



Centers for Medicare & Medicaid Services
Center for Clinical Standards & Quality
Quality Improvement Group

Quality Innovation Network (QIN)

Quality Improvement Organization (QIO)
Scope of Work (SOW)

Task Order No. 001:
*Excellence in Operations and
Quality Improvement*

Contract No. _____

QIN-QIO SOW
Task Order 001:Excellence in Operations and Quality Improvement

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C. AIM: Better Healthcare for Communities: Beneficiary-Centered, Reliable, Accessible, and Safe Care

GOAL 2: Make Care Safer by Reducing Harm Caused in the Delivery of Care

Task C.2: Reducing Healthcare-Acquired Conditions in Nursing Homes

Section A. Overview and Background

More than 3 million Americans rely on services provided by nursing homes at some point during the year. There are 1.4 million Americans that reside in the Nation's 15,600 nursing homes on any given day. Those individuals and an even larger number of their family members, friends, and relatives, must be able to count on nursing homes to provide reliable, high quality care. The Affordable Care Act of 2010 called for the Centers for Medicare & Medicaid Services (CMS) to develop a strategy that will guide local, state and national efforts to improve the quality of care in nursing homes. The most effective approach to ensure quality is one that mobilizes and integrates all available tools and resources – aligning them in a comprehensive, actionable strategy.

In December 2008, CMS added a star rating system to the Nursing Home Compare website. This rating system provides three purposes: to provide residents and their families with an assessment of nursing home quality, to make a distinction between high and low performing nursing homes, and to provide incentives for nursing homes to improve their performance. According to a report of the first three years (2008 – 2011) of the star-rating system by Abt Associates, "Nursing Home Compare Five-Star Quality Rating System: Year Three Report [Public Version], Draft Report, October 25, 2012," during 2011 "...facilities most likely to have no variation in their overall rating during the year [2011] are those that started as either one-star or five-star facilities. Specifically, 60.4% of one-star facilities and 70.2% of five-star facilities had no variation in their overall rating throughout the year [2011]."

In alignment with the National and CMS Quality Strategies (See Section C.6.6., Appendix A – Conceptual Framework for QIN-QIO Work of the Base Contract), CMS developed the "[Nursing Home Action Plan 2012](#)" which outlines a comprehensive, actionable strategy for improving the quality of care and quality of life received by our nation's nursing home residents. The Nursing Home Action Plan 2012 identifies five approaches: 1) enhance consumer engagement, 2) strengthen survey processes, standards, and enforcement, 3) promote quality improvement, 4) create strategic approaches through partnerships, and 5) advance quality through innovation and demonstration.

We intend to align QIN-QIO efforts with the Nursing Home Action Plan in connection with QIN-QIO responsibilities and purpose to improve the Medicare program. The QIN-QIO shall use multiple and various approaches in its alignments efforts to:

- a. Enhance Consumer Engagement (Approach #1): Consumers are essential participants in ensuring the quality of care in any healthcare system. Involving consumers, families, and others in healthcare decisions as well as resident-centered care on an individual basis will enhance the overall individual experience of care.

The QIN-QIO shall ensure that residents who are Medicare beneficiaries and their

family-members are recruited for participation as a part of the QIN-QIO's High-Performing Nursing Home Peer-Coach Group. Participation, at a minimum, includes actively participating in no less than two QIN-QIO quality improvement efforts in the QIN-QIO area.

- b. Strengthen Survey Processes, Standards, and Enforcement (Approach #2): The adoption of a quality improvement methodology by nursing homes, especially those challenged to succeed will improve internal system operations and lead to overall improvement as documented by lessening the rate of healthcare acquired conditions and in other measured outcomes.

The QIN-QIO shall support the adoption and utilization of the Division of Nursing Homes' Quality Assurance Performance Improvement (QAPI) as the framework for nursing homes participating in any National Nursing Home Quality Care Collaborative (NNHQCC) (See Attachment J-8 Glossary of Terms and Acronyms).

- c. Promote Quality Improvement (Approach #3): The National Nursing Home Quality Care Collaborative(s) shall focus on achieving system wide improvement and ensuring that every nursing home resident receives the highest quality of care.

