



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
BUREAU OF TENNCARE  
310 Great Circle Road  
Nashville, Tennessee 37243

**IMPORTANT MEMO**

**DATE:** August 5, 2014  
**TO:** Medicaid Nursing Facility (NF) Providers  
TennCare Managed Care Organizations  
**FROM:** Patti Killingsworth, Assistant Commissioner  
Chief of Long-Term Services and Supports (LTSS)  
**SUBJECT:** **Quality Payments to Nursing Facilities**

**The purpose of this memo is to provide IMPORTANT and TIME-SENSITIVE information about your TennCare reimbursement for Nursing Facility services.**

In July, you received a memo advising you of a change in your annual bed tax payment. This change was the result of legislation passed by the General Assembly and signed by Governor Haslam<sup>1</sup> that replaced the Nursing Home Bed Tax with a new Nursing Home Assessment Fee, effective July 1, 2014. As designated in the legislation, revenues from this Fee must be used to the benefit of nursing facilities, including provisions for acuity-based payments and payments based on quality measures as a component of the reimbursement methodology. This memo explains how the payments based on quality will be made.

Please find attached to this memo a document entitled *QuILTSS Nursing Facility Value-Based Purchasing Quality Framework*. **Please review the attachment carefully.** It describes the measures that will be used to determine the amount of each facility's quality payment. The *Quality Framework* includes an approach for the new nursing home reimbursement methodology that we anticipate will be implemented in FY 2016, and a separate approach that will be used during the "bridge" or transition year to determine payments for quality-based adjustments to the FY 2015 per diem rates. During FY 2015, facilities will receive four such quarterly payments.

Note that during the "bridge payment" year, measures are designed to reward not just quality *performance*, but in many respects, facilities' *efforts* toward quality improvement. The initial quarterly payment will reward steps facilities have undertaken prior to July 1, 2014 to improve their quality performance. Subsequent quarters in the bridge year will offer opportunity and incentive for facilities to pursue new or additional quality improvement efforts. This will help position facilities to be successful once the new reimbursement model is fully implemented.

The *Quality Framework*, including payment approach, has been designed in conjunction with a number of key stakeholder groups working together over the past several months, including:

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<sup>1</sup> [2014 Public Chapter 859 (newly codified in TCA § 71-5-2801, et seq)]

Tennessee Health Care Association  
LeadingAge Tennessee  
National HealthCare Corporation  
Signature HealthCARE  
Tennessee Association for Home Care  
AARP  
Alzheimer's Tennessee, Inc.  
Tennessee Council on Developmental Disabilities

Tennessee Disability Coalition  
The Arc Tennessee  
Qsource  
Tennessee Department of Health  
Tennessee Commission on Aging and Disability  
Area Agencies on Aging and Disability  
Alexian Brothers Community Services (PACE)  
Lipscomb University School of TransformAging

The group's work began with input received from individuals who need long-term services and supports, their families, and providers. The input was gathered from 18 Community Forums hosted across Tennessee during late October and early November 2013 and facilitated by Lipscomb University's School of TransformAging as part of the QuILTSS (Quality Improvement in Long-Term Services and Supports) initiative. Many of you participated in those meetings and shared your thoughts regarding how best to measure quality, as well as concerns regarding administrative burden and potential challenges. In addition to an online survey for those unable to attend a Community Forum, information was also gathered and reviewed from other state's experiences with long term care pay for performance plans. You can read about the process and all of the input and information gathered in a final technical assistance report published by Lipscomb University and available at <http://www.lipscomb.edu/transformaging/tareport>.

We are grateful for the investment of each group's time and invaluable contributions. We believe that this framework offers an important opportunity to improve the quality of LTSS provided in Tennessee, and to reward providers for their quality improvement efforts and achievements.

TennCare is working with Lipscomb University to prepare training materials that will describe in detail the process for submitting documentation to support quality payments. These training materials will be made available for online viewing during the week of August 11-15, 2014. Instructions for accessing those materials will be forthcoming later this week. **It will be critical that every facility complete the training and begin *immediately* compiling documentation.**

**TennCare intends to issue the first quarterly payment in late October 2014. Documentation required to support this quality payment must be submitted to TennCare by 4:30 p.m. Central Time, Monday, September 15, 2014.** This will allow TennCare to evaluate the submissions and supporting documentation in order to process the payments by late October.

