

DATE: Tuesday, September 22, 2020

TO: Medicaid Nursing Facilities

FROM: Robert Marioni, Director of Data Management

SUBJECT: **Adjustments for QuILTSS #13 Submission Processes in Light of the COVID-19 Public Health Emergency**

The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information regarding specific requirements for the QuILTSS #13 submission process. The measurement period for QuILTSS #13 is January 1 – December 31, 2020, except that the *optional* NRC Health survey process for QuILTSS #13 will take place in January 2021 in order to both avoid the holidays and provide a roughly annual interval since the last survey was conducted. Scores from QuILTSS #13 will be used for purposes of setting nursing facility rates that will be effective July 1, 2021.

The COVID-19 Public Health Emergency (PHE) has significantly impacted Nursing Facilities (NF) across the country, including in Tennessee. NF residents are among the populations most vulnerable to contracting COVID-19 and are at greatest risk of negative outcomes from the disease.

We understand that NFs and their staff are on the front lines of the COVID-19 response. We appreciate all that you are doing to strengthen infection control procedures and reduce the risk of disease exposure and spread, while also continuing to provide the day-to-day care your residents and their families depend on.

Unfortunately, the very safety measures advised by public health officials and implemented by NFs to help keep residents safe often have the unintended consequence of restricting their social interaction with one another and with their families and others outside the facility. Left unchecked, this leads to social isolation, and a myriad other mental and related health consequences. Person-centered care has perhaps never been more critical than it is now in the middle of this pandemic.

In an effort to reduce the administrative burden on NFs and their staff while continuing to support and incentivize the provision of high quality, person-centered care; TennCare, in consultation with THCA, has made the following adjustments to the QuILTSS submission process for the QuILTSS #13 submission measurement period.

1. The NRC Health survey completion will be optional this year.

At this juncture, there is no way to anticipate COVID-19 transmission rates in January or know if facilities will have capacity to carry out their responsibilities related to these surveys. Moreover, data collected in January could be impacted by experiences related to the PHE beyond the purview of the NFs' control. However, providing NFs the option to survey will allow the opportunity to improve their score through a new round of surveys and obtain valuable feedback from their residents, families, and employees should they have the capacity to do so.

Accordingly, all Nursing Facilities will have the choice of participating in the NRC Health Survey for QuILTSS #13. If a NF chooses **NOT** to participate in the NRC Health Survey this year, TennCare will use the facility's QuILTSS #12 scores as a proxy for all QuILTSS #13 Satisfaction and Culture Change/Quality

of Life measures. If a NF chooses to participate in the NRC Health Survey this year, their QuILTSS #13 survey scores will be compared to the facility's QuILTSS #12 survey scores (using the methodology described in the detailed requirements below), and the most favorable survey score will be used for each measure. It is *entirely at the facility's discretion* if they wish to participate.

For facilities that choose to participate, survey launch activities need to commence very soon and will continue through January 2021. TennCare and NRC Health will be hosting a joint webinar to outline the QuILTSS #13 measurement process and answer any questions NFs may have.

QuILTSS #13 Survey Webinar
September 29, 2020
1:00-2:30 CST
[Click Here to Register](#)

2. A submission will not be required for Consistent Staff Assignment, Staff Retention or Staff Training for QuILTSS #13. A facility's QuILTSS #12 score will be used as a proxy for these measures. However, a facility may, *if it chooses*, submit data for the Consistent Staff Assignment and/or Staff Retention measure if it believes it can improve its score(s). This will be *entirely at the facility's discretion*

3. Only for QuILTSS #13, we are adding a NEW Person-Centered Innovations Incentive.

This will allow facilities to earn up to 10 incentive points (to be added to its total QuILTSS #13 score) upon developing, implementing, and sharing a person-centered innovations initiative to increase opportunities for residents to participate safely in social activities in the facility, maintain communication with family members and friends outside the facility, and reduce social isolation, as further described in the detailed requirements below.

IMPORTANT: QuILTSS #13 submissions are due to TennCare via Formstack on **Friday, January 29, 2021 at 11:59PM CT**. Submissions received after this firm deadline will **not** be evaluated.

Please begin the submission process as soon as possible to allow for 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 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.

QuILTSS #13 (January – December 2020) Quality Measurement Period Detailed Description

Threshold Measures

For QuILTSS #13, the first threshold measure has been adjusted to conform with state law.