The QIN-QIO via the NNHQCC shall strive to instill practices for the improvement of quality and performance by nursing homes serving beneficiaries, eliminate healthcare acquired conditions (HACs), and dramatically improve resident satisfaction. The QIN-QIO's efforts related to improving beneficiary satisfaction with nursing homes shall focus on the nursing home systems that impact quality, such as consistent/permanent staff assignment, communications, leadership, regulatory compliance, clinical models, and quality of life indicators. The QIN-QIO shall also have a targeted focus on increasing mobility among long-stay residents/beneficiaries, decreasing unnecessary use of antipsychotics in dementia residents/beneficiaries, decreasing potentially avoidable hospitalizations (PAH), and decreasing HAIs and other HACs.

The QIN-QIO shall recruit nursing homes according to the provider recruitment methodology outlined in Appendix 2 in this Task with a focus on nursing homes with One-Star status.

- d. Create Strategic Approaches through Partnerships (Approach #4): As stated in the Nursing Home Action Plan 2012, "...no single approach or individual can fully assure better health care. We must combine, coordinate and mobilize many people and techniques through partnerships."

The QIN-QIO shall engage and align its work under this Task with the work under Tasks C.1. *Reducing Healthcare-Associated Infections in Hospitals* and C.3. *Coordination of Care* in the QIN-QIO area.

The QIN-QIO shall expand its LAN network to include state chapters of the National Association Directors of Nursing Administration in Long Term Care (NADONA), state chapters of the American Medical Directors Association (AMDA), university programs of gerontology, colleges/universities of nursing, community colleges or others training medical assistants, accountable care organizations (ACOs), and others, including HHS or CMS agencies, committed to mutual goals that promote nursing home excellence.

The QIN-QIO shall recruit nursing homes, key stakeholders and organizations for

participation in Learning and Action Network(s) and collaborative activities, and provide technical assistance within the collaborative framework or as identified in this Task.

- e. Advance Quality through Innovation and Demonstration (Approach #5): The goal is to foster healthcare transformation by finding new ways to pay for and deliver care that improve care and health while lowering costs.

The QIN-QIO shall recruit nursing homes to participate in The National Nursing Home Quality Care Collaboratives I and II and seek to reduce healthcare acquired conditions and improve resident care and increase resident satisfaction. The QIN-QIO will attain this goal by working to incorporate successful interventions into nursing homes, promote resident-centered care and clinical care focused on the needs of long-stay residents, and actively include residents in quality improvement activities within QIN-QIO activities.

We anticipate that improvement in these efforts will result in lower healthcare costs in the Medicare program, associated with decreasing resident morbidity, resulting from decreases in HAIs and HAC, while increasing resident satisfaction and longevity.

Section B. General Desired Outcomes

1. National Goals: The QIN-QIO, via recruitment of Nursing Homes and other activities, shall support the creation of a National Nursing Home Quality Care Collaborative (NNHQCC). The purpose of the NNHQCC is for it and its partners to seek to ensure that every nursing home resident receives the highest quality of care. Specifically, the QIN-QIO shall support the Collaborative objective to “instill quality and performance improvement practices, eliminate healthcare acquired conditions, and improve resident satisfaction.” by performing the following:
 - a. Work with recruited nursing home participants in the Collaborative to attain a score of six or better on the National Nursing Home Composite Quality Measure by 2019 and to attain other national goal(s) and sub goal(s) as identified by CMS.
 - b. Recruit sufficient nursing homes to meet or to exceed the minimum Nursing Home Total Recruitment Number by 2017 (See Evaluation Measures Table).
 - c. Increase the percentage of One-Star nursing homes participating in the National Nursing Home Quality Care Collaborative(s) by 2017 (See Evaluation Measures Table).
 - d. Improve the rate of mobility among long-stay nursing home residents who are Medicare beneficiaries nationally by 2019 (See Evaluation Measures Table).
 - e. Improve the targeted rate of reduction in the use of unnecessary antipsychotic medication in dementia residents who are beneficiaries by 2019 (See Evaluation Measures Table).
2. The outcomes described above shall be accomplished by the QIN-QIO working with participating nursing homes, beneficiaries, beneficiary family members and/or beneficiary advocates/representatives, and in collaboration with key partners and stakeholders. Examples of QIN-QIO interventions to support the achievement of these outcomes shall include, but are not limited to, the following:
 - a. The QIN-QIO adopting, practicing, and demonstrating competency in all

components identified in the Base Contract.

