

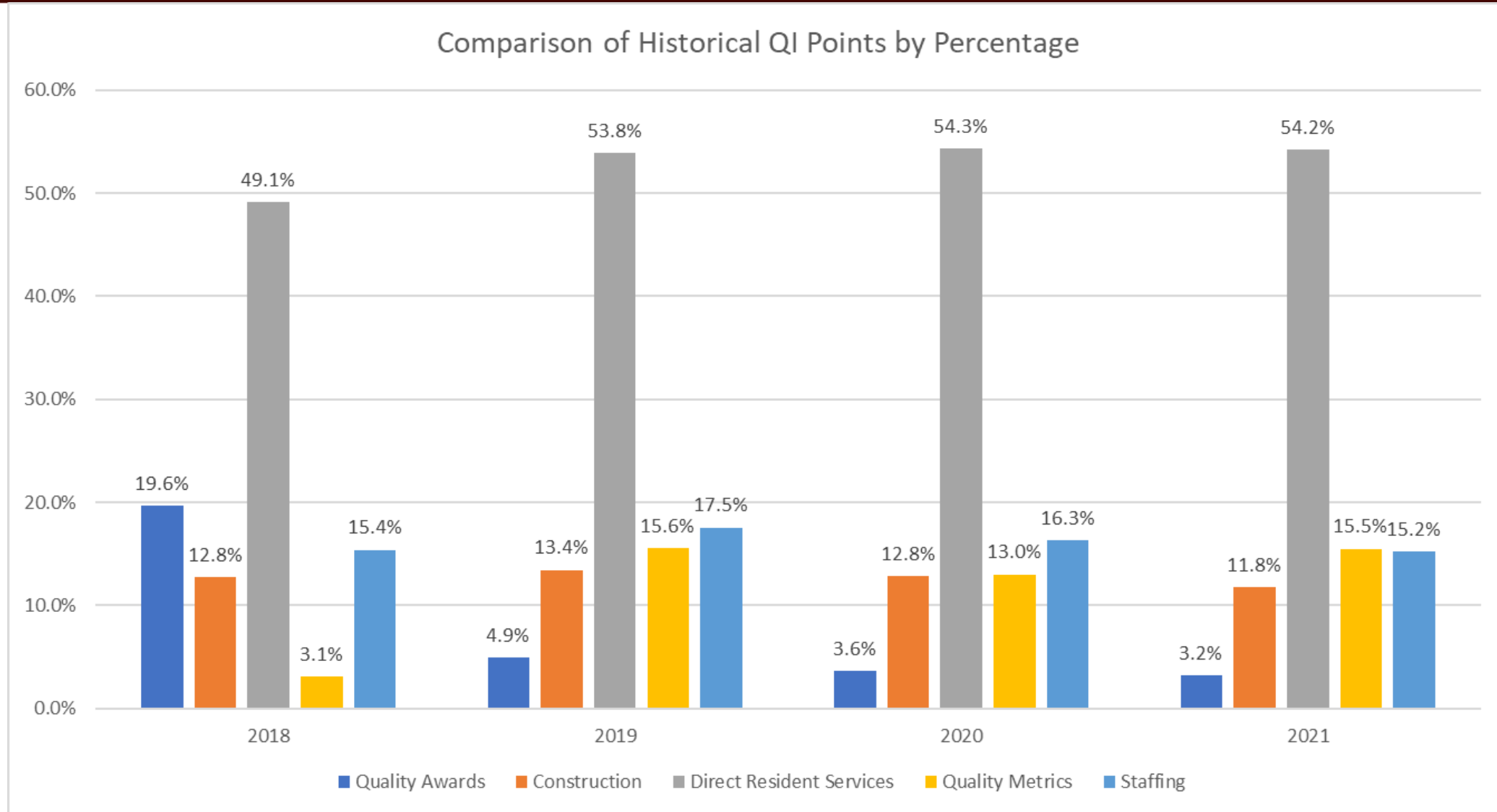


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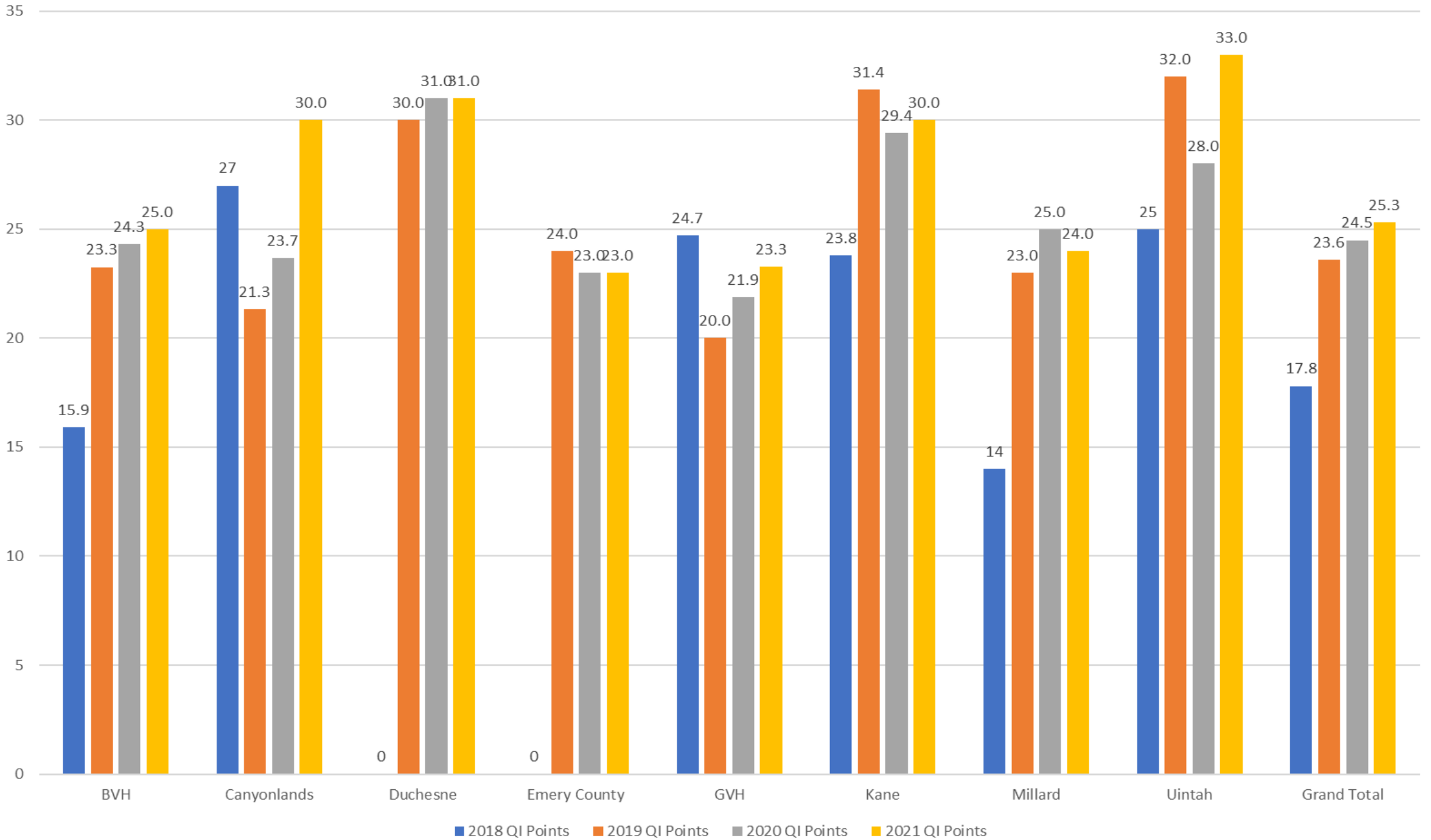
NF NSGO QI Program Update (R414-516)

**Trent Brown, MOT, OTR/L, ATP, CFPS, CGCP, BCG
Reimbursement Unit Manager**

Final Data from Previous QI Program



Average QI Points Per Year by Owner



Previous Point System

Quality Metrics (R414-516-7)		
Quality Metrics		6
3/6 Measures better than or equal industry average	2	
4/6 Measures better than or equal industry average	3	
≥ 5/6 Measures better than or equal industry average	4	
Improvement in 3/6 areas	1	
Improvement in > 3/6 areas	2	
CASPER Improvement by 20% (e.g., 90 to 70)	2 QM's improved by 20% = 1	1
Staffing (R414-516-8)		
Employee Retention		4
Health Insurance (yes/no)	1	
Retention		3
Improve Staff Retention by 20%	1	
Staff turnover rate below 50%	2	
Other		1
Tuition Reimbursement	1	
Con Ed. Reimbursement	1	
Certification Reimbursement	1	
Retirement		1
Offer Contribution to 401K	1	
Offer Retirement or Pension Plan	1	
Staff Training by Industry Recognized Source		1