1. The facility must be current on its payment of the NF Assessment Fee. Anytime a facility is more than 30 days delinquent on its NF Assessment Fee, the quality-based component of the per-diem payment for NF services shall be suspended, and the facility shall forfeit any quality-based component of its per diem reimbursement rate until such time that the NF is current on its Assessment Fee payments. This shall be operationalized as an MCO rate withhold, pursuant to TCA 71-5-1006.
2. The facility must not have been found to have knowingly provided false information on a previous QuILTSS submission. A NF shall not be entitled to a quality-based component of the per diem payment for any NF services provided if the facility has not complied with quality performance reporting requirements, or if the facility knowingly submits, or causes or allows to be submitted any such data used for purposes of setting quality-based rate components that is determined (including upon post-payment audit or review) to be inaccurate or incomplete.

Quality Measures

Satisfaction	35 Points
1. Resident	15 Points
2. Family	10 Points
3. Staff	10 Points

All Satisfaction measures are based on a facility’s performance on the NRC Health Survey.

Please note that a facility must meet the requirements set forth by TennCare and NRC Health for each survey in order to be eligible for points. This includes (but is not limited to) the following:

- Identifying the population of **all Medicaid residents with a BIMS score of 8 or above** (regardless length of stay), and
- Identifying the population of **All Long-Stay residents that have a BIMS of 8 or above and have lived in the skilled nursing center for at least 100 days** as of January 6, 2021 (moved-in on or before September 29, 2020)
- Requesting from NRC Health and disseminating to each such resident a resident survey.
- Providing to NRC Health the names and current mailing addresses of each family contact for:
 - One family member/responsible party for all Medicaid Residents (regardless length of stay)
 - One family member/responsible for all Long-Stay residents that has lived in the nursing center for at least 100 days as of January 6, 2021 (moved-in on or before September 29, 2020)
 - Family surveys are not limited based on the resident’s BIMS score.
 - If a resident has multiple family member contacts, you may send multiple surveys.
 - Facilities are expected to maintain current contact information for family members for many reasons, and facilities should be diligent about obtaining and maintaining this information

throughout the year. While we recognize that a resident may occasionally not have a family contact, it should be the exception and not the rule.

- As a rule of thumb, a facility should identify at least as many family members as they have Medicaid residents and long-stay residents (regardless of payer source). This is because some residents will have more than one family contact to more than account for the few residents who might not.
- Facilities should be diligent about encouraging survey completion—for residents, family members, and staff. Scheduling the survey following the holidays provides a great opportunity to remind families that the survey is coming and to encourage them to complete it.
- Making available to every employed or contracted staff a staff survey. As with resident and family surveys, facilities should be diligent about encouraging survey completion.

Facilities who do not submit the NRC survey timely, adhere to the methodology for a particular survey, or who do not obtain survey results sufficient for QuILTSS #13 measurement purposes will not be eligible for scoring of applicable measures as part of the QuILTSS #13 survey, thus resulting in their survey score (to be used for rate setting) defaulting to their previous QuILTSS #12 score.

Facilities who choose to conduct and submit NRC health surveys to be scored for QuILTSS #13 are also strongly encouraged, but not required, to attend all NRC Health webinars regarding the survey process in order to best position themselves both for successful quality measurement, and, more importantly, to use their results to drive quality improvement.

Points for Satisfaction will be awarded as follows (QuILTSS #13 Surveys Scores will be compared against the QuILTSS #12 National Average to award points):

1. Resident:

- a. The Core Q Recommendation Question, “In recommending this facility to your friends and family, how would you rate it overall?” will be used for QuILTSS #13 scoring purposes.
- b. Facilities that meet or exceed the national average Recommendation Score of Excellent will be awarded **15 points**.
- c. Facilities that do not meet the National Benchmark of Excellent only but meet or exceed the National Benchmark combined Top 3 Box score (Excellent, Very Good, & Good) will be awarded **7.5 points**.
- d. Facilities that do not meet the national benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their average Recommendation Score of Excellent from their previous year score will receive **5 points**.
- e. Facilities that do not meet either of the national benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive points for their QuILTSS #13 surveys, resulting in their satisfaction score defaulting to the QuILTSS # 12 point value.