- b. The QIN-QIO participating in Task C.2. *Reducing Healthcare Acquired Conditions in Nursing Homes* shall align with and support the efforts of *Task C.1. Reducing Healthcare-Associated Infections in Hospitals* and Task C.3. *Coordination of Care*.
- c. The QIN-QIO actively aligning to support development of Community Coalitions and development of community specific measure(s) to reduce avoidable hospital admissions and readmissions.
- d. The QIN-QIO creating an operational infrastructure for each participating Collaborative.
- e. The QIN-QIO recruiting nursing homes; specifically, One-Star facilities. However, all nursing homes are eligible for recruitment.
- f. The QIN-QIO recruiting nursing homes for participation in the National Nursing Home Quality Care Collaborative, giving attention to nursing homes that may have prior collaborative experience.

Section C. Personnel Requirements

1. Designation of Key Personnel--
 - a. See Part 2., Personnel Requirements in this TO.

Section D. Task C.2 Requirements

Task C.2.1. Task Work Plan

In addition to Part 4 of this TO, Core Requirements Applicable to All Task Orders, the Work Plan shall include these activities and how the QIN-QIO shall perform these activities:

- a. Under this Task, NNHQCC Collaborative(s) I and II shall commence in Year 1 and Year 3 of the contract term, respectively, and each Collaborative shall operate for 18 months.
- b. The QIN-QIO shall use an updated version of the Collaborative Change Package.
- c. The QIN-QIO shall use and instruct nursing homes in the Quality Assurance Performance Improvement (QAPI) principles, tools and resources.
- d. The QAPI model for nursing home quality improvement shall serve as the framework for each NNHQCC developed or maintained by the QIN-QIO.
- e. The QIN-QIO shall strive to ensure that every nursing home participating in a NNHQCC Collaborative initiates, updates and maintains a QAPI Assessment Tool.
- f. CMS reserves the right to add or remove Collaborative(s) during the contract term.
- g. As other HACs, HAIs or other areas of focus are identified by CMS, the QIN-QIO shall develop and roll-out effective practices and aims/goals for their prevention or treatment as part of a Collaborative or LAN process.
- h. See Appendix 1 for a required timeline for activities under Task C.2.

CMS reserves the right to add, modify or remove activities and focus areas.

Task C.2.2. Provider Recruitment

- a. In addition to the requirements in Section C.6.4.3, Provider and Practitioner Recruitment in the Base Contract, the QIN-QIO shall perform the individual subtasks of this Task as provided below:

To instill systems improvement in nursing homes across the Five-Star system and target nursing homes challenged to succeed (such as those with One-Star status), the QIN-QIO shall recruit One-Star nursing homes in a sufficient number to meet the minimum recruitment goal (see below). The QIN-QIO shall work to incorporate One-Star facilities into the Collaborative structure. To facilitate recruitment of One-Star facilities, the QIN-QIO shall identify reasons that keep One-Star facilities from participating in large group learning activities (such as LANs and Collaboratives), and create mitigation strategies to offset these issues. The QIN-QIO shall include this information into their strategic plans and work plans.

The QIN-QIO shall recruit no less than 75% of the total number of nursing homes (NHs) with an existing star rating status in each participating state and territory. However, all nursing homes or facilities providing long term care services to Medicare beneficiaries are eligible and the QIN-QIO shall encourage them to participate.

Minimum Recruitment Goals. See Appendix 2: Calculation of the Target Recruitment Number (TRN) and Appendix 3: Nursing Home Compare Provider Rating Table to calculate the QIN-QIO-specific TRN and Star Category Target Number (SCTN) for each participating QIN-QIO area. CMS reserves the right to identify an alternate date for the Nursing Home Compare Provider Rating Table provided in this Task. The QIN-QIO shall submit data regarding NHHQCC recruitment according to the Schedule of Deliverables.

