



QIPP Quality Metric Technical Requirements & Portal Instructions for State Fiscal Year (SFY) 2022

The instructions given below are published in accordance with the approved QIPP SFY 2022 preprint. In conjunction with the beginning of the SFY 2022 program year, HHSC will launch a new QIPP Long-term Care Services & Support (LTSS) Quality Metric Data Submission Web Portal and post training webinars to offer guidance on the reporting requirements described here.

Visit the [QIPP Website](#) for links to the Web Portal and posted training webinars. Download templates required for SFY 2022 reporting requirements from the [QIPP Resources page](#).

NOTE: Data reported in the LTSS Data Submission Portal must come from a documented, auditable source. This source must entail a consistent methodology for producing these data, standardized across every reporting period. HHSC is providing templates that include all required data fields; however, NFs may use their own documentation and standard tracking methodologies to produce reported data so long as all data entered into the portal is clearly labeled in the respective coordinating documentation.

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Component One – Quality Assurance and Performance Improvement (QAPI)

HHSC designates one quality metric for Component One. Component One is open only to non-state government owned (NSGO) providers. Funds in this Component are distributed monthly. As a condition for participation in Component 1, providers are required to submit their meeting attestation and data related to a nursing facility (NF)-specific performance improvement project (PIP) every month. The metric is:

- **Metric 1:** Nursing Facility (NF) holds a QAPI meeting each month that accords with quarterly federal requirements and pursues specific outcomes developed by the facility as part of a focused Performance Improvement Project (PIP).

Frequency: Monthly

Deadline: 4th business day of the month following the reporting period

Required Document Submission: NF must upload a copy of the *Component One PIP Reporting Template* each month, with the required sections completed; supporting documentation relevant to updated sections

Condition of Participation: Non-state government-owned nursing facilities must report monthly their QAPI meeting and progress made on their PIP and must serve at least one Medicaid member in the reporting period.

Monthly QAPI Meetings

This metric entails an attestation by the facility administrator or authorized staff of a monthly meeting that incorporates all goals set forth for QAPI development by CMS. These goals are designed around existing federal rule 42 C.F.R. § 483.75 and arranged as follows:

- F865: §483.75(a), (b), (f), & (h) Each LTC facility, including a facility that is part of a multi-unit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
- F866: §483.75(c) Program feedback, data systems and monitoring. A facility must establish and implement written policies and procedures for feedback,

data collections systems, and monitoring, including adverse event monitoring.

- F867: §483.75(d) & (e) Program systematic analysis and systemic action and Program activities.
- F868: §483.75(g) Quality assessment and assurance.

MDS-Based Quality Measure PIP

This metric also entails monthly reporting of ongoing data collection and analysis that inform the development and implementation of the NF's PIP, which must focus on a CMS long-stay MDS quality measure with data published on the Centers for Medicare and Medicaid Services (CMS) Care Compare website.

QAPI Portal Elements & Monthly Submission Requirements

Data and documentation are collected monthly through the LTSS Data Submission Portal. Facilities have four business days into the following month to complete their submission for the reporting period. When selecting the reporting period from the Portal dropdown menu, select the month in which the meeting took place. **Do not select the month of the deadline or the month that was reviewed during the meeting.**

QAPI Data Elements

Each month, NFs must complete the following fields about the monthly QAPI meeting:

- Date of the meeting;
- Time of day the meeting was held; and
- Check a box attesting that the meeting occurred as reported and that the meeting pursued the goals of a QAPI program that includes demonstrable owner/operator involvement.

Component One reporting requirements will also include the regular reporting of ongoing development and implementation of PIP. By the end of Quarter 1, NFs must have completed **Sections 1** through **6** of the *Component One PIP Reporting Template*. Before the end of Quarter 4, the NF must complete and submit **Section 10**.

Data elements reported across all reporting periods in the Web Portal correspond to **Section 7** of the *Component One PIP Reporting Template* and include:

- Primary MDS-based measure selected as the area of focus;
- NF's data source for tracking the measure, which must remain consistent across reporting periods;
- Most recently published performance data, including numerator, denominator, and resulting percentage;
- Reporting period for data; and
- Reasonable performance goal for the program year.

The data entered in September for your primary MDS-based quality measure will function as the baseline for the rest of the program year. These data must reflect the most recently published data from the designated data source for the measure. Data reported in subsequent months will be measured against this baseline; however, Component One metric status is not based on the rate of improvement.

Beyond the primary MDS-based quality measure that serves as the area of focus for the PIP, the NF must enter other elements of the PIP in the portal each month as well. These come from **Sections 8** and **9** of the *Component One PIP Reporting Template* and include:

- Summaries of changes that have been initiated as part of new and ongoing interventions; and
- Status updates on continuing and concluded interventions.