Quality Awards (R414-516-4)		
AHCA		6
Gold		6
Silver		4
Bronze		2
HealthInsight		2
Award		2
Eden Certification		5
Milestone 3	year 1 = 5; year 2 = 3; year 3 = 2	
Milestone 2	year 1 = 3; year 2 = 2	
Milestone 1	year 1 = 1	
Construction and Renovation (R414-516-5)		
Construction/Renovation		7
New Construction	FRV ≤ 8 years = 7	
	FRV ≤ 15 years = 5	
Renovation		4
>75% of UPL monies paid to provider is spent on Renovations		4
>50% of UPL monies paid to provider is spent on Renovations		2
Rural Facility - Access to Care		2
No Facility Within 35 Mile Radius		1
Direct Resident Services (R414-516-6)		
*A minimum of 3 QI points required in 2019, and 4 in 2020 from this category		
Denture Replacement Policy		1
Dining Services		3
Menu Option (at least 5 choices)	1	
Cook to Order Menu	1	
Five Meal Program	3	
Four Meal Program	1	
Resident Snack Preferences		2
Resident Bed Time Preferences		2
Consistent Assignment		5
Schedule for Building	1	
Compliant with CNA for 1 Hall	1	
Compliant with CNA for Building	2	
Compliant with Nurse for 1 Hall	1	
Compliant with Nurse for Building	2	
Range of Motion		4
Compliant with use of Clinician	4	
Compliant with use of RA	2	
One-on-One Activity		4
Schedule for Participation	1	
Compliant to Participation	3	
Mobility		4

Metrics System

Quality Awards (R414-516-4)		
AHCA		6
Gold		6
Silver		4
Bronze		2
HealthInsight		2
Award		2
Eden Certification		5
Milestone 3	year 1 = 5; year 2 = 3; year 3 = 2	
Milestone 2	year 1 = 3; year 2 = 2	
Milestone 1	year 1 = 1	

Construction and Renovation (R414-516-5)		
Construction/Renovation		7
	RV ≤ 8 years = 7	
	RV ≤ 15 years = 5	
		4
Costs spent on construction		4
Costs spent on renovation		2
		1
		2
		1

Quality Metrics (R414-516-7)		
Quality Metrics		6
3/6 Measures better than or equal industry average	2	
4/6 Measures better than or equal industry average	3	
≥ 5/6 Measures better than or equal industry average	4	
Improvement in 3/6 areas	1	
Improvement in > 3/6 areas	2	
CASPER Improvement by 20% (e.g., 90 to 70)	2 QM's improved by 20% = 1	1

Resident Services (R414-516-6)		
Resident Services	services required in 2019, and 4 in 2020 from this category	1
		3
		1
		1
		3
		1
		1

Staffing (R414-516-8)		
Employee Retention		4
Health Insurance (yes/no)	1	
Retention		3
Improve Staff Retention by 20%	1	
Staff turnover rate below 50%	2	
Other		1
Tuition Reimbursement	1	
Con Ed. Reimbursement	1	
Certification Reimbursement	1	
Retirement		1
Offer Contribution to 401K	1	
Offer Retirement or Pension Plan	1	
Staff Training by Industry Recognized Source		1

Five Meal Program		3
Four Meal Program		1
Resident Snack Preferences		2
Resident Bed Time Preferences		2
Consistent Assignment		5
Schedule for Building	1	
Compliant with CNA for 1 Hall	1	
Compliant with CNA for Building	2	
Compliant with Nurse for 1 Hall	1	
Compliant with Nurse for Building	2	
Range of Motion		4
Compliant with use of Clinician	4	
Compliant with use of RA	2	
One-on-One Activity		4
Schedule for Participation	1	
Compliant to Participation	3	
Mobility		4

Repealed and Replaced R414-516



- <https://adminrules.utah.gov/public/search/R414-516/Current%20Rules>

Health

Health Care Financing, Coverage and Reimbursement Policy

Rule 516: Nursing Facility Non-State Government-Owned Upper Payment Limit Quality Improvement Program

Effective Date:
12/29/2021

Admin. Code Reference: R414-516

Rule Type: Current Rule

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R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-516. Nursing Facility Non-State Government-Owned Upper Payment Limit Quality Improvement Program.

R414-516-1. Introduction and Authority.

This rule defines participation requirements for the Quality Improvement (QI) program within the Nursing Care Facility Non-State Government-Owned Upper Payment Limit (NF NSGO UPL) program. This rule applies only to nursing facility providers who are part of a contract with the Department to participate in the NF NSGO UPL program. This rule is authorized by Sections 26-1-5 and 26-18-3.

R414-516-2. Definitions.

The definitions in Rule R414-505 apply to this rule. The following definitions also apply.

(1) "Certification and survey provider enhanced reports (CASPER)" means a quality measure report used by the Centers for Medicare and Medicaid Services (CMS) to compare data between nursing facility programs.

(2) "Program" means the Quality Improvement (QI) program within the Nursing Care Facility Non-State Government-Owned Upper Payment Limit (NF NSGO UPL) program.

(3) "Resident" means a Medicaid patient who resides in and receives nursing facility services in a Medicaid-certified nursing facility.