Submissions received after the deadline specified above will not be evaluated for the first quarterly payment. You may only submit your documentation once per quarter and that submission is final; there will be no revisions, alterations, or adjustments allowed. Therefore, you should begin gathering this information *immediately*. Submission details will be provided in the training materials next week.

For each facility that provides the required documentation in a timely manner, TennCare will inform them of their performance evaluation by October 15, 2014.

Questions about this memo should be directed to Jay Taylor, Deputy of LTSS Audit and Compliance at [jay.taylor@tn.gov](mailto:jay.taylor@tn.gov).

## QuILTSS Nursing Facility Value-Based Purchasing Quality Framework

Through the Quality Improvement in Long Term Services and Supports initiative (QuILTSS), a portion of nursing facility (NF) reimbursement will be based on the facility's performance on quality measures developed with input from stakeholders. This will occur in two phases:

- Transition (or "Bridge") Payments—These will be periodic interim payments to NFs to adjust the existing cost-based NF rates based on two acuity-based case-mix approaches and a 20% quality component, using an abbreviated version of the quality framework. Unlike the full value-based purchasing model which will provide payment based on a facility's *performance* on specified quality measures, the transition (or "bridge") payments will also acknowledge and reward facilities' *efforts* toward quality improvement. These include efforts facilities have undertaken prior to the implementation of QuILTSS, and additional efforts that facilities undertake over the course of the bridge year. These payments are anticipated to begin during Fiscal Year 2015 and are expected to occur on a periodic basis pending full implementation of the value-based purchasing model (see below).
- Value-Based Purchasing Model—Full implementation of acuity- and quality-adjusted reimbursement rates is expected to begin during FY 2016.

These two phases are discussed below. The full value-based purchasing process is discussed first so that there is a clear understanding of the future system. The bridge payment process is discussed second so that readers will have a clear understanding of the interim process while full implementation of the value-based purchasing model is being pursued.

There will be two components comprising the full value-based purchasing approach for nursing facility reimbursement. The first component, Threshold Measures, must be met by the facility in order to be eligible for the quality payment portion of their reimbursement rate. If a facility meets all of the Threshold Measures, they are eligible to receive the quality portion of their rate. Because one of the primary goals of the bridge year is to encourage facilities' engagement in and efforts toward continuous quality improvement, threshold measures will not be applied during the bridge year. TennCare will work together with stakeholders to determine appropriate threshold measures that will be effective upon full implementation of the value-based purchasing model.

The second component, Quality Measures, will be used to determine the amount of quality payment that a facility would receive. The total number of points received on the Quality Measures divided by the maximum potential points determines the percentage of the quality payment for which they are eligible. Threshold and Quality Measures, Categories, Elements, definitions, benchmarks and point values will be adjusted over time (with input from stakeholders) based on experience, system-wide performance, and priorities.

## Value-Based Purchasing

### I. Threshold Measures

To be determined prior to implementation

### II. Quality Measures\*

A. Satisfaction	35 points
1. Member/Resident	15 points
2. Family	10 Points
3. Staff	10 Points
B. 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
C. Staffing/Staff Competency	25 Points
1. RN hours per day	5 Points
2. CNA hours per day	5 Points
3. Staff Retention	5 Points
4. Consistent Staff Assignment	5 Points
5. Staff Training (On-boarding and Continuing)	5 Points
D. Clinical Performance	10 Points
1. Antipsychotic Medication	5 Points
2. Urinary Tract Infection	5 Points

\*Specific definitions of these measures and the process by which they will be measured will be provided closer to full implementation of the value-based purchasing model.

## Bridge Payments

System wide rate-setting process changes and infrastructure to support collection of performance measure data will need to occur before we can pay providers on the full value-based purchasing model described above. In the meantime, we will employ the following interim abbreviated model, encompassing certain measures of a facility's quality improvement efforts, as well as certain measures of the facility's quality performance that are aligned to the maximum extent possible with the framework established for the value-based purchasing model. In this bridge payment model, unless stated otherwise, the first quarter payment will be determined based on quality improvement (QI) efforts or performance during a specified period (usually 12 months) prior to July 1, 2014. Future quarterly payments will be determined based on the facility's QI efforts or performance in the preceding measurement quarter. The second quarterly payment will depend on QI efforts/performance from July 1, 2014 through September 30, 2014; the third quarterly payment will depend on QI efforts/performance from October 1, 2014 through December 31, 2014 and the fourth quarterly payment will depend on QI efforts/performance from January 1, 2015 through March 31, 2015.