2. Family:

- a. The Core Q Recommendation Question, “In recommending this facility to your friends and family, how would you rate it overall?” will be used for QuILTSS #13 scoring purposes.
- b. Facilities that meet or exceed the national average Recommendation Score of Excellent will be awarded **10 points**.
- c. Facilities that do not meet the National Benchmark of Excellent only but meet or exceed the National Benchmark combined Top 3 Box score (Excellent, Very Good, & Good) will be

awarded **5 points**.

- d. Facilities that do not meet the national benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their average Recommendation Score of Excellent from their previous year score will receive **3 points**.
- e. Facilities that do not meet either of the national benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point value.

3. Staff:

- a. One overall behavioral based recommendation question, “Overall, would you recommend this facility as a place to work?” will be used for QuILTSS #13 scoring purposes.
- b. The Facilities that meet or exceed the Tennessee state average Recommendation Top Box Score of “Yes Definitely” will be awarded **10 points**.
- c. Facilities that do not meet the Tennessee state benchmark of “Yes Definitely” only but meet or exceed the Tennessee state average combined Top 2 Box “Yes Definitely”, “Yes Mostly” will be awarded **5 points**.
- d. Facilities that do not meet either of the Tennessee state benchmarks but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their average Recommendation Top Box Score of “Yes Definitely” from their previous year score will receive **3 points**.
- e. Facilities that do not meet the either of the Tennessee state benchmarks, do not show 5 Percentage Point improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point value.

Culture Change/Quality of Life	30 Points
1. Respectful Treatment	10 Points
2. Resident Choice	10 Points
3. Member/Resident and Family Input	5 Points
4. Meaningful activities	5 Points

All Culture Change/Quality of Life measures are based on a facility’s performance on the NRC Health Survey.

Please note that a facility must meet the requirements set forth by TennCare and NRC Health for each survey in order to be eligible for points (as described above).

Points for Culture Change/Quality of Life will be awarded as follows (QuILTSS #13 Surveys Scores will be measured against QuILTSS #12 State Average to award points):

1. Respectful Treatment:

- a. One behavioral based overall question, “Do staff treat you with dignity and respect?” will be used for QuILTSS #13 scoring purposes.
- b. Facilities that meet or exceed the Tennessee state average Top Box score of “Yes Definitely” in the Respectful Treatment Domain will be awarded **10 points**.

- c. Facilities that do not meet the National Benchmark of “Yes Definitely” only but meet or exceed the National average combined Top 2 Box “Yes Definitely”, “Yes Mostly” will be awarded **5 points**.
 - d. Facilities that do not meet the state benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their Top Box “Yes Definitely” score from their previous year will receive **3 points**.
 - e. Facilities that do not meet the either of the state benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point totals.
2. **Resident Choice:**
- a. One behavioral based overall question, “Are you satisfied with the way your personal choices are met?” will be used for QuILTSS #13 scoring purposes.
 - b. Facilities that meet or exceed the Tennessee state average Top Box score of “Yes Definitely” in the Respectful Treatment Domain will be awarded **10 points**.
 - c. Facilities that do not meet the National Benchmark of “Yes Definitely” only but meet or exceed the National average combined Top 2 Box “Yes Definitely”, “Yes Mostly” will be awarded **5 points**. Facilities that do not meet the state benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their Top Box “Yes Definitely” score from their previous year will receive **3 points**.
 - d. Facilities that do not meet the either of the state benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point totals.
3. **Member/Resident and Family Input:**
- a. One behavioral based overall question from the resident survey, “Overall, do you and your family have enough input or say in your care?” will be used for QuILTSS #13 scoring purposes.
 - b. Facilities that meet or exceed the Tennessee state average Top Box score of “Yes Definitely” in the Respectful Treatment Domain will be awarded **5 points**.
 - c. Facilities that do not meet the National Benchmark of “Yes Definitely” only but meet or exceed the National average combined Top 2 Box “Yes Definitely”, “Yes Mostly” will be awarded **2.5 points**.
 - d. Facilities that do not meet the state benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their Top Box “Yes Definitely” score from their previous year will receive **2 points**.
 - e. Facilities that do not meet the either of the state benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point totals.
4. **Meaningful Activities:**
- a. One behavioral based overall question, “Are activities meaningful and enjoyable?” will be used for QuILTSS #13 scoring purposes.