In addition...

- R414-516 (QI point system) has been repealed and replaced with language outlining the metrics
 - Information from this presentation is “**not official**”
 - Providers should look to the final Rule

9 Metrics

9 Metrics used for R414-516

CASPER (7 metrics = above national average or improve)	Nursing Hours (1 metric = above national average or improve)	Survey (1 metric = p/f no deficiency at level indicated)
UTI	Total Adjusted Nursing Hours	No F, H, I, J, K, or L
pressure ulcer		
falls with injury		
antipsychotic med		
lose too much weight		
seasonal influenza		
ability to move worsened		

9 Metrics

- 5 of 9 metrics were used in previous program, UHCA and industry proposed 4 additional metrics.
 - 7 CASPER Metrics (3 previously used)
 - ✓ Percentage of residents with a UTI
 - ✓ Percentage of high risk residents with a pressure ulcer
 - ✓ Percentage of residents experiencing one or more falls with a major injury

*as defined in MDS 3.0 Quality Measures User's Manual (1/1/22)

9 Metrics

- 5 of 9 metrics were used in previous program, UHCA and industry proposed 4 additional metrics.
 - 7 CASPER Metrics (4 added based on UHCA recommendation)
 - ✓ Percentage of residents who received an antipsychotic med
 - ✓ Percentage of residents who lose too much weight
 - ✓ Percentage of residents given the seasonal influenza vaccine
 - ✓ Percentage of residents whose ability to move worsened

9 Metrics

- All CASPER definitions used are found in the MDS 3.0 Quality Measure User's Manual (v15.0).



MDS 3.0 Quality Measures

USER'S MANUAL

(v15.0)

Effective January 1, 2022

9 Metrics

Table 2-13
Percent of High-Risk Residents With Pressure Ulcers (LS)²⁴
(CMS ID: N015.03) (NQF: 0679)

Measure Description	
This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers	
Measure Specifications	
Numerator	All long-stay residents with a selected target assessment that meet the following condition: <ol style="list-style-type: none">1. Stage II-IV or unstageable pressure ulcers are present, as indicated by <i>any</i> of the following six conditions:<ol style="list-style-type: none">1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i>1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i>1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i>1.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i>1.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i>1.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]).
Denominator	All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet <i>one or more</i> of the following three criteria on the target assessment: <ol style="list-style-type: none">1. Impaired bed mobility or transfer indicated, by <i>either or both</i> of the following:<ol style="list-style-type: none">1.1. Bed mobility, self-performance (G0110A1 = [3, 4, 7, 8]).1.2. Transfer, self-performance (G0110B1 = [3, 4, 7, 8]).2. Comatose (B0100 = [1]).3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked).

Example:
Pressure Ulcers

9 Metrics

- 5 of 9 metrics were used in previous program, UHCA and industry proposed 4 additional metrics.
 - 2 Non-CASPER Metrics (previously used)
 - ✓ Survey level of deficiencies (no quality of care level F, H, I, J, K, or L during the period)*
 - ✓ Adjusted nurse staffing hours

*any deficiency with that level of tag is considered not met

9 Metrics

- ✓ Adjusted nurse staffing hours

<https://innovation.cms.gov/files/x/nhp4p-staffing-risk-adjustment.pdf>

$$\text{Hours}_{\text{Adjusted}} = \left(\frac{\text{Hours}_{\text{Reported}}}{\text{Hours}_{\text{Expected}}} \right) * \text{Hours}_{\text{State Average}} * \text{Adjustment Factor}$$

RN (LPN) + DON + CNA hours per resident per day

Adjustment = staffing level based on care/needs (acuity/frailty)

Compliance

- Compliance will be determined by the following:
 - achieve national average or better (recommended by UHCA), in at least 6 of 9 metrics, or
 - demonstrating improvement in at least 6 of 9 metrics (survey items not included in “improvement”)

A combination of achieving and demonstrating improvement will be used.

If I achieve better than national average in 3 metrics, and improve in 4 other metrics compared to the previous SFY, am I compliant?

Compliance

- FYI: If a survey was not conducted at a facility in a given year, the survey metric is removed from the total and the facility is required to meet 5 of 8 metrics.
- If a facility has more than one survey in a SFY, all surveys will be used.

Compliance

- How was 6 of 9 metrics determined?

Requirement	Facility Type	Compliant	Total Facilities	% Compliant
6 Metrics	UPL	56	71	79%
	Non-UPL	11	13	85%
5 Metrics	UPL	66	71	93%
	Non-UPL	12	13	92%
7 Metrics	UPL	31	71	44%
	Non-UPL	9	13	69%

State Fiscal Year (SFY)



- SFY will be used to determine compliance.
 - It takes 5-7 months from the time facilities report data for CMS to organize and publish the data.
 - Utilizing SFY, the reports will be made available around December and analysis will be completed the following months (similar to the current system).
 - This means there will be no UPL QI program January 2022 through June 2022.

