



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

IMPORTANT MEMO

DATE: February 4, 2019
TO: Medicaid Nursing Facility (NF) Providers
TennCare Health Plans
FROM: Patti Killingsworth, Assistant Commissioner
Chief of Long-Term Services and Supports (LTSS)
CC: Karen Lewis, Interim Acting Director of LTSS Value-Based Purchasing
SUBJECT: QUILTSS #11 Submission Process

The purpose of this memo is to provide **IMPORTANT** and **TIME-SENSITIVE** information about the schedule and requirements for the Quality Improvement in Long Term Services and Supports (QuILTSS) #11 submission. The submission portal for QuILTSS #11 is open and available at: https://stateoftennessee.formstack.com/forms/nf_quiltss_11. It will remain open through February 15, 2019. Complete and timely submission of data for QuILTSS #11 will affect your TennCare reimbursement for Nursing Facility (NF) services.

Expectations for Submission #11 were previously provided to you in the QuILTSS memo dated May 1, 2018 ([QuILTSS #11 Measurement Memo](#)). Additional information regarding the transition to standardized survey tools for Satisfaction measures (Resident, Family and Staff) and Culture Change/Quality of Life measures (Resident Choice, Respectful Treatment, Resident/Family Input, and Meaningful Activities) were provided in the memo dated October 5, 2018 ([QuILTSS #11 Memo 10.5.18](#)). As we continue to move toward standardized measures and measurement processes, the number of measures for which you are expected to submit data directly to TennCare has been significantly reduced. For the QuILTSS #11 submission, **there are only two measures (plus bonus points, as applicable) for which a facility must submit information directly to TennCare.**

On page 3 is a **high level summary** regarding these two measures (and bonus points). Beginning on page 4 is a more **detailed description** of all measurement processes for QuILTSS #11—largely excerpted from the May 1, 2018 memo, and updated as appropriate.

Key Points

Measurement Period: The measurement period for each measure is specified in the detailed description beginning on page 4. For data submitted directly to TennCare, the measurement period is July 1, 2018 through December 31, 2018.

Submission Portal: The submission portal for QuILTSS #11 is now open and available at: https://stateoftennessee.formstack.com/forms/nf_quiltss_11.

Submission Files: You will need the following files to prepare your submission. Please download the files from the following links:

[QuILTSS Staff Roster](#)

Submission Deadline: The deadline for submissions is **11:59 PM CT on Friday, February 15, 2019**. Submissions received after the deadline will not be evaluated.

Viewing Submissions: When a submission is successfully completed, the entire submission will be e-mailed to both the facility administrator and an additional e-mail designated during the submission process. This includes links to the files that were uploaded. Facilities can see exactly what TennCare sees when the submission is completed.

Technical Difficulties: It is important that you begin the submission process as soon as possible to allow time for unexpected difficulties that may impact a timely submission. You should notify TennCare (Qul.LTSS@tn.gov) immediately if you encounter any technical difficulties. If these difficulties prevent you from completing your submission, you must contact Qul.LTSS@tn.gov by 11:59 PM, Central Time on Friday, February 15, 2019 to discuss alternate ways to submit. Additional time will be permitted only upon confirmation that such technical difficulties prevented a timely submission.

Quality Performance Scores: TennCare will inform facilities who submit information of their quality performance results at our earliest opportunity.

QuILTSS #11 Quality Measurement Period High Level Summary

There are only two measures (plus bonus points, as applicable) for which a facility must submit information directly to TennCare as part of the QuILTSS #11 submission process.

1. Staff Retention

Facilities will submit the Excel spreadsheet, [Staff Roster](#). 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.

2. Training

Provide the name of the facility's Infection Preventionist (IP) and the IP's Certificate of Completion for the American Health Care Association's *Infection Preventionist Specialized Training* program. The training program can be completed prior to the QuILTSS #11 measurement period, so long as the Certificate remains valid as of the measurement period July 1, 2018-December 31, 2018.

3. Bonus Points (optional)

The facility must submit proof of eligibility for one of the following qualifying awards or accreditations that is current during the review period July 1, 2018-December 31, 2018.

1. Full participation in the National Nursing Home Quality Improvement Campaign, which must be active during the period in which bonus points are sought
2. Membership in Eden Registry, which must be active during the period in which bonus points are sought
3. 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.
4. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
5. Accreditation by the Joint Commission

QuILTSS #11 Quality Measurement Period Detailed Description

The measurement period for QuILTSS #11 varies by measure, as specified below.

Threshold Measures

Threshold measures have not changed for QuILTSS #11.