### I. Threshold Measures

There will be no threshold measures in the bridge payment year. All facilities will be eligible to receive a quality payment in order to acknowledge and reward quality improvement efforts that will help position facilities to achieve quality measurement goals once the full value-based purchasing model is implemented.

### II. Quality Measures

#### A. Satisfaction<sup>1</sup>—35 points

##### 1. Member/Resident

##### **a. If the facility conducted a Member/Resident satisfaction survey, award 5 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that the survey was completed in the 12 months prior to 7/1/14. NFs that receive points for the first quarterly payment will continue to receive those points throughout the Bridge year. NFs that have not completed the survey in the 12 months prior to 7/1/14 can complete the survey during subsequent quarters, submit documentation, and earn points for the measurement quarter in which the survey was completed; those points will carry forward to future quarters of the Bridge year.

Documentation: NFs must submit a copy of the survey instrument utilized (the survey instrument utilized must have gathered information *from the resident's perspective*—i.e., *the resident's experience of care*, whether the respondent was the resident himself/herself, or their proxy; a member/resident satisfaction survey answered by a family member on behalf of the resident counts as a member/resident survey and not a family satisfaction survey); a description of the methodology for conducting the survey, including sample size and

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<sup>1</sup> A listing of "Survey Instruments Available for Measuring Satisfaction of Nursing Home Residents, their Family Members or Staff" is available at the *Advancing Excellence* website at: [https://www.nhqualitycampaign.org/files/Resident\\_Satisfaction\\_SurveyTools.pdf](https://www.nhqualitycampaign.org/files/Resident_Satisfaction_SurveyTools.pdf).

Please note that this is not an exhaustive listing of acceptable instruments, but directs facilities toward instruments that may be useful in their initial quality improvement efforts.

selection process, and how responses were gathered (who asked and answered questions and method – mail, phone, in-person); date(s) conducted, date and results of data analysis and date and copy of survey results report.

**b. If the facility can demonstrate using the results of the survey to pursue improved member/resident satisfaction, award an additional 10 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that at least one area of improvement was pursued in the 12 months prior to 7/1/14. For each subsequent quarterly payment, the NF must submit documentation that an additional area of improvement was pursued during the measurement quarter in order to obtain the points for that quarter.

Documentation: Documentation showing that the NF pursued improvement in at least 1 area identified in the member/resident satisfaction survey during the applicable period. For example, if the member/resident satisfaction survey identified “staff teamwork” as an area that requires improvement, points may be awarded where a facility can demonstrate specific actions, such as additional staff training in this area or team-building activities, implemented in the applicable period.

NOTE: NFs do not have to pursue different and distinct areas of improvement each quarter. A NF may choose to simply focus on additional improvement efforts in the same area of concentration (for example, if a NF decides to focus on “respecting resident preferences,” they may focus on improved assessment of resident preferences in the care planning process during the first quarter, and in a subsequent quarter, focus on training staff to better support residents in a manner consistent with their preferences identified in the plan of care, and so forth).

2. Family

**a. If the facility conducted a Family satisfaction survey, award 5 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that the survey was completed in the 12 months prior to 7/1/14. NFs that receive points for the first quarterly payment will continue to receive those points throughout the Bridge year. NFs that have not completed the survey in the 12 months prior to 7/1/14 can complete the survey during subsequent quarters, submit documentation, and earn points for the measurement quarter in which the survey was completed; those points will carry forward to future quarters of the Bridge year.

Documentation: NFs must submit a copy of the survey instrument utilized (the survey instrument utilized must have gathered information *from the family member’s perspective* and include information specific to *the family’s experience and involvement*, e.g., the family’s satisfaction with opportunities to participate in plan of care development, the facility’s communication with the family, the facility’s responsiveness to family complaints or concerns; a member/resident satisfaction survey answered by a family member on behalf of the resident counts as a member/resident survey and not a family satisfaction survey); a description of the methodology for conducting the survey, including sample size and selection process, and how responses were gathered (who asked and answered questions and method – mail, phone, in-person); date(s) conducted, date and results of data analysis and date and copy of survey results report.