The NF must also complete a list of checkboxes attesting to which sections of their *Component One PIP Reporting Template* have been updated in the month's documentation upload.

QAPI Required Documentation

The NF is required to upload the *Component One PIP Reporting Template* document **every month**; however, requirements for what sections of the template are completed by what reporting period are set by quarter.

For example, the NF must upload supporting documentation working towards the completion of a PIP charter in September, October, **and** November of Quarter 1; however, the completed charter is not due to HHSC until the November reporting period.

The NF may use its own documents or CMS templates during the PIP process but submitting the *Component One PIP Reporting Template* alongside data and relevant supporting documentation is required. In all cases, reported data must come directly from a documented source with a label that matches the fields provided in the template document.

- **Quarter 1:** NF is required to submit documentation that constitutes the PIP charter as delineated in the *Component One PIP Reporting Template* Sections 1 through 6.
- **Quarters 2 and 3:** NF must submit documentation that records tracking of planned interventions. This includes at least those fields and elements delineated in Sections 7 through 9 of the *Component One PIP Reporting Template*.
- **Quarter 4:** NF must submit monthly documentation that records tracking of ongoing and completed interventions (as above); and, before the end of the program year, the NF must submit summary information as delineated in Section 10 the *Component One PIP Reporting Template*.

Component One: Quality Assurance Review

HHSC will perform quarterly reviews on a sample of providers. If selected, the NF will have 14 business days to submit the following records at the request of HHSC:

- Minutes from QAPI meetings;
- Sign-in or attendance sheets;
- Policies and outcomes developed in or as a result of meetings;
- Records related to results of actions taken in or as a result of meetings;
- Records demonstrating owner/operator involvement in meetings; and
- Current QAPI plan and summary of activities undertaken for the PIP planning and implementation submitted as monthly updates (For example: topic selection, problem or question, target population, indicator measures of change with goal, baseline and measurement timeframes, sampling methods and interventions used, data collection and analysis plan listing sources of verifiable data, use of systemic analyses such as Root Cause Analyses (RCA), review and interpretation of results, assessment of impact and real improvement, and strategy for sustaining improvement).

Failure to participate in the review or to provide supporting documentation could result in adjustments pursuant to 1 T.A.C. §353.1301(k).

Component Two – Workforce Development

HHSC designates three equally weighted quality metrics for Component Two. Component Two is open to all provider types, and funds are distributed monthly. The three metrics are:

- **Metric 1:** NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
- **Metric 2:** NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
- **Metric 3:** NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.

Frequency: Monthly

Deadline: 4th business day of the month following the reporting period

Required Document Submission: NF must upload a copy of the *Component Two PIP Reporting Template* **each month**, with the required sections completed; PIP supporting documentation relevant to any updates; a copy of their RN coverage tracking sheet; and (as needed) summary telehealth encounter data

Condition of participation: Requires all QIPP providers to submit a workforce development plan in the form of a PIP. Facilities must report monthly progress updates on monitoring the NF's workforce development PIP.

RN Coverage Performance Requirements

Facilities must attest to the number of days the additional RN staffing hours were met and how services were rendered (in-person or via telehealth). For telehealth services, facilities must report total hours covered, summary encounter data, and any encounters that do not meet an in-person level of care.

Only direct-care services count toward the additional 4 or 8 hours of RN coverage each day. As per the Payroll-Based Journal Manual, RN hours are counted according to the RN's primary role for the hours logged; only non-administrative, direct-care hours count toward the Component Two RN coverage metrics.

For quality metrics one and two, HHSC has outlined the following requirements for how a NF meets these metrics:

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- Facilities must submit direct care staffing information (including information for agency and contract staff) based on payroll or other auditable data. Attestations to hours must be made with evidence.
 - Hours above the federally mandated eight hours of in-person RN coverage must be scheduled non-concurrently with mandated hours.
 - Additional hours must be dedicated to direct-care services; Director of Nursing (DON) or managerial hours cannot be counted towards the 4 or 8 additional hours.
 - NFs must provide in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period.
 - Only hours actually worked count toward additional coverage; meal breaks must be deducted from scheduled hours.
 - NFs may use telehealth technologies for scheduling hours beyond the eight hour in-person mandate.

Telehealth Services

Telehealth technologies can be used to provide a flexible modality of additional RN coverage, not to provide an alternative to additional RN coverage. This section will outline requirements regarding the appropriate use of telehealth technologies in meeting the first two quality metrics for Component Two.