Data used

- The CASPER data and Nursing Hours will be downloaded from CMS' website

<https://data.cms.gov/provider-data/archived-data/nursing-homes/>







































- The survey data is provided by the State Survey team

- Where does Medicaid get the data?

▼ **2021 Annual files** [Download all 2021 annual files](#)

nursing_homes_including_rehab_services_12_2021.zip	12 / 23 / 2021 • ZIP • 37 MB
 nursing_homes_including_rehab_services_11_2021.zip	11 / 24 / 2021 • ZIP • 37 MB
nursing_homes_including_rehab_services_10_2021.zip	10 / 28 / 2021 • ZIP • 37 MB

Data

	FY_2022_SNF_VBP_Aggregate_Perf...	Microsoft Excel Comma S...					
	FY_2022_SNF_VBP_Facility_Perform...	Microsoft Excel Comma S...					
	NH_CitationDescriptions_Nov2021....	Microsoft Excel Comma S...					
	NH_CovidVaxAverages_20211212.csv	Microsoft Excel Comma S...					
	NH_CovidVaxProvider_20211212.csv	Microsoft Excel Comma S...					
	NH_DataCollectionIntervals_Nov20...	Microsoft Excel Comma S...					
	NH_FireSafetyCitations_Nov2021.csv	Microsoft Excel Comma S...					
	NH_HealthCitations_Nov2021.csv	Microsoft Excel Comma S...					
	NH_HlthInspecCutpointsState_Nov...	Microsoft Excel Comma S...					
	NH_Ownership_Nov2021.csv	Microsoft Excel Comma S...					
	NH_Penalties_Nov2021.csv	Microsoft Excel Comma S...					
	NH_Primary_Data_Dictionary.xlsx	Microsoft Excel Worksheet					
		NH_ProviderInfo_Nov2021.csv	Microsoft Excel Comma S...			NH_ProviderInfo_Nov2021.csv	Microsoft Excel Comma S...
		NH_QualityMsr_Claims_Nov2021.csv	Microsoft Excel Comma S...			NH_QualityMsr_Claims_Nov2021.csv	Microsoft Excel Comma S...
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		NH_SNFQRP_Data_Dictionary.pdf	Adobe Acrobat Document			NH_SNFQRP_Data_Dictionary.pdf	Adobe Acrobat Document
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		Swing_Bed_SNF_data_Nov2021.csv	Microsoft Excel Comma S...				
		yf87-tv6k.csv	Microsoft Excel Comma S...				

CASPER Data (MDS)