- b. Establishing and Maintaining the Minimum Recruitment Target
 1. Participant Agreement: The QIN-QIO shall acquire a *Participation Agreement* from each nursing home identified as a part of the QIN-QIO's Recruitment Target Number (RTN). The participation agreement shall include no less than the following information:
 - a) The nursing home's name, address, and CMS Certification Number (CCN), and
 - b) A statement that the nursing home will actively participate in the Collaborative, including data submission and data sharing.

The QIN-QIO may consider a nursing home "recruited" if the nursing home has the signature of at least one of its executive leadership signifying the nursing home's intent to be involved. Leadership is defined as the Chief Executive Officer, the Chief Operating Officer, the Administrator or the Owner. The QIN-QIO shall upload all Participation Agreements into the CMS designated data storage system.

2. Notice of *Decision Not to Participate*: The QIN-QIO shall acquire a written notice of the *Decision Not to Participate* for any One-Star facility directly solicited to become a part of the QIN-QIOs Star Category Target Number (SCTN), where the One-Star declines to participate in NHHQCC Collaborative I or II. The QIN-QIO shall upload all notices of *Decisions Not to Participate* into the identified data storage system. The notice shall include no less than the following information:
 - a) The nursing home's name, address, and CCN; and the name, date, and leadership position of the person declining the invitation. Leadership is defined as the Chief Executive Officer, the Chief Operating Officer, the Administrator or the Owner.
 - b) Reason(s) for the decision not to participate must be identified and included as a part of the notice.
 - c) Identification of all mitigation strategies instituted by the QIN-QIO/QIN to prevent One-Star facilities from declining to participate.

Task C.2.3. Peer-Coach Recruitment

In addition to the requirements in Section C.6.4.3, Provider and Practitioner Recruitment in the Base Contract, the QIN-QIO shall recruit nursing homes to act as "Peer-Coaches" for other nursing homes in the Collaborative if they are identified as high-performing nursing homes. A high-performing nursing home is in the top 10% of the National Nursing Home Composite Quality Measure to be provided by CMS.

Nursing Homes identified as being in the top 10%, working in conjunction with their QIN-QIO, may recommend Peer-Coaches. Peer-Coaches will (1) represent diverse levels of nursing home staff, both administrative and direct care, (2) provide best-practice support for other nursing homes participating in this SOW, (3) assist the QIN-QIO to instill quality improvement methodologies, and (4) along with the QIN-QIO, foster the creation of quality centric nursing homes amount their peer nursing homes.

The QIN-QIO shall engage nursing home staff, residents, and beneficiary family members to serve as Peer-Coaches as follows:

- a. A nursing home identified as high-performing nursing home (if it is in the top 10% of the National Nursing Home Composite Quality Measure Rate provided by CMS) may recommend Peer-Coaches to the QIN-QIO.
- b. The QIN-QIO will select Peer-Coaches from the individuals recommended by high-performing nursing homes and otherwise identified by the QIN-QIO for participation based on the alignment of the individual's personal areas of expertise with the areas in which the nursing home attained high-performance, diversity of communities, support of nursing home leadership, geographic areas of the QIN-QIO area, and passion for the work.
- c. In addition to the requirements in Section C.6.4.4, Beneficiary ("Patient") and Family Engagement, the QIN-QIO shall recruit at least one resident/beneficiary or family member per participating area shall also be selected to be a Peer-Coach. CMS

- reserves the right to define and/or modify the definition of an area and/or the minimum number required for resident/beneficiary or family member recruitment.
- d. The QIN-QIO shall provide training to Peer-Coaches in the following areas: coaching, quality improvement methodology, Certification and Survey Provider Enhanced Reporting (CASPER) data, and adult learning techniques.
 - e. The QIN-QIO shall begin the process of recruiting Peer-Coaches on day one of the contract. Identification of high-performing nursing homes, selection of Peer-Coaches, and training of Peer-Coaches will end on the last calendar day of the sixth month of the contract.

Task C.2.4. Beneficiary Recruitment

Residents and family members are essential participants in ensuring the quality of care and the quality of nursing home life for long-stay residents who are Medicare beneficiaries. The QIN-QIO shall recruit residents/beneficiaries and their family-members for participation as a part of the QIN-QIO's Peer-Coach activity. In addition, the QIN-QIO shall include residents/beneficiaries and/or family members in at least two quality improvement activities initiated or performed by the QIN-QIO under Task C.2. The QIN-QIO shall encourage nursing homes to include residents and family members in nursing home quality improvement activities.