For purposes of the QIPP, when health care services are delivered by a provider to a resident at a different physical location than the provider using telecommunications or information technology, such services are considered to be telehealth services. **Telehealth services may be provided only by an RN, APRN, NP, PA, or physician.**

To be considered appropriate and sufficient, telehealth services must be provided in compliance with all standards established by the respective licensing or certifying board of the provider. The requirements for telehealth services in acute care settings do not apply to the use of telehealth services in the QIPP context.

The provider must obtain informed consent to treat from the resident, resident's parent, or the resident's legal guardian prior to rendering services via telehealth. Healthcare providers at the resident's physical location cannot give consent on behalf of the resident.

HHSC will review telehealth performance during quarterly quality assurance reviews and will not approve policy. Many private telehealth services do not provide direct access to RNs or an in-person level of care, and so would not count toward coverage for the purposes of QIPP. For example, dispatchers do not count as RNs. Each facility is responsible for meeting all requirements, including those related to patient privacy and consent, if telehealth services are used as a modality of RN coverage.

Service Delivery Modalities

Telehealth services must engage the following modalities to meet the first two quality metrics for Component Two:

- Synchronous audio-video interaction established and maintained between the provider and the resident; or
- Asynchronous forwarding technology that supplements or works in conjunction with a synchronous audio or video interaction between the provider and the resident.
- To provide appropriate and sufficient service that would meet the in-person standard of care, the provider may need access to:
 - ▶ Clinically relevant photographic or video images, including diagnostic images; or
 - ▶ The resident's relevant medical records, such as medical history, laboratory and pathology results, and prescriptive histories; or
 - ▶ Other forms of audiovisual telecommunication technologies that allow the provider to meet the in-person visit standard of care.

Availability

Telehealth services are considered available only when the telehealth technologies are working properly, and the RN is available to provide an in-person level of care. If either element is lacking, the hours do not count toward additional coverage metrics.

Further considerations relating to availability include:

- Hours wherein telehealth services are unavailable for any reason will not count toward RN metric hours, whether an encounter was requested during that time or not.

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- Hours wherein telehealth services are available may count toward RN metric hours, whether an encounter was requested during that time or not.
 - If an RN is engaged by one facility, the RN is considered unavailable for any other facility, whether another encounter is requested during that time or not.
 - Telehealth services will be considered unavailable during any encounter that does not meet the in-person level of care.

Timeliness

If the time that elapses between facility staff recognizing a need for RN-level care and initiating a telehealth service request exceeds 15 minutes, the encounter does not meet the in-person standard of care. Furthermore, if the time that elapses between a completed request for telehealth services and the engagement of the telehealth professional in a resident consultation exceeds 15 minutes, the encounter does not meet the in-person standard of care.

If the timeliness requirement is not met, then the RN is considered unavailable for at least the 30-minute window represented by the missed encounter duration. Hours cannot be counted for any time the RN is unavailable.

Workforce Development PIP

For quality metric three, each NF will submit monthly updates on a self-directed PIP focused around a topic of workforce development, such as resident-centered culture change, staff satisfaction, or RN retention. See below for reporting requirements.

Workforce Development Portal Elements & Monthly Submission Requirements

Data are collected monthly through the QIPP LTSS Data Submission Portal. Facilities have four business days into the following month to complete their submission for Registered Nurse (RN) coverage and workforce development data. When selecting the reporting period from the Portal dropdown menu, select the month you are reporting data for. **Do not select the month of the deadline.**

RN Coverage Data Elements

The LTSS Quality Component Data Web Portal is the form through which all Component Two data are submitted. The Component Two tab of the portal includes the following required questions:

1. How many days during the reporting period (the previous calendar month) did the facility meet 4 hours of additional RN coverage?
2. How many days during the reporting period (the previous calendar month) did the facility meet 8 hours of additional RN coverage?
3. By checking this box, I attest that additional RN hours used to meet these metrics were not concurrent with otherwise mandated RN hours.

The first two items are tied directly to meeting the first two quality metrics for Component Two. The following questions are only to help track telehealth use and to inform HHSC staff prior to quality assurance reviews.

4. Did the facility use telehealth services for any of these shifts?

If the facility answers 'Yes' to item 4, then the Web portal will load the following questions:

5. How many days during the reporting period did the facility use telehealth services to meet the additional RN coverage hours?
6. How many hours during the reporting period did the facility use telehealth services to meet the additional RN coverage hours?
7. How many telehealth encounters did the NF experience over the reporting period?