B	C	E	G	H	I	J	L	N	P	R	U
Provider N	Provider A	Prov	Measure C	Measure Description	Resident typ	Q1 Measu	Q2 Measu	Q3 Measu	Q4 Measu	Four Quarter A	Measure Period
BURNS NU	701 MON	FAL	401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	7.89474	18.18182	15	18.18182	15.060243	2020Q3-2021Q2
BURNS NU	701 MON	FAL	404	Percentage of long-stay residents who lose too much weight	Long Stay	12.5	4.65116	9.09091	4.54545	7.602338	2020Q3-2021Q2
BURNS NU	701 MON	FAL	405	Percentage of low risk long-stay residents who lose control of their bowels or bladder	Long Stay					66.000001	2020Q3-2021Q2
BURNS NU	701 MON	FAL	406	Percentage of long-stay residents with a catheter inserted and left in their bladder	Long Stay	1.374846	0	1.604244	0	0.738709	2020Q3-2021Q2
BURNS NU	701 MON	FAL	407	Percentage of long-stay residents with a urinary tract infection	Long Stay	0	2.17391	0	0	0.555555	2020Q3-2021Q2
BURNS NU	701 MON	FAL	408	Percentage of long-stay residents who have depressive symptoms	Long Stay	0	0	2.27273	2.22222	1.142857	2020Q3-2021Q2
BURNS NU	701 MON	FAL	409	Percentage of long-stay residents who were physically restrained	Long Stay	0	0	0	0	0	2020Q3-2021Q2
BURNS NU	701 MON	FAL	410	Percentage of long-stay residents experiencing one or more falls with major injury	Long Stay	2.38095	2.08333	4.16667	0	2.150537	2020Q3-2021Q2
BURNS NU	701 MON	FAL	415	Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	Long Stay	100	100	100	100	100	2020Q3-2021Q2
BURNS NU	701 MON	FAL	419	Percentage of long-stay residents who received an antipsychotic medication	Long Stay	10	15.21739	11.11111	6.66667	10.795455	2020Q3-2021Q2
BURNS NU	701 MON	FAL	430	Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	Short Stay	97.2973	93.33333	96.9697	100	97.037038	2020Q3-2021Q2
BURNS NU	701 MON	FAL	434	Percentage of short-stay residents who newly received an antipsychotic medication	Short Stay				0	0	2020Q3-2021Q2
BURNS NU	701 MON	FAL	451	Percentage of long-stay residents whose ability to move independently worsened	Long Stay	28.83537	20.32408	44.3165	20.40484	28.180706	2020Q3-2021Q2
BURNS NU	701 MON	FAL	452	Percentage of long-stay residents who received an antianxiety or hypnotic medication	Long Stay	35	35.55556	33.33333	38.29787	35.59322	2020Q3-2021Q2
BURNS NU	701 MON	FAL	453	Percentage of high risk long-stay residents with pressure ulcers	Long Stay	10.81081	5.26316	9.52381	9.52381	8.805032	2020Q3-2021Q2
BURNS NU	701 MON	FAL	454	Percentage of long-stay residents assessed and appropriately given the seasonal influenza vac	Long Stay	100	100	100	100	100	2020Q3-2021Q2
BURNS NU	701 MON	FAL	471	Percentage of short-stay residents who made improvements in function	Short Stay					89.406249	2020Q3-2021Q2
BURNS NU	701 MON	FAL	472	Percentage of short-stay residents who were assessed and appropriately given the seasonal in	Short Stay	100	100	96.875	96.875	98.989899	2020Q3-2021Q2
COOSA VA	260 WEST	AL	401	Percentage of long-stay residents whose need for help with daily activities has increased	Long Stay	11.11111	7.54717	7.54717	9.09091	8.837209	2020Q3-2021Q2
COOSA VA	260 WEST	AL	404	Percentage of long-stay residents who lose too much weight	Long Stay	7.8125	11.66667	8.92857	3.57143	8.050848	2020Q3-2021Q2

Nursing Hours Data (Provider)



B	C	D	E	AV	AW	AX	AY	AZ	BB
Provider N	Provider A	Provider C	Provider S	Case-Mix	Case-Mix	Case-Mix	Adjusted Nurse Aide Staffing	Adjusted LPN Staffing Hours	Adjusted Total Nurse Staffing Hours per Resident per Day
BURNS NU 701 MONF	RUSSELLV	AL							
COOSA VA 260 WEST	SYLACAUG	AL	0.64918	0.26986	2.87966	2.8251	1.04987	4.98569	
HIGHLAND 380 WOOD	SCOTTSSBC	AL	0.74611	0.33571	3.19826	1.28876	0.32669	2.07468	
EASTVIEW 7755 FOUR	BIRMINGH	AL							
PLANTATI 6450 OLD	MC CALLA	AL	0.61851	0.26829	2.79123	2.4132	1.33398	4.21466	
ATHENS H 611 WEST	ATHENS	AL	0.75283	0.33712	3.25842	2.05306	0.62488	3.44374	
MERRY W 280 MT HE	ELMORE	AL	0.65899	0.3034	2.87568	2.07593	0.9788	3.51837	
HATLEY HE 300 MEDIC	CLANTON	AL	0.65981	0.32219	3.19999	1.90478	0.96955	3.97494	
SENIOR RE 1600 WES	ATHENS	AL	0.71057	0.30546	3.17231	1.89189	0.95234	3.33434	
WETUMPK 1825 HOLT	WETUMPK	AL	0.63159	0.28197	2.87841	2.40667	1.09273	3.84186	
KELLER LA 813 KELLE	TUSCUMB	AL	0.61726	0.27864	2.64302	1.95504	1.00835	4.08003	
MITCHELL 805 FLAGG	FLORENCE	AL	0.66326	0.31467	2.94049	1.75095	1.27014	3.86988	
DIVERSICA 1701 NOR	FOLEY	AL	0.65944	0.31018	2.84901	1.83926	0.75411	3.47103	

National Averages (State & US Avg.)