Task C.2.5. Partner and Stakeholder Recruitment and Collaboration

In addition to the requirements in Section C.6.4.5, Partner and Stakeholder Recruitment and Collaboration in the Base Contract, the QIN-QIO shall work to combine, coordinate and mobilize many people and techniques through partnerships and commitments of action in connection with this Task.

- a. State Survey and Certification Agency
 - 1) The QIN-QIO shall work closely with their respective State Survey and Certification Agency (SSA), such that the SSA Director shall be informed of the SOW within the first 60 days of the start of the contract. The QIN-QIO shall document when, where and with whom this information is shared.
 - 2) The QIN-QIO shall work closely with each SSA, such that any nursing home referred by the SSA is targeted for enrollment in the NHHQCC prior to the start of Collaborative I or II.
 - 3) The QIN-QIO shall prepare and submit an executed *Letter of Agreement* from each SSA.
 - i. The *Letter of Agreement* will identify how and when the SSA shall participate in a LAN.
 - ii. If the SSA Director will not directly participate in QIN-QIO activities, SSA will identify in the *Letter of Agreement* the staff that will participate or indicate that the SSA will not be participating in any QIN-QIO activities.
 - iii. The *Letter of Agreement* for each state shall be uploaded into the identified data storage system.

- 4) QIN-QIOs shall document and provide evidence of SSA interactions, as requested by the COR.
 - b. The QIN-QIO shall engage with other LANs and other organizations, such as, Advancing Excellence in America's Nursing Homes Local Area Networks for Excellence (LANEs), Long Term Care Ombudsmen, nursing homes, HHS and CMS agencies, and others committed to nursing home excellence.
 - c. The QIN-QIO shall expand the network of organizations participating in LANs to include, but not be limited to organizations, such as: state chapters of the National Association of Directors of Nursing Administrators (NADONA), state nursing home medical director association chapters (AMDA), university programs of gerontology, colleges/universities of nursing, community colleges or others training medical assistants, ACOs and others (e.g., HHS, CMS, state, local and federal agencies) committed to nursing home excellence.
 - d. The QIN-QIO shall join the state coalition(s) within its QIN-QIO area that work with the National Partnership to Improve Dementia Care in Nursing Homes.

Task C.2.6. Learning and Action Networks (LANs)

See Part 4 of this TO, Core Requirements Applicable to All Task Orders for TO requirements related to LAN and collaborative management in the Base Contract. The QIN-QIO shall perform the following requirements in addition to those specified in the Base Contract:

Task C.2.6.1. National Nursing Home Quality Care Collaborative

The QIN-QIO shall support the creation of a National Nursing Home Quality Care Collaborative (NNHQCC) beginning in Year 1 and beginning in Year 3 of the QIN-QIO contract. Each Collaborative will operate for a period of 18 months.

- a. The QIN-QIO shall facilitate a Breakthrough Series-type Collaborative as a part of the Learning and Action Network for the NNHQCC.
- b. The QIN-QIO shall, in consultation with the QIN NCC, create an organizational infrastructure for each Collaborative.
- c. The QIN-QIO shall support participating nursing homes in their self-selected focus areas.
- d. The QIN-QIO shall host a minimum of three Learning Sessions per Collaborative and provide support during action periods to drive engagement and improvement.
- e. During the Collaborative and throughout the duration of the QIN-QIO contract, activities conducted within the QIN-QIO area may be referred to as [insert name] Nursing Home Quality Care Collaborative (NHQCC).

CMS shall direct the adoption and implementation of best-practices and processes throughout the Collaborative for rapid cycle testing and use in nursing homes, such as those related to QAPI.

Task C.2.6.2. Training

The QIN-QIO shall provide training via LANs and Collaboratives that include learning sessions and action periods to participating nursing homes either virtually or face-to-face, with CMS

approval. Training shall occur during the LANs and Collaborative(s) and throughout the duration of this Task. The QIN-QIOs shall submit the necessary paperwork and gain approval for learning sessions in advance of their occurrence, as required by CMS policy.

