019 memo:

“The system has a record of your completion. The system also records partial completions, and fast forward functions which will not count toward staff training points. If you started, but did not complete viewing the video, fast forwarded through sections of the video, or if you failed to select **the name of your facility** at the beginning or did not complete the attestation at the end, including **your name**, there will be no record of your completion, and it will not count toward the requirements for staff training points.”

For purposes of “completion,” we will apply an 80% threshold. This means that at least 80% of the training content must have been viewed in order for the participant(s) to be counted as “complete.” In determining a facility’s point award, we will **not** count participants who completed an attestation but for whom the system clearly records that less than 80% of the training was actually viewed.

Because the system does record actual completion of each segment, as long as the name(s) of the viewer(s) were identified at the beginning of the video, we are able to identify viewers who actually completed the training, but failed to complete the attestation at the end. In the interest of fairness, we **will** count these individuals toward the staff training points.

We intend to follow up with facilities who reported that people completed the training in large groups. Facilities will not be granted points if they are not truthful about the number of staff involved in watching the training video as a group.

**Please be reminded** that because quality measurement data is used to set Medicaid rates of reimbursement for nursing facility services, as set forth in TennCare Rules,

“Any facility knowingly submitting false (including inaccurate or incomplete) quality performance data for purposes of calculating its Medicaid payment shall be subject to all applicable federal and state laws pertaining to the submission of false claims. For purposes of this subparagraph, the term “knowingly” shall mean that a NF, or any person acting on its behalf: (a) has or should have, upon exercise of due diligence, actual knowledge of the information; (b) acts in deliberate ignorance of the truth or falsity of the information; or (c) acts in reckless disregard of the truth or falsity of the information. No proof of specific intent is required.”

This afternoon, you will receive a revised report from *The QuILTSS Institute (QI)*. That report will reflect each of the individuals who have been logged into the orientation training in *The QI* portal as training participants, including management or other staff who completed the training before October 30, 2019. The report will also clearly identify whether each person actually completed at least 80% of the training and will be counted toward the point award for the Staff Training Measure. TennCare encourages you to view the individualized viewing data spreadsheets that will be sent to you by *The QI*. Viewers/facilities still have opportunity to complete the training, *following the requirements clearly described in the November memo*.

**The timeline for viewing the orientation video has been extended to February 7, 2020.** This will provide you with the same two-week period you expected to have from receipt of your report in order to help ensure completion by remaining staff.

After the period for viewing the orientation video has ended (February 7, 2020), each facility will receive a final report of all staff who completed the training as described above. This is the report you will use for purposes of your QuILTSS #12 submission. You should only report staff as having completed the training if *The QI* data shows they have completed the training. We will validate your responses against *The QI* data. If staff viewed the video outside *The QI* portal, as was clearly required in the instructions, we will have no evidence or proof of completion. Facilities will **not** be granted points if they do not view the training video in *The QI* portal.

QuILTSS #12 reporting on this component of the Staffing/Staff Competency will now be due **February 21, 2020**. You will be notified when that submission is open.

## 2) Correction on NRC Survey Distribution Tracking Tool

Dates in Column A and B of the the NRC Survey Tracking Tool originally provided by LTSS for purposes of validating compliance with survey methodology did not match the dates provided to the facilities by NRC Health. The LTSS tool had a date of December 13, 2019 while the date provided by NRC Health was Oct 3, 2019. We apologize for the incorrect date provided in the tool and regret any confusion it may have caused.

It is our expectation that you complete the NRC tracking tool as of the date provided by NRC Health—Oct 3, 2019. The revised tool can be accessed [here](#). TennCare will be contacting each facility that has already submitted the NRC tracking tool to confirm what date they used. TennCare will work with those facilities to address any questions that may arise from reviewing data across the two data points. A facility may resubmit if it wishes; however, TennCare will **not** require that these facilities resubmit data.

### **Important Notes:**

Please begin the submission process as soon as possible to allow ample time to resolve any unexpected issues which may impact a timely submission. Should you encounter technical difficulties, it is imperative to notify us immediately at [QuI.LTSS@tn.gov](mailto:QuI.LTSS@tn.gov), so that we are aware of the issues and assist with a resolution.

Questions regarding QuILTSS, including the Quality Framework, quality measures, point values, and performance benchmarks, submission process and schedule of QuILTSS submissions, should be directed [QuI.LTSS@tn.gov](mailto:QuI.LTSS@tn.gov).

Please feel free to contact LTSS staff with questions or concerns at [QuI.LTSS@tn.gov](mailto:QuI.LTSS@tn.gov).