**b. If the facility can demonstrate using the results of the survey to pursue improved family satisfaction, award an additional 5 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that at least one area of improvement was pursued in the 12 months prior to

7/1/14. For each subsequent quarterly payment, the NF must submit documentation that additional efforts toward improvement were pursued during the measurement quarter in order to obtain the points for that quarter.

Documentation: NFs must submit documentation showing that the NF pursued improvement in at least 1 area identified in the family satisfaction survey during the applicable period. For example, if the family satisfaction survey identified “communication between staff and family members” as an area that requires improvement, points may be awarded where a facility can demonstrate specific actions, such as additional staff training in this area or changes in policy and/or practice intended to support improved communication between staff and family members implemented in the applicable period.

NOTE: NFs do not have to pursue different and distinct areas of improvement each quarter. A NF may choose to simply focus on additional improvement efforts in the same area of concentration (for example, if a NF decides to focus on “communication between staff and family members,” they may conduct focus groups with families in order to identify preferred communication methods and begin implementing the preferred communication methods one quarter; then in a subsequent quarter, seek feedback from families regarding the efficacy of those efforts and make adjustments as needed in their communication processes, and so forth).

### 3. Staff

#### a. If the facility conducted an Employee satisfaction survey, award 5 points

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that the survey was completed in the 12 months prior to 7/1/14. NFs that receive points for the first quarterly payment will continue to receive those points throughout the Bridge year. NFs that have not completed the survey in the 12 months prior to 7/1/14 can complete the survey during subsequent quarters, submit documentation, and earn points for the measurement quarter in which the survey was completed; those points will carry forward to future quarters of the Bridge year.

Documentation: NFs must submit a copy of the survey instrument utilized; a description of the methodology for conducting the survey, including sample size and selection process, and how responses were gathered (who asked and answered questions and method – mail, phone, in-person); date(s) conducted, date and results of data analysis and date and copy of survey results report.

#### b. If the facility can demonstrate using the results of the survey to pursue improved employee satisfaction, award an additional 5 points

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that at least one area of improvement was pursued in the 12 months prior to 7/1/14. For each subsequent quarterly payment, the NF must submit documentation that an additional area of improvement was pursued during the measurement quarter in order to obtain the points for that quarter.

Documentation: NFs must submit documentation showing that NF pursued improvement in at least 1 area identified in the employee satisfaction survey during the applicable period. For example, if the employee satisfaction survey identified “assistance with job stress” as an area that requires improvement, points may be awarded where a facility can demonstrate specific actions, such as focus groups to better understand and address stressors or a new program to assist staff in this area (e.g., time for health and wellness activities during their shift, onsite activities for reducing stress [yoga, meditation, etc.]) implemented in the applicable period.

NOTE: NFs do not have to pursue different and distinct areas of improvement each quarter. A NF may choose to simply focus on additional improvement efforts in the same area of concentration (for example, if a NF decides to focus on “assistance with job stress,” they may conduct focus groups to better understand and address stressors in one quarter and implement a new program to assist employees with personal stress management techniques in a subsequent quarter, and so forth).

B. Culture Change/Quality of Life—30 points

1. Culture Change/Person Centered Practices<sup>2</sup>

**a. If the facility has conducted an assessment of person centered practices and/or culture change practices, award 5 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that the assessment was completed in the 12 months prior to 7/1/14. NFs that receive points for the first quarterly payment will continue to receive those points throughout the Bridge year. NFs that have not completed the assessment in the 12 months prior to 7/1/14 can complete the assessment during subsequent quarters, submit documentation, and earn points for the measurement quarter in which the assessment was completed; those points will carry forward to future quarters of the Bridge year.

Documentation: NFs must submit a copy of the assessment instrument utilized; a description of the methodology for conducting the assessment, including sample size and selection process, and how responses were gathered (who asked and answered questions and method – mail, phone, in-person); documentation showing date(s) and results of assessment and a copy of the assessment results report.

**b. If the facility can demonstrate using the results of the assessment to pursue culture change and improve person-centered practices, award an additional 10 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that at least one area of improvement was pursued in the 12 months prior to 7/1/14. For each subsequent quarterly payment, the NF must submit documentation that an additional area of improvement was pursued during the measurement quarter in order to obtain the points for that quarter.