The QIN-QIO shall not be limited to the information or interventions described in this Task Order in the pursuit of nursing home excellence in connection with the Medicare program.

Task C.2.6.3. Areas for Rapid Cycle Quality Improvement Testing and Implementation

The QIN-QIO shall operate the Collaborative with a focus on engaging nursing homes in rapid-cycle improvements in areas at the systems level. These areas may include, but are not limited to:

- a. Systems level improvement, such as, staff stability, consistent/permanent staff assignment, team building, finance, and/or leadership;
- b. QAPI Assessment Tool, increasing mobility among long-stay residents, and decreasing the use of unnecessary Antipsychotics Medication in residents with dementia;
- c. HACs such as: urinary tract infections, pressure ulcers, physical restraints, and ensuring an “injury and violence free living” environment as noted in the National Prevention Strategy; and
- d. Other areas that nursing homes may choose to work on include: HAIs like Methicillin - resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C.Diff), and vaccinations, such as pneumonia and influenza, are examples.

CMS recognizes that high performing nursing homes routinely assess their data, culture, financial status and other factors, and address many prioritized areas in order to attain and maintain the highest practicable quality of life and care for their residents. Using the quality improvement skills that the QIN-QIOs shall be teaching the nursing homes’ Collaborative teams, the QIN-QIOs shall assist each nursing home to strive to address as many areas as necessary to become a quality focused and learning organization. In addition to focusing on QAPI Assessments, mobility and unnecessary antipsychotic use in residents with dementia, the QIN-QIO shall assist nursing homes with choosing specific nursing home-identified focus areas.

Task C.2.6.4. Eliminating Duplication of LANs

The QIN-QIO shall identify other LANs operating in its area and collaborate to align and coordinate efforts. Where a LAN exists based on Task C.3. (Coordination of Care) and/or Task C.1. (Healthcare Acquired Infection), the QIN-QIO shall coordinate and integrate activities. The QIN-QIO shall submit documentation attesting to the coordination of efforts and absence of wasteful duplication.

Task C.2.7. Monitoring and Data Collection

The measurement strategy for assessing QIN-QIO progress in this Task shall be evaluated upon a decrease in the National Nursing Home Composite Quality Measure, as evidenced by 50% of recruited nursing homes achieving the national target of six or better, and attaining no less than the minimum indicator of success for other national goals, other sub-goals, as identified. Additions or amendments shall be made throughout the contract term.

The QIN-QIO shall collect and report information in accordance with Attachment J-1a - Task

C.2 – Nursing Homes Schedule of Deliverables. Data and information submitted via these deliverables shall be used for purposes of the QIN-QIO’s contract evaluation.

- a. The QIN-QIO shall collect and report information on LANs.
- b. The QIN-QIO shall collect and report information for each collaborative.
- c. The QIN-QIO shall collect and report information for all other efforts identified by CMS.

Task C.2.8. Sustainability Plan

In addition to the requirements of Part 4 of this TO, Core Requirements Applicable to All Task Orders, the QIN-QIO shall develop and implement a sustainability plan that shall promote, facilitate, and ensure continued existence of and participation of nursing homes in the NNHQCCs and LANs after the QIN-QIO has completed this Task.

Section E. Schedule of Deliverables

The contractor shall provide all deliverables for Task C.2 – Nursing Homes Schedule of Deliverables in accordance with Attachment A, Task Order 001 Schedule of Deliverables.

Section F. Measurement, Evaluation and Performance

The QIN-QIO will be evaluated on an annual basis, as identified, regarding progress towards achieving the CMS-designated evaluation measures. See Attachment B, Task Order 001, Evaluation Measures Tables for the Task C.2 – Nursing Homes measures. While a recruitment methodology is utilized for recruitment efforts, CMS shall also use a combination of process and outcome related measurement for QIN-QIO Contract Evaluation. Also, see Section C.6, Contractor Performance Measurement in the base contract.

Section G. Task C.2. Appendices

Task C.2. Appendix 1: Required Timeline for C.2 Activity

The QIN-QIO shall expect that new practices and focus areas will be introduced for implementation at intervals throughout this Task.

