

**DATE:** November 2, 2021

**TO:** Medicaid Nursing Facilities

**FROM:** Robert Marioni, Assistant Deputy of Data Governance and Reporting

**SUBJECT:** **Adjustments for QuILTSS #14 Submission Requirements/Processes in Light of the Continuing COVID-19 Public Health Emergency**

**The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information regarding specific requirements for the QuILTSS #14 submission process.** The measurement period for QuILTSS #14 is January 1 – December 31, 2021, except that the optional NRC Health survey process for QuILTSS #14 will take place in January 2022 in order to both avoid the holidays and provide a roughly annual interval since the last survey was conducted. Scores from QuILTSS #14 will be used for purposes of setting nursing facility rates that will be effective July 1, 2022.

The COVID-19 Public Health Emergency (PHE) has continued to significantly impact 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 remain 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. 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 has again made the following adjustments to the QuILTSS submission process for the QuILTSS #14 submission measurement period.

**1. The NRC Health survey will remain optional.**

Once again, this year, 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 #14. If a NF chooses NOT to participate in the NRC Health Survey this year, TennCare will use the facility's QuILTSS #13 scores, which in some instances may be a facility's score from QuILTSS #12, as a proxy for all QuILTSS #14 Satisfaction and Culture Change/Quality 2 of Life measures. If a NF chooses to participate in the NRC Health Survey this year, their QuILTSS #14 survey scores will be compared to the facility's QuILTSS #13 survey scores, which for some facilities may be their score from

QuILTSS #12 (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 will commence very soon and will continue through January 2021. TennCare and NRC Health hosted a joint webinar on October 26, 2021, to outline the QuILTSS #14 measurement process and answer any questions NFs may have. Following is the link to NRC's TennCare QuILTSS Survey resource page with a recording of the webinar.

### **QuILTSS #14 Survey Webinar**

[TennCare QuILTSS Survey \(nrchealth.com\)](https://www.nrchealth.com/tenncare-quiltss-survey)

#### **2. Consistent Staff Assignment, Staff Retention or Staff Training for QuILTSS #14.**

A new submission will not be required for Consistent Staff Assignment, Staff Retention, or Staff Training for QuILTSS #14. A facility's QuILTSS #13 score (which in some instances may be a facility's score from QuILTSS #12) 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*.

**IMPORTANT:** QuILTSS #14 submissions are due to TennCare via Formstack on **Monday, January 31, 2022 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 [QuILTSS@tn.gov](mailto:QuILTSS@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 to [QuILTSS@tn.gov](mailto:QuILTSS@tn.gov).

# QuILTSS #14 Quality Measurement Period Detailed Description

## Threshold Measures

1. The facility must be current on its payment of the NF Assessment Fee. Any time 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 Tenn. Code Ann. § 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, 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 December 31, 2021 (moved-in on or before September 23, 2021).
- 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 December 31, 2021 (moved-in on or before September 23, 2021).
  - 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 a staff survey available to every employed or contracted staff. 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 #14 measurement purposes will not be eligible for scoring of applicable measures as part of the QuILTSS #14 survey, thus resulting in their survey score (to be used for rate setting) defaulting to their previous QuILTSS #13 score, which in some instances may be a facility’s score from QuILTSS #12.

Facilities who choose to conduct and submit NRC Health surveys to be scored for QuILTSS #14 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:**

**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 #14 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility’s score from QuILTSS #12.

**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 #14 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility's score from QuILTSS #12.

**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 #14 scoring purposes.
- b. The Facilities that meet or exceed the Tennessee state average Recommendation Top Box Score of "Yes Definitely" will be awarded **10points**.
- 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility's score from QuILTSS #12.

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

**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:**

**4. Respectful Treatment:**

- a. One behavioral based overall question, "Do staff treat you with dignity and respect?" will be used for QuILTSS #14 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 Tennessee state benchmark of “Yes Definitely” only but meet or exceed the state average combined Top 2 Box “Yes Definitely,” “Yes Mostly” will be awarded **5 points**.
- d. Facilities that do not meet the Tennessee 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility’s score from QuILTSS #12.

**5. Resident Choice:**

- a. One behavioral based overall question, “Are you satisfied with the way your personal choices are met?” will be used for QuILTSS #14 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 Tennessee Benchmark of “Yes Definitely” only but meet or exceed the state 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility’s score from QuILTSS #12.

**6. 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 #14 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 Tennessee state benchmark of “Yes Definitely” only but meet or exceed the state average combined Top 2 Box “Yes Definitely,” “Yes Mostly” will be awarded **2.5 points**.
- d. Facilities that do not meet the Tennessee 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 #14 surveys, thus resulting

in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility's score from QuILTSS #12.

**7. Meaningful Activities:**

- a. One behavioral based overall question, "Are activities meaningful and enjoyable?" will be used for QuILTSS #14 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 Tennessee stat benchmark of "Yes Definitely" only but meet or exceed the state average combined Top 2 Box "Yes Definitely," "Yes Mostly" will be awarded **2.5 points**.
- d. Facilities that do not meet the Tennessee 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 #14 surveys, thus resulting in their satisfaction score defaulting to the QuILTSS #13 point value, which in some instances may be a facility's score from QuILTSS #12.

<b>Staffing/Staff Competency Measures</b>	<b>25 Points</b>
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, 2022. If the data processed on this date (January 1, 2022) 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 on January 1, 2022. The oldest possible quarter included in this lookback will be Q4 of calendar year 2020, as Q3 was previously scored for QuILTSS #13.

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, 2022 will be compared to the facility's QuILTSS #13 score, which in some instances may be a facility's score from QuILTSS #12 for each measure and the highest of the two scores will be used for each measure for QuILTSS #14. If no new data is submitted for QuILTSS #14, the default score used for QuILTSS #13 will be used, which in some instances may be a facility's score from QuILTSS #12.

## 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 #14. 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 #13 score will be used as a proxy for these measures, which in some instances may be a facility's score from QuILTSS #12. 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 #14; the QuILTSS #12 score, which was used for QuILTSS #13, will be used as a proxy.** 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 #13, which in some instances may be a facility's score from QuILTSS #12, for the same measure(s), and the highest of the two scores will be used for QuILTSS #14. If no new data is submitted for QuILTSS #14 then the default score used for QuILTSS #13 will be used.

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

In order to be eligible for 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 quarter (October – December). Data will be tracked using TennCare's Consistent Staff Assignment data collection tool and submitted to TennCare via Formstack. The latest version of the tracking tool can be downloaded from the TennCare website [here](#).

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 are 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**

Data will be tracked using the TennCare’s Staff Roster excel spreadsheet and submitted TennCare via Formstack. The latest version of the tracking tool can be downloaded from the TennCare website [here](#).

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:**

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

<b>Clinical Performance</b>	<b>10 Points</b>
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 2022.

Each NF’s performance for each quarter of the 2022 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, 2022 will be compared to the facility's QuILTSS #13 score, which in some instances may be a facility's score from QuILTSS #12, for each measure and the highest of the two scores will be used for each measure for QuILTSS #14.

### **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 #14, a **NF must submit proof of the qualifying award or accreditation that is current in the review period. QuILTSS #13 scores will not be used as a proxy.**

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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 [QuILTSS@tn.gov](mailto:QuILTSS@tn.gov) so that we are aware of the issues and assist with a resolution.

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