NOTE: The days reported in Question 5 specify how many of the previously entered total days from Questions 1 and 2 were met with telehealth services. **Only the answers to Questions 1 and 2 will be measured against the monthly target.**

RN Coverage Required Documentation

RN Coverage Tracking Sheet: Facilities must submit direct care staffing information (including agency and contract staff) based on payroll or other auditable data e.g. staffing metrics reported to the Payroll Based Journal. No specific template is required for NFs to track their RN coverage; however, the

source of all data entered into the Portal must be labeled and identifiable in support documentation.

Summary Telehealth Encounter Data: Facilities that use telehealth hours to meet Metric 1 and 2 requirements must submit summary data for all telehealth encounters that demonstrate the level of care, availability, and timeliness requirements were met.

Workforce Development PIP Data Elements

Metric three reporting requirements include the regular reporting of ongoing development and implementation of the PIP. By the end of Quarter 1, NFs must have completed **Sections 1** through **6** of the *Component Two PIP Reporting Template*. Before the end of Quarter 4, the NF must complete and submit **Section 10**.

Data elements reported across all reporting periods in the Web Portal correspond to **Section 7** of the *Component Two PIP Reporting Template* and include:

- Topic of the workforce development PIP;
- Primary quality measure or performance indicator used to track progress;
- NF's data source for tracking the measure, which must remain consistent across reporting periods;
- Most recently published performance data, including numerator, denominator, and resulting percentage;
- Reporting period for data; and
- Reasonable performance goal for the program year.

The data entered in September for your primary performance indicator will function as the baseline for the rest of the program year. These data must reflect the most recently published data from the designated data source for the measure. Data reported in subsequent months will be measured against this baseline; however, metric status is not based on the rate of improvement.

Beyond updated data for the primary performance indicator, the NF must enter other elements of the PIP in the portal each month as well. These come from **Sections 8** and **9** of the *Component Two PIP Reporting Template* and include:

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- Summaries of changes that have been initiated as part of new and ongoing interventions; and
 - Status updates on continuing and concluded interventions.

The NF must also complete a list of checkboxes attesting to which sections of their *Component Two PIP Reporting Template* have been updated in the month's documentation upload.

Workforce Development PIP Documentation

The NF is required to upload the *Component Two PIP Reporting Template* document **every month**; however, requirements for what sections of the template are completed by what reporting period are set by quarter.

For example, the NF must upload supporting documentation working towards the completion of a PIP charter in September, October, **and** November of Quarter 1; however, the completed charter is not due to HHSC until the November reporting period.

The NF may use its own documents or CMS templates during the PIP process, but submitting the *Component Two PIP Reporting Template* alongside data and relevant supporting documentation is required. In all cases, reported data must come directly from a documented source with a label that matches the fields provided in the template document.

- **Quarter 1:** NF is required to submit monthly documentation that constitutes the PIP charter as delineated in the *Component Two PIP Reporting Template* Sections 1 through 6.
- **Quarters 2 and 3:** NF must submit monthly documentation that records tracking of planned interventions. This includes at least those fields and elements delineated in Sections 7 through 9 of the *Component Two PIP Reporting Template*.
- **Quarter 4:** NF must submit monthly documentation that records tracking of ongoing and completed interventions (as above); and, before the end of the program year, the NF must submit summary information as delineated in Section 10 the *Component Two PIP Reporting Template*.

Component Two: Quality Assurance Review

HHSC will conduct quarterly reviews of RN hours and performance improvement projects on a sample of providers. If selected, the NF will have 14 business days to submit to HHSC:

- Direct-care staffing information (including agency and contract staff) based on payroll or other auditable data. The data may be used by HHSC to validate the level of staff in each nursing home, as well as employee turnover and tenure, which can impact the quality of care delivered. Payroll Based Journal data will only be used if HHSC needs to verify the base CMS-mandated RN hours. For example: copy of applicable shift schedule & corresponding timesheets from the NF's payroll system verifying that the shift schedule was covered by a qualifying RN and/or other direct care staff.
- Telehealth: Encounter Data for Telehealth, telehealth usage policy, and documentation of ongoing monitoring for appropriate use, service delivery modality, availability, and timeliness.
- Ongoing outcome-monitoring activities undertaken in a PIP to improve the workforce in areas such as recruitment and retention, turnover, and vacancy rates, infection control training and protocols as applicable to workforce development and resident-centered culture change. (For example: topic selection, problem or question, target population, indicator measures of change with goal, baseline and measurement timeframes, sampling methods and interventions used, data collection and analysis plan listing sources of verifiable data, use of systemic analyses such as Root Cause Analyses (RCA), review and interpretation of results, assessment of impact and real improvement, and strategy for sustaining improvement).

If the NF is selected for a Quality Assurance Review (QAR), documentation from across the program year will be reviewed. Failure to participate in the review or to provide supporting documentation