1. Year One:

- a. Integration of C.1, C.2, and C.3 Learning & Action Networks
- b. Recruitment of nursing homes for participation in National Nursing Home Quality Care Collaborative I
- c. NNHQCC I: systems improvement for areas of focus identified by participating nursing homes, beneficiary/resident mobility and antipsychotic medication

2. Year Two:

- a. Integration of LANs: C.1, C.2 and C.3 LANs
- b. Continuation of NNHQCC I: systems improvement, nursing home areas of focus, beneficiary/resident mobility and antipsychotic medication

3. Year Three

- a. Integration of C.1, C.2 and C.3 LANs
- b. Sustainment of NNHQCC I efforts
- c. Recruitment of nursing homes for NNHQCC II
- d. Start of NNHQCC II: additional areas of focus will be added in addition to beneficiary/resident mobility and antipsychotic medication

4. Year Four

- a. Integration of C.1, C.2, and C.3 LANs
- b. Sustainment of NNHQCC I efforts
- c. Continuation of NNHQCC II

5. Year Five

- a. Integration of C.1, C.2 and C.3 LANs
- b. Sustainment of NNHQCC I and II efforts

CMS shall amend, add or delete task activities at any time during Task C.2.

Task C.2. Appendix 2: Calculation of Nursing Home Recruitment Target Number (RTN) and Star Category Target Number (SCTN)

Recruitment Target Number

The QIN-QIO shall calculate the minimum participating nursing home Recruitment Target Number (RTN) and Star Category Target Number (SCTN) as follows:

- a. **Recruitment Target Number (RTN):** Locate a state or territory within the QIN-QIO area in Appendix 3 of this TO: Nursing Home Provider Ratings table.
 1. To calculate the minimum participating state or territory RTN, multiple the number provided in the column titled, "Total with Star Rating" by 75%, and round down to the next lower integer, e.g.:
 - i. Alabama has 227 nursing homes in the identified column: $227 \times 0.75 = 170.25$. Rounding down to the next lower integer = 170. The minimum RTN for Alabama = 170
 - ii. California has 1227 nursing homes in the identified column: $1227 \times 0.75 = 920.25$. Rounding down to the next lower integer = 920. The minimum RTN for California = 920.
 2. Each participating state and/or territory shall have an individual RTN.
 3. The Nursing Home Provider Rating table is located at <https://data.medicare.gov/data/nursing-home-compare/Star%20Ratings>.
- b. **Star Category Target Number (SCTN):** Locate the columns titled 5-Star through 1-Star in Appendix 3 of this Task: Nursing Home Provider Ratings Table (Also available at

<https://data.medicare.gov/data/nursing-home-compare/Star%20Ratings>).

One-Star Recruitment

1. To calculate the minimum One-Star Category Target Number (SCTN), multiply the number provided in the One-Star column by 75%, e.g., for Alabama and California, the calculations will be:
 - i. Alabama has 12 One-Star homes: $12 \times 0.75 = 9.0$ nursing homes. Rounding down, Alabama has a minimum recruitment target of 9 One-Star NHs to recruit.
 - ii. California has 118 One-Star homes: $118 \times 0.75 = 88.5$ nursing homes. Rounding down, California has a minimum recruitment target of 88 NHs to recruit.
2. The QIN-QIO with zero (0) One-Star homes in a state within its QIN-QIO area shall validate the “zero” One-Star status with the COR, and may be exempt from Collaborative recruitment efforts for that specific state or territory, depending upon the One-Star count during the recruitment period of each collaborative.
3. The QIN-QIO with one (1) One-Star nursing homes shall recruit that nursing home. In the absence of recruitment, the QIN-QIO shall upload the notice into the identified data storage system.
4. The QIN-QIO with two (2) One-Star homes shall recruit a minimum of 1 One-Star home.

As the SOW includes multiple Collaboratives with individual recruitment periods, a QIN-QIO with only 1 or 2 One-Star Category Target Numbers and unable to recruit at least 1 One-Star home for Collaborative I, the QIN-QIO shall re-recruit nursing home(s) that have not previously engaged (or declined participation) in the Collaborative.