- b. Facilities that meet or exceed the Tennessee state average Top Box score of “Yes Definitely” in the Respectful Treatment Domain will be awarded **5 points**.
- c. Facilities that do not meet the National Benchmark of “Yes Definitely” only but meet or exceed the National average combined Top 2 Box “Yes Definitely”, “Yes Mostly” will be awarded **2.5 points**.
- d. Facilities that do not meet the state benchmark but exhibit at least 5 Percentage Points (for example, 40-45%) improvement in their Top Box “Yes Definitely” score from their previous year will receive **2 points**.
- e. Facilities that do not meet either of the state benchmarks, do not show 5 Percentage Points improvement, do not follow the prescribed survey methodology, or do not obtain sufficient results for measurement purposes will not receive any points for their QuILTSS #13 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS # 12 point totals.

<u>Staffing/Staff Competency Measures</u>	25 Points
1. CNA hours per day	5 Points
2. RN hours per day	5 Points
3. Consistent Staff Assignment	5 Points
4. Staff Retention	5 Points
5. Staff Training	5 Points

CNA and RN hours per resident per day- CNA and RN hours will be collected from the data available in Nursing Home Compare as of January 1, 2021. If the data processed at January 1 is blank, the previous quarterly staffing hours will be reviewed, with a lookback of a no more than 6 months from the quarter of data processed at January 1, 2021. The oldest possible quarter included in this lookback will be Q4 of calendar year 2019, as Q3 was previously scored for QuILTSS #12.

A maximum of five (5) points will be awarded to those facilities above the national average. We will also reward performance of facilities approaching this benchmark as follows: three (3) points will be awarded to facilities that are above 90% but less than or equal to 100% of the national average; and one (1) point will be awarded to facilities that are above 80% but less than or equal to 90% of the national average.

The facility’s score for each measure using this methodology and data as of January 1, 2021 will be compared to the facility’s QuILTSS #12 score for each measure and the highest of the two scores will be used for each measure for QuILTSS #13.

Consistent Staff Assignment, Staff Retention, and Staff Training

A submission will not be required for Consistent Staff Assignment, Staff Retention or Staff Training for QuILTSS #13. This is intended to both reduce the administrative burden associated with these submissions and recognize the significant impacts of COVID-19 on NF staffing. A facility’s QuILTSS #12 score will be used as a proxy for these measures. However, a facility may, *if it chooses*, submit data for the Consistent Staff Assignment and/or Staff Retention measure if it believes it can improve its score(s). This will be *entirely at the facility’s discretion*. There is no optional submission opportunity for the staff training measure during QuILTSS #13. If a facility submits compliant data, the applicable measure(s) will be scored. The facility’s score for the measure(s) using the data submitted will be compared to the facility’s QuILTSS #12 score for the same measure(s), and the highest of the two scores will be used for QuILTSS #13.

As a reminder, TennCare intends to audit data submitted through the QuILTSS process because these values will be used to set the per diem payment for nursing facility services. Any quality-based rate components based on false information will be subject to recoupment and to potential penalties for violations of the False Claims Act, as well as ineligibility for quality payments for a specified period.

Consistent Staff Assignment

The tracking tool NNHQIC used will now be available and may be downloaded from the TennCare website: <https://www.tn.gov/tenncare/long-term-services-supports/value-based-purchasing.html> under Nursing Facility QuILTSS. It is titled, “Consistent Assignment Tracking Tool.” The tool works in the same way as it did on the NNHQIC website. The Excel Sheet provides detailed instructions. If facilities still have the tracking tool template from NNHQIC, it can also be used to submit data using the process described below. NFs must enter consistent staff assignment data into the spreadsheet and submit the spreadsheet for each month reported in a zip file with their QuILTSS submission directly to TennCare via Formstack.

In order to be eligible for Consistent Staff Assignment points, a facility must submit at least three (3) months of data from the current QuILTSS reporting calendar year with at least one (1) month from the last calendar quarter (October – December). Data is collected annually at the end of the measurement period and should only include information relevant to that period (January – December). Data will be tracked using TennCare’s Consistent Staff Assignment data collection tool and submitted to TennCare via Formstack.

Points are earned based on the total facility’s percent of long-stay residents (more than 100 days) with a maximum of 12 caregivers for each month reported. Only the most advantageous month will be used for scoring purposes. Although 3 months of data is required to be eligible to receive points, facilities are encouraged to track this information monthly as the number of months required for reporting will increase over time.