A	W	Z	AA	AB	AE	AF	AG	AH
State or NATION	Percentage of long stay residents experiencing one or more falls with major injury	Percentage of long stay residents experiencing one or more falls with major injury	Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers	Percentage of high risk long stay residents with pressure ulcers
NATION	2.54232	3.361098	94.058044	14.0344	18.53017	19.49029	7.375131	96.08456
AK	2.817923	3.866272	93.56475	10.81078	22.81216	14.67821	5.530018	98.03884
AL	3.468857	3.242413	93.614185	18.78875	15.87795	24.63518	7.441669	94.50284
AR	2.558229	3.701577	94.718824	11.37527	13.43628	22.1342	7.141643	97.38393
AZ	1.993987	2.619579	97.215922	11.51896	19.59681	17.76991	8.312928	97.46151
CA	1.506613	1.707422	97.851531	10.29466	13.69922	13.78311	6.934553	97.96091
CO	1.932781	3.608262	91.512767	15.27812	18.15438	11.98142	5.959248	95.33773
KS	3.584842	4.974472	91.462567	15.81949	18.43914	20.88041	6.097275	96.19963
NC	3.063731	3.500046	92.200151	11.40199	24.39455	23.00362	9.127441	94.93763
PA	2.106997	3.355546	91.19391	15.01751	21.30045	19.81021	6.957499	95.67925
PR		0	96.875	5.857386		32.15461		96.2963
RI	2.445012	3.475257	94.36609	15.52451	22.00036	16.19585	6.008986	97.37683
SC	3.562175	3.407893	93.516656	13.61629	20.882	20.25742	9.112592	94.38642
SD	3.484844	4.970805	94.343755	16.83461	18.84788	15.0562	5.628674	97.56972
TN	3.159538	3.41689	92.946754	14.17606	22.97454	30.94349	7.473065	94.80631
TX	2.100489	3.350076	95.374598	12.01432	18.11692	22.74719	7.33403	96.30958
UT	2.32145	3.305078	94.983373	12.50944	16.2724	22.91107	5.837428	94.83237
VA	3.092908	3.619378	91.096139	13.97001	22.32391	20.17688	7.82202	96.03969
VT	2.718952	4.826872	92.181529	14.61441	23.74143	15.92748	5.811171	97.47908
WA	2.218258	2.852996	95.693296	14.50715	19.56146	12.18062	6.436419	95.14539
WI	2.824407	3.441077	96.789281	12.68741	18.93615	15.33972	5.875677	96.47309
WV	3.766298	4.277443	97.39568	14.59258	22.33273	24.09042	8.515251	97.81601