Five-Star Recruitment

To calculate the minimum Five-Star Category Target Number (SCTN), multiply the Recruitment Target Number (RTN) by 10%, e.g., for Alabama and California, the calculations will be:

- i. Alabama’s RTN = 170: $170 \times 0.10 = 17.0$ nursing homes. Rounding down equals a minimum recruitment target of 17 Five-Star nursing homes to recruit.
- ii. California’s RTN = 920: $920 \times 0.10 = 92.0$ nursing homes. Rounding down equals a minimum recruitment target of 92 NHs.

Any Star Recruitment

To calculate the minimum “Any Star” recruitment number, subtract the sum of the One-

Star and Five-Star Category Target Counts from the RTN and the QIN-QIO shall recruit the minimum number of nursing homes from any star category, e.g., for Alabama and California, the calculations will be:

- a. Alabama's RTN = 170: $170 - [9 + 17] = 144$ star-nursing homes that Alabama shall recruit in addition to One-Star and Five-Star nursing homes to attain its minimum RTN.
- b. California's RTN = 920: $920 - [88 + 92] = 740$ star-nursing homes that California shall recruit in addition to the One-Star and Five-Star nursing homes to attain its minimum RTN.

Task C.2. Appendix 3: Nursing Home Compare Provider Rating Table as of 04/23/2013

The data in Table 2 was exported from the Nursing Home Compare Provider Ratings Table via Data.Medicare.Gov on 04/23/2013 (<https://data.medicare.gov/data/nursing-home-compare/Star%20Ratings>).

Table 1. Nursing Home Provider Ratings

State	Total # of Homes	Total with Star Rating	5-star	4-star	3-star	2-star	1-star
AK	17	16	6	2	3	4	1
AL	228	227	62	75	38	40	12
AR	231	228	48	65	50	41	24
AZ	145	141	37	35	24	31	14
CA	1,231	1,227	338	316	228	227	118
CO	214	210	55	61	38	41	15
CT	231	231	68	64	45	36	18
DC	19	19	9	3	3	3	1
DE	46	45	16	9	11	9	0
FL	684	680	149	218	123	134	56
GA	359	356	63	73	76	84	60
GU	1	1	0	0	0	1	0
HI	45	43	17	11	7	7	1
IA	444	443	104	135	76	83	45
ID	76	76	22	22	11	14	7

State	Total # of Homes	Total with Star Rating	5-star	4-star	3-star	2-star	1-star
IL	772	765	157	200	165	150	93
IN	516	505	91	125	107	109	73
KS	343	333	82	99	63	51	38
KY	285	281	40	68	63	66	44
LA	280	279	36	54	57	58	74
MA	422	420	120	125	63	82	30
MD	229	226	62	64	41	47	12
ME	107	107	33	34	16	21	3
MI	427	420	97	117	92	76	38
MN	381	379	93	125	70	66	25
MO	513	510	94	153	101	104	58
MS	204	200	37	60	38	42	23
MT	83	83	18	24	13	20	8
NC	419	415	85	102	84	80	64
ND	82	82	18	32	14	13	5
NE	218	218	42	67	51	39	19
NH	76	76	25	21	14	11	5
NJ	365	362	95	95	66	71	35
NM	71	69	10	18	16	13	12
NV	51	51	10	13	11	13	4
NY	630	628	120	161	127	144	76
OH	951	944	144	237	190	203	170
OK	310	306	32	71	70	68	65
OR	139	135	29	44	29	29	4
PA	707	707	155	174	134	136	108
PR	7	7	1	3	2	1	0
RI	84	84	21	26	14	17	6
SC	189	188	40	64	29	39	16
SD	112	109	20	34	23	28	4

State	Total # of Homes	Total with Star Rating	5-star	4-star	3-star	2-star	1-star
TN	320	314	55	74	61	62	62
TX	1,200	1,178	145	238	252	282	261
UT	97	94	16	22	19	24	13
VA	285	283	66	64	54	65	34
VT	38	38	6	16	8	7	1
WA	225	223	58	59	44	43	19
WI	390	389	105	112	67	73	32
WV	126	123	16	34	23	27	23
WY	39	38	7	17	6	5	3
Total	15,664	15,512	3,275	4,135	3,030	3,140	1,932