Documentation: NFs must submit documentation showing that NF pursued improvement in at least 1 area identified in the culture change/person centered practices assessment during the applicable period. For example, if the assessment identified “homelike atmosphere” as an area that requires improvement, points may be awarded where a facility can demonstrate that

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<sup>2</sup> Examples of culture change/person-centered practice assessment instruments include:

*Artifacts of Culture Change*, available at: <http://www.artifactsofculturechange.org/ACCTool/>

*Culture Change Staging Tool* (used by *My Innerview*)

*Advancing Excellence in America’s Nursing Homes* includes Person-Centered Care as an Organizational Goal.

Facilities can complete the *Probing Questions* identified under *Examine Process* at:

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=PCC>

Please note that this is not an exhaustive listing of acceptable instruments, but directs facilities toward instruments that may be useful in their initial quality improvement efforts.

they modified the facility environment or existing facility practices to reflect person-centered practices (allowing residents to utilize their own furniture in their rooms where previously this practice was not permitted, or began a program where residents could decide rising and retiring times [to the extent possible, given medication administration requirements]) implemented in the applicable period.

NOTE: NFs do not have to pursue different and distinct areas of improvement each quarter. A NF may choose to simply focus on additional improvement efforts in the same area of concentration (for example, if a NF decides to focus on “resident choice,” they may pursue improvement around offering residents choice of menu and meal schedules one quarter, and improvement around choice of waking and bed times in a subsequent quarter, and so forth).

2. Member/Resident and Family Input

**a. If the facility can demonstrate that it has an active resident/family council or advisory committee, award 5 points**

Method: This will be assessed quarterly. NFs that already have an active council/committee during the first measurement quarter will receive the points throughout the year. NFs that establish a council/committee in subsequent quarters will receive points for the measurement quarter in which the council/committee is established and subsequent quarters.

Documentation: NFs must submit documentation showing the number of council/committee members and whether they are residents or family members (do not submit names or other personal identification); also include meeting schedule and meeting minutes (or other meeting outcome documentation).

**b. If the facility can demonstrate that it receives input from the council/committee and has used the input to address concerns or improve quality, award 5 points**

Method: This will be assessed quarterly. For the first quarterly payment, the NF will submit documentation that input was received from the council/committee and used by the facility to address concerns or improve quality in the 12 months prior to 7/1/14. For each subsequent quarterly payment, the NF must submit documentation that additional input was received from the council/committee and used by the facility to address concerns or improve quality during the measurement quarter in order to obtain the points for that quarter.

Documentation: Documentation showing that the facility received input from the resident/family council or advisory committee (including date of receipt) and how the facility addressed a concern or improved quality in an area identified by the council/committee during the applicable period. For example, if the council/committee conveyed a concern about the lack of choice in meals, points may be awarded where the facility can demonstrate specific actions, such as a copy of a written response to the council/committee committing to providing at least two menu alternatives for each meal being served on a daily basis, including evidence or attestation that such action was implemented as committed in the applicable period.

**c. If the facility can demonstrate that it actively seeks resident/family input in the development of individual care plans, including sufficient notice and accommodation of schedules, award 5 points**

Method: This will be assessed quarterly. Once a NF has demonstrated that it actively seeks resident/family input in the development of individual care plans and earned these points in a measurement quarter, they will earn the points for all subsequent quarters.

Documentation: NFs must submit documentation showing that the facility strives to encourage and accommodate participation of residents/families in care plan meetings, including contacting and accommodating the schedules of residents and/or family members in

developing individual care plans. For example, the facility could provide a copy of an internal procedural document describing requirements that demonstrate an active and good faith process for family member contact attempts (at least 3 weeks in advance of routine individual care plan meeting, perform 3 telephone calls (leaving a voicemail if necessary) to designated family contact person and secondary contact person (if applicable) at various times of the day and evening over 5 days to schedule routine individual care plan meetings, followed by a letter sent within 24 hours of the third unanswered call/voicemail).

C. Staffing/Staff Competency—25 points

1. RN hours per day

**a. Over state average per Nursing Home Compare, award 5 points**

Method: RN hours per resident day will be measured each quarter. TennCare will pull the data from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

**b. Over the national average per Nursing Home Compare, award 5 points**

Method: RN hours per resident day will be measured each quarter. TennCare will pull the data) from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

2. CNA hours per day

**a. Over state average per Nursing Home Compare, award 5 points**

Method: CNA hours per resident day will be measured each quarter. TennCare will pull the data from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

**b. Over the national average per Nursing Home Compare, award 5 points**

Method: CNA hours per resident day will be measured each quarter. TennCare will pull the data from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

3. Staff Retention

**a. Award 3-5 points based on percent of staff that have been employed (or contracted)<sup>3</sup> for at least 1 year.**

Each facility's retention percentage will be calculated by dividing the number of staff continuously employed (or contracted) for the past 12 months divided by the total number of facility staff as of 7/1/14. Facilities will be ranked by retention percentage.

Facilities above the 75<sup>th</sup> percentile (75.1 or above) will receive 5 points, those above the 50<sup>th</sup> (50.1) and up through the 75<sup>th</sup> percentile (75.0) will receive 3 points, those above the 25<sup>th</sup> (25.1) and up through the 50<sup>th</sup> percentile (50.0) will receive 1 point, and those at the 25<sup>th</sup> percentile (25.0) and below will not receive points for this measure.

Method: Staff Retention data will be measured during the first measurement quarter only. The points earned in the first quarter will be carried forward to all subsequent quarters of the Bridge payment. Staff is defined as any employee or contracted worker who is paid (directly or by contract) by the NF. Number of staff with 12 consecutive months of employment will be divided by the total number of staff to produce a percentage.

Documentation: NFs will submit a list of all staff (full and part-time) as of 7/1/14, and indicate which staff have been employed or contracted for the 12 consecutive months prior to 7/1/14.

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<sup>3</sup> Retention of contracted staff is based on the length of *service* of *each* staff person, and not the length of the contract. For example, if a staffing agency is used, a person shall be considered "continuously" contracted only if s/he has been assigned to and working at the facility throughout the course of the 12 months prior to 7/1/14.

Information will be submitted on a form supplied by TennCare. Staff is defined as any employee or contracted worker who is paid (directly or by contract) by the NF.

D. Clinical Performance—10 points

1. Antipsychotic Medication

**a. Better than National average per Nursing Home Compare, award 5 points**

Method: The Clinical Performance elements will be measured each quarter. TennCare will pull the data (average of the most recent 3 quarters) from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

2. Urinary Tract Infection

**a. Better than National average per Nursing Home Compare, award 5 points**

Method: The Clinical Performance elements will be measured each quarter. TennCare will pull the data (average of the most recent 3 quarters) from Nursing Home Compare.

Documentation: NFs do not need to submit any additional information.

E. BONUS Points—A facility may earn up to 10 bonus points to be added to its total quality score upon verification of one or more of the following as of December 31, 2013:

- the facility's active participation (not just registration) in the Advancing Excellence in America's Nursing Homes campaign;
- the facility's membership in the Eden Registry;
- the facility's achievement of a Malcolm Baldrige quality award (including the AHCA Bronze, Silver or Gold Quality Awards and the Tennessee Center for Performance Excellence Award which use the Baldrige criteria);
- the facility's Joint Commission Accreditation; or
- the facility's CARF Accreditation.

Documentation: Provide documentation verifying active participation in the Advancing Excellence Campaign per their participation definition<sup>4</sup> or documentation of a Malcolm Baldrige quality award, AHCA Bronze, Silver or Gold Quality Award, Tennessee Center for Performance Excellence Award, Joint Commission Accreditation, or CARF Accreditation. To be considered an active participant in AEC for this purpose, a facility must have selected two goals to pursue by 12/31/13: organizational (consistent assignments, staff stability, reducing hospitalizations or person-centered care) with monthly data submissions regarding that goal to AEC and clinical (pain, pressure ulcers, mobility, infections or medications), for which monthly data entry to AEC is optional during the first year but compulsory during the second year. Active participant status on a goal requires at least six consecutive months of monthly data submissions to AEC on the goal. [If the facility is in the first year of participation, the rule regarding six months of consecutive data submissions will only be applied to the organizational goal.] Proof of data goal identification and data submissions must be submitted to TennCare in order to achieve bonus points.

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<sup>4</sup> <https://www.nhqualitycampaign.org/whatsParticipation.aspx>