Points for Consistent Staff Assignment will be awarded as follows:

- a. Facilities with 90% or more of Long-stay residents with a max of 12 caregivers will receive **5 points**.
- b. Facilities with 80% but less than 90% of Long-stay residents with a max of 12 caregivers will receive **4 points**.
- c. Facilities with 70% but less than 80% of Long-stay residents with a max of 12 caregivers will receive **3 points**.
- d. Facilities with 60% but less than 70% of Long-stay residents with a max of 12 caregivers will receive **2 points**.
- e. Facilities with less than 60% of Long-stay residents with a max of 12 caregivers who submit the required data will receive **1 point** for participation.
- f. Facilities who do not participate or have nothing to report will receive **0 points**.

Staff Retention

As in previous submissions, facilities will submit the Excel spreadsheet, Staff Roster, designed by TennCare. This is located on the TennCare website at <https://www.tn.gov/tenncare/long-term-services-supports/value-based-purchasing.html> under Nursing Facility QuILTSS. Staff Retention shall be defined as the percent of specified staff that have been employed (or contracted) by the NF for at least one (1) year. Specified staff shall include only RNs, LPNs, and NAs. RNs shall include registered nurses, RN directors of nursing, and nurses with administrative duties. LPNs shall include licensed practical/licensed vocational nurses. NAs shall include certified nurse aides, aides in training, and medication aides/technicians. Points

will be awarded based on percentage of staff that were continuously employed or contracted for the previous 12 months.

Points for Staff Retention will be awarded as follows:

- Facilities with 75% or more of staff retained for at least 1 year will be awarded **5 points**.
- Facilities with 70% or more, but less than 75% of staff retained for at least 1 year will be awarded **3 points**.
- Facilities with 60% or more, but less than 70% of staff retained for at least 1 year will be awarded **1 point**.

<u>Clinical Performance</u>	10 Points
1. Antipsychotic Medication	5 Points
2. Urinary Tract Infection	5 Points

Antipsychotics/Urinary Tract Infection data will be collected from the last four quarters available in Nursing Home Compare as of January 2021.

Each NF’s performance for each quarter of the 2021 measurement period will be compared to the national average for that period and a total of five (5) points shall be awarded to the facility if the facility’s score is lower than the national average. Consistent with the commitment to rewarding quality improvement as well as performance, if a facility’s score is not lower than the national average during any quarter, the facility will be awarded three (3) points for that quarter if the facility’s rate of reduction during that quarter was greater than the national average rate of reduction for that same period.

The scores shall be weighted as described for quarterly measures as follows unless the most recent quarter is not the highest score.

- **50%** weight for the fourth quarter of the calendar year
- **25%** weight for the third quarter of the calendar year
- **15%** weight for the second quarter of the calendar year
- **10%** weight for the first quarter of the calendar year

If the most recent quarter is not the best score for the facility, a 2-step approach is required. It includes weighting as described above, and a second measurement, weighting each quarter equally. The greatest incentive quality score created using the two methods will be used.

Quarterly Measures with blanks: If there are blanks in any quarterly data of any quarterly measure, the weighting will go as follows:

- If there is one blank:
 - **60%** weight for the most recent quarter of the calendar year
 - **30%** weight for the second most recent quarter of the calendar year
 - **10%** weight for the least recent quarter of the calendar year

- If there are two blanks:
 - **2/3** weight for the most recent quarter of the calendar year
 - **1/3** weight for the least recent quarter of the calendar year

The facility's score for each measure using this methodology and data as of January 1, 2021 will be compared to the facility's QuILTSS #12 score for each measure and the highest of the two scores will be used for each measure for QuILTSS #13.

Bonus Points

10 Points

A NF may earn ten (10) bonus points for qualifying awards and/or accreditations that evidence the facility's commitment to quality improvement processes. Qualifying awards or accreditations must be current in the review period and are restricted to the following (note that full active participation in NNHQIC is no longer included since the CMS contract for that initiative has ended):

1. Membership in Eden Registry, which must be active during the period in which bonus points are sought
2. Achievement of the Malcolm Baldrige Quality Award. This includes AHCA Award (Bronze, Silver, or Gold) and the TN Center for Performance Excellence Award (Level 2, 3, or 4, which correspond with the Commitment Award, Achievement Award, and Excellence Award; the Level 1 Interest Award is specifically excluded from points). Any such award must have been achieved within the three (3) years prior to the end of the period in which bonus points are sought.
3. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
4. Accreditation by the Joint Commission

To earn Bonus Points for QuILTSS #13, a NF must submit proof of the qualifying award or accreditation that is current in the review period. QuILTSS #12 scores will not be used as a proxy.