1. The facility must be current on payment of the NF Assessment Fee.¹ The facility must not be 30 or more days late in paying the fee. Failure to meet this threshold will result in the facility's quality payments being suspended until such time as they are current on their assessment fee.
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

- | | |
|------------------------|------------------|
| 1. Satisfaction | 35 Points |
| a. Resident | 15 Points |
| b. Family | 10 Points |
| c. Staff | 10 Points |

As advised in the May 1 and October 5, 2018 QuILTSS #11 memos, points will be awarded based on each facility's adoption and implementation of standardized measures and/or survey instrument(s) and methodologies for each measure during the first quarter of 2019. NRC Health will provide TennCare with a list of facilities who qualify for these points. **The facility is not expected to provide any additional information for these measures as part of the QuILTSS #11 submission.**

- | | |
|--|------------------|
| 2. 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 |

As advised in the May 1 and October 5, 2018 QuILTSS #11 memos, points will be awarded based on each facility's adoption and implementation of standardized measures and/or survey instrument(s) and methodologies for each measure during the first quarter of 2019. NRC Health will provide TennCare with a list of facilities who qualify for these points. **The facility is not**

¹ Note that pursuant to TennCare Policy PRO 16-002, available at: <https://www.tn.gov/content/dam/tn/tenncare/documents2/pro16002.pdf>, a facility *may* continue to be eligible for quality-related per diem rate adjustments if it has an approved payment plan and is timely on its installments.

expected to provide any additional information for these measures as part of the QuILTSS #11 submission.

3. Staffing/Staff Competency	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

1. CNA hours per resident per day

CNA hours shall be collected from the data available in Nursing Home Compare as of January 2, 2019. **The facility is not expected to provide any additional information for this measure as part of the QuILTSS #11 submission.**

In keeping with the approach described in this memo, we will no longer award points only to facilities above the national average. We will continue to acknowledge the highest performing facilities by awarding the maximum of five (5) points only to those facilities who meet the longstanding performance benchmark for this measure. However, because the percentage of facilities achieving this benchmark has remained relatively low, with QuILTSS #11, we will also begin to 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.

2. RN hours per resident per day (Semi-Annual)

RN hours shall be collected from the data available in Nursing Home Compare as of January 2, 2019. **The facility is not expected to provide any additional information for this measure as part of the QuILTSS #11 submission.**

Similar to the approach noted above, the maximum of five (5) points will be awarded to facilities above the national average. 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.

3. Consistent Staff Assignment

As previously advised in May 1, 2018 QuILTSS #11 memo, to be eligible for Consistent Staff Assignment points, NFs must have tracked performance using the tools and process established as part of the National Nursing Home Quality Improvement Campaign (NNHQIC, formerly known as Advancing Excellence). NNHQIC (i.e., Q-Source) will provide performance data to TennCare for qualifying facilities. **The facility is not expected to provide any additional information for this measure as part of the QuILTSS #11 submission.**

The tracking tool required for measuring consistent staff assignment may be downloaded from the NNHQIC website. It is the spreadsheet titled "Consistent Assignment Tracking Tool." From the link below, the spreadsheet can be found under the "Identify Baseline"

option. The NNHQIC website provides detailed instructions on how to complete the spreadsheet.

For the QuILTSS #11 measurement period, NFs were required to enter consistent staff assignment data at least **one month each quarter—a total of two months during the measurement period July 1, 2018 through December 31, 2018** (either July, August or September **and** either October, November, or December). We encourage facilities to participate *every* month, as the number of months of required reporting will continue to increase over time. Further, consistent staff assignment has significant potential to impact performance in multiple other domains, including all Satisfaction measures, Culture Change/Quality of Life measures, and Staff Retention. Finally, note that *full active participation* in NNHQIC is one of the quality improvement processes for which Bonus Points may be awarded.

For QuILTSS #11, facilities may earn points for Consistent Staff Assignment based on participation **and** on the facility's percent of long stay residents with a maximum of 12 caregivers over each measured period. In order to be eligible for these points, a facility must: (1) have **tracked performance** for the specified number of months using the Campaign Tracking Tool; (2) **submitted** data to the Campaign through their website; and (3) **provided permission** for the Campaign to share the performance data with TennCare.

To submit data through NNHQIC's website, facilities were required to register with NNHQIC and sign into their account (register or sign in at <https://nhqualitycampaign.org/login.aspx>). Facilities must have indicated that the Campaign is permitted to share the facility's data with TennCare, by **checking the appropriate box in the facility's Campaign account profile**. Performance is tracked using your CMS provider number; you must have provided the accurate number to the Campaign in your account profile. Facilities were advised to enter data each month rather than holding data for several months.

Please note that NNHQIC has provided the following technical assistance on "caregivers" for the purposes of their tool:

"..You should include as caregivers all staff that provides direct, CNA-type care to residents. These are the people with the most intimate contact who generally form close relationships with residents and spend the most time with them. These are also the staff most likely to notice early changes in condition – changes that are most likely to be noticed by a caregiver, who knows what is typical for the resident, and missed or misinterpreted by those who do not.

When tracking direct caregivers with the Consistent Assignment Tracking Tool, licensed staff are not included as caregivers unless they are working in the capacity of a CNA. For example, if a nurse is in a resident's room administering medications or performing other skilled tasks and stops to take the resident to the bathroom, that nurse is not counted. However, if a nurse (or other staff) is working as a CNA because the home is short staffed or because in your community nurses (or other staff) routinely provide direct care to residents, that person would be included in the caregiver count. "

Points will be awarded as follows:

- Facilities with **90%** or more of their residents with a max of 12 caregivers will be awarded **5 points**;
- Facilities with **at least 80% but less than 90%** of their residents with a max of 12 caregivers will be awarded **4 points**;
- Facilities with **at least 70% but less than 80%** of their residents with a max of 12 caregivers will be awarded **3 points**;
- Facilities with **at least 60% but less than 70%** of their residents with a max of 12 caregivers will be awarded **2 points**;
- Facilities with **less than 60%** of their residents with a max of 12 caregivers who submit the required data will be awarded **1 point for participation**.

As previously advised, resources to assist facilities are available on the NNHQIC website at <https://www.nhqualitycampaign.org/goalDetail.aspx?g=CA#tab1>.

4. Staff Retention

This is the first measure for which facilities are required to submit data in the QuILTSS #11 submission in order to be eligible for these points.

As in previous submissions and as advised in the May 1, 2018 QuILTSS #11 memo, facilities will submit the Excel spreadsheet, [Staff Roster²](#), designed by TennCare. 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 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**; and
- Facilities with 60% or more, but less than 70% of staff retained for at least 1 year will be awarded **1 point**.

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.

5. Staff Training

This is the second measure for which facilities are required to submit data in the QuILTSS #11 submission in order to be eligible for these points.

² Available at: <https://www.tn.gov/content/dam/tn/tenncare/documents/QuILTSS11StaffRoster.xlsx>.

As advised in the May 1, 2018 QuILTSS #11 memo, this is the last QuILTSS submission for which we anticipate a “bridge-like” approach for the Staff Training measure. Beginning in 2019, Staff Training points shall be awarded upon completion of specified training modules in the competency-based Workforce Development training program that is being developed based on CMS-identified core competencies.

Until that program is available, for QuILTSS #11, our goal is to align our approach with other ongoing quality improvement initiatives that NFs are focused on—specifically, infection prevention and control. In light of new Requirements of Participation pertaining to infection prevention and control, including designating one or more Infection Preventionists who must have completed specialized training in infection prevention and control, we want to encourage facilities to seek out high quality training by awarding the full five (5) Staff Training points for QuILTSS #11 if the facility’s Infection Preventionist (IP) successfully completes the American Health Care Association’s *Infection Preventionist Specialized Training* program (available at <https://educate.ahcancal.org/p/ipco>). The IP must complete all training modules, successfully pass all quizzes and the final exam with a score of 80 or above, and receive a Certificate of Completion from the AHCA, which is valid for 3 years. We believe this robust training program will position facilities to develop high quality Infection Prevention and Control Programs. **A copy of the Certificate of Completion is required for award of points.** The training program can be completed prior to the QuILTSS #11 measurement period, so long as the Certificate remains valid as of the measurement period July 1, 2018-December 31, 2018.

- | | |
|--------------------------------|------------------|
| 4. Clinical Performance | 10 Points |
| 1. Antipsychotic Medication | 5 Points |
| 2. Urinary Tract Infection | 5 Points |

Antipsychotics/Urinary Tract Infection shall be collected from the last four quarters available in Nursing Home Compare as of January 2018. **The facility is not expected to provide any additional information for these measures as part of the QuILTSS #11 submission.**

Each NF’s performance for each quarter of the 2018 measurement period shall 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.

- | | |
|-----------------------------------|------------------|
| 5. Bonus Points (optional) | 10 Points |
|-----------------------------------|------------------|

Based on feedback from THCA and NF providers, a NF may earn ten (10) bonus points for qualifying awards and/or accreditations that evidence the facility’s commitment to quality improvement processes. **The facility must submit proof of eligibility for these bonus points as part of the QuILTSS #11 submission process.** Qualifying awards or accreditations must be current in the review period and are restricted to the following:

6. Full participation in the National Nursing Home Quality Improvement Campaign, which must be active during the period in which bonus points are sought

7. Membership in Eden Registry, which must be active during the period in which bonus points are sought
8. 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.
9. Accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)
10. Accreditation by the Joint Commission

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.