Survey Data



	G	H	I	J	K	L	M	N	S
	TAG	YEAR	State Rule	SCOPE	SEVERITY	TAG_LETTER	TAG_NUMBER	EXIT_DATE	
	222	2021	LSC 2012 Health Existing-NFPA 101-Egress Doors	2	2	E	4	6/29/2021	
	39	2021	Emergency Preparedness--EP Testing Requirements	1	2	D	3	5/18/2021	
	211	2021	LSC 2012 Health Existing-NFPA 101-Means of Egress - General	1	2	D	3	5/18/2021	
	321	2021	LSC 2012 Health Existing-NFPA 101-Hazardous Areas - Enclosure	1	2	D	3	5/18/2021	
	511	2021	LSC 2012 Health Existing-NFPA 101-Utilities - Gas and Electric	1	2	D	3	5/18/2021	
	920	2021	LSC 2012 Health Existing-NFPA 101-Electrical Equipment - Power Cords and Extens	1	2	D	3	5/18/2021	
	561	2021	LONG TERM CARE FACILITIES-483.10(f)(1)-(3)(8)-Self-Determination	1	2	D	3	5/20/2021	
	684	2021	LONG TERM CARE FACILITIES-483.25-Quality of Care	1	3	G	4	5/20/2021	
	689	2021	LONG TERM CARE FACILITIES-483.25(d)(1)(2)-Free of Accident Hazards/Supervision/Devices	1	2	D	3	5/20/2021	
	801	2021	LONG TERM CARE FACILITIES-483.60(a)(1)(2)-Qualified Dietary Staff	3	2	F	5	5/20/2021	
	880	2021	LONG TERM CARE FACILITIES-483.80(a)(1)(2)(4)(e)(f)-Infection Prevention & Control	1	2	D	3	5/20/2021	
	363	2021	LSC 2012 Health Existing-NFPA 101-Corridor - Doors	1	2	D	3	5/26/2021	
	550	2021	LONG TERM CARE FACILITIES-483.10(a)(1)(2)(b)(1)(2)-Resident Rights/Exercise of Rights	2	2	E	4	5/28/2021	
	554	2021	LONG TERM CARE FACILITIES-483.10(c)(7)-Resident Self-Admin Meds-Clinically Approp	1	2	D	3	5/28/2021	
	558	2021	LONG TERM CARE FACILITIES-483.10(e)(3)-Reasonable Accommodations Needs/Preferences	1	2	D	3	5/28/2021	
	561	2021	LONG TERM CARE FACILITIES-483.10(f)(1)-(3)(8)-Self-Determination	2	2	E	4	5/28/2021	
	583	2021	LONG TERM CARE FACILITIES-483.10(h)(1)-(3)(i)(ii)-Personal Privacy/Confidentiality of Records	1	2	D	3	5/28/2021	
	584	2021	LONG TERM CARE FACILITIES-483.10(i)(1)-(7)-Safe/Clean/Comfortable/Homelike Environment	2	2	E	4	5/28/2021	
	585	2021	LONG TERM CARE FACILITIES-483.10(j)(1)-(4)-Grievances	2	2	E	4	5/28/2021	
	600	2021	LONG TERM CARE FACILITIES-483.12(a)(1)-Free from Abuse and Neglect	2	3	H	5	5/28/2021	
	607	2021	LONG TERM CARE FACILITIES-483.12(b)(1)-(3)-Develop/Implement Abuse/Neglect Policies	2	2	E	4	5/28/2021	
	609	2021	LONG TERM CARE FACILITIES-483.12(c)(1)(4)-Reporting of Alleged Violations	2	2	E	4	5/28/2021	
	656	2021	LONG TERM CARE FACILITIES-483.21(b)(1)-Develop/Implement Comprehensive Care Plan	2	2	E	4	5/28/2021	
	657	2021	LONG TERM CARE FACILITIES-483.21(b)(2)(i)-(iii)-Care Plan Timing and Revision	1	2	D	3	5/28/2021	
	677	2021	LONG TERM CARE FACILITIES-483.24(a)(2)-ADL Care Provided for Dependent Residents	2	2	E	4	5/28/2021	
	686	2021	LONG TERM CARE FACILITIES-483.25(b)(1)(i)(ii)-Treatment/Svcs to Prevent/Heal Pressure Ulcer	1	3	G	4	5/28/2021	
	688	2021	LONG TERM CARE FACILITIES-483.25(c)(1)-(3)-Increase/Prevent Decrease in ROM/Mobility	1	2	D	3	5/28/2021	
	689	2021	LONG TERM CARE FACILITIES-483.25(d)(1)(2)-Free of Accident Hazards/Supervision/Devices	1	3	G	4	5/28/2021	
	690	2021	LONG TERM CARE FACILITIES-483.25(e)(1)-(3)-Bowel/Bladder Incontinence, Catheter, UTI	1	3	G	4	5/28/2021	
	695	2021	LONG TERM CARE FACILITIES-483.25(i)-Respiratory/Tracheostomy Care and Suctioning	1	2	D	3	5/28/2021	
	697	2021	LONG TERM CARE FACILITIES-483.25(k)-Pain Management	1	3	G	4	5/28/2021	
	725	2021	LONG TERM CARE FACILITIES-483.35(a)(1)(2)-Sufficient Nursing Staff	2	3	H	5	5/28/2021	
	726	2021	LONG TERM CARE FACILITIES-483.35(a)(3)(4)(c)-Competent Nursing Staff	2	2	E	4	5/28/2021	

State Fiscal Year (SFY)



- R414-516 effective December 29, 2021 (repeal/replace)
- First SFY will be July 1, 2022 – June 30, 2023
- First reports analyzed December 2023/January 2024

This gives every NSGO SNF extensive time to prepare for the updates.

Non-Compliance

- If a facility does not achieve the requirements:
 - Provide documentation to the Division detailing why they were non-compliant
 - Provide a Corrective Action Plan detailing how the facility will improve in the metrics not meeting the established baseline
 - Be placed on probation

Non-Compliance

- If a facility does not achieve the requirements following a probationary year:
 - The facility will be removed from the UPL program for a minimum of twelve months (effective the last day of the quarter in which the determination is made)

*“The program may submit within 30 days of receiving notice, a written request to remain in the seed contract, which contains **evidence showing extraordinary circumstances** that reasonably prevented the program from demonstrating compliance. Based on the evidence, DMHF may determine **the program has provided sufficient documentation to meet its burden of proof** and waive program removal from the seed contract.”*

Non-Compliance

- However, a facility that has been removed but desires to be added back in may do so by demonstrating compliance for a subsequent SFY, “trial period”, after the non-compliant SFY.

Non-Compliance

- Using the timeline:
 - Effective date of R414-516 December 29, 2022
 - First SFY of program is July 1, 2022
 - End of first SFY of program is June 30, 2023
 - First determination would be January 2024
 - First probationary period would be SFY 2024
 - End of probationary period would be June 30, 2024
 - Analysis/determination of non-compliance would be effective for April 2025 (removal of non-compliant facilities)
 - Facilities compliant for probation period (SFY 2025), would be added to the UPL program effective April 1, 2026

In addition...

- The contract has been updated i.e. Section 13 was removed from the contract (FCP spend requirement)
- R414-516 (QI point system) has been repealed and replaced with language outlining the metrics
 - Information from this presentation is “**not official**”
 - Providers should look to the final Rule

Questions ?

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