NEW Person-Centered Innovations Incentive

Up to 10 Additional Points

A facility may earn up to 10 incentive points (to be added to its total QuILTSS #13 score) upon developing, implementing, and sharing a person-centered innovations initiative to increase opportunities for residents to participate safely in social activities in the facility, maintain communication with family members and friends outside the facility, and reduce social isolation. Examples of activities that might be included in an initiative include, but are not limited to:

- Supporting or assisting residents with writing letters or other written communication;
- FaceTime or other virtual technology solutions;
- Outside window visits with walkie talkies;
- "Hugging" walls;
- Obtaining or repurposing technology for resident-to-family communication; and
- Recruiting patient advisors (in the facility) and family advisors and volunteers to serve as personal connectors where technology is not readily available.

The initiative must be designed to impact all residents who choose to participate.

To be eligible for points, the facility must submit a brief (no more than 500 words) narrative document describing:

1. The person-centered innovations initiative
2. How it was designed to impact all residents
3. When it was implemented
4. The impact it has had on facility residents and families.

Please note that submissions over 500 words will not be accepted. Five (5) points will be awarded for submitting a complete narrative that includes each of these requirements. No partial points will be awarded regarding the submission of a complete narrative. If a facility does not submit a narrative that falls within the word limit and addresses all four components, they will not receive any points. An additional three (3) points will be awarded to each facility whose submission are among the most innovative initiatives submitted. These will be selected in consultation with a group of NF Stakeholders representing residents, family members, and facilities. An additional (2) points will be awarded to each of these facilities (identified as having submitted the most innovative ideas) that grants permission for TennCare to share their innovative approach with other facilities in order to improve person-centered care and reduce social isolation system wide.

Sample Best Practices regarding person-centered care in NFs during COVID-19 pandemic

Below are some resources which provide examples of unique and/or quality strategies for maintaining person-centered care in NFs during COVID-19 pandemic. We encourage facilities to review these but also to develop their own.

Best Practices/Guidelines to Stay Connected:

Recommendations from the Joint Commission (<https://www.jointcommission.org/en/resources/news-and-multimedia/blogs/quality-in-nursing-center-care/2020/04/28/meeting-needs-in-nursing-homes-during-covid-19/>).

The Joint Commission ensures that they are meeting needs through best practices during the pandemic by using methods to keep residents, their families and staff engaged. Family members are encouraged to do outside window visits and communication through walkie talkies. There is a higher frequency of daily or more phone calls. Support letters from families have been encouraged. Daily sing along, fitness classes, and visual art gallery virtual tours are provided as options to ensure that person centered practices are offered to members during this time.

CORONAVIRUS DISEASE 2019 (COVID-19): Supporting Your Loved One in a Long-Term Care Facility (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/supporting-loved-one-in-long-term-care-facility.pdf>)

A list of ideas provided by the CDC for helping loved ones in LTSS facilities. Some of the really good ideas are recorded video messages, visuals to express care, and a designated space that family can leave things for family members to show support.

PlanTree – [Person-Centered Guidelines for Preserving Family Presence in Challenging Times](#).

PlanTree International provides consulting services to support organizations at various stages of person-centered care certification process. PlanTree has made accommodations to enhance the individual's experience by minimizing any communication challenges with the use of technology. This organization has established a virtual family suite that is equipped with video chat capabilities for multiple people to utilize when immediate proximity is not possible and when the family is unable to access technology at home. This virtual family suite is cleaned and disinfected between occupants and after each use.

Pioneer Network has listed creative ways for staying connected to the community, family members and loved ones. [Community, Connection and Creativity](#)

Pioneer Network focuses on the challenges members may face when trying to video chat by using unfamiliar technology. They have developed trainings for family members to ensure that there is a calm and relaxed environment when the call is conducted with the individual. Furthermore, preparing for the phone/video conversation with discussion topics will present a pleasant environment and eliminate any sense of worry or dismay.

Institute for Patient and Family Centered Care (PFCC) <https://ipfcc.org/bestpractices/covid-19/index.html>

PFCC has constructed policies pertaining to COVID-19 and continuing to practice patient and family centered care including how to communicate with patients and families about changes to family presence in policies, how to maintain connections between patients and loved ones and how to engage/partner with patient and family advisors.

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Please begin the submission process as soon as possible to allow for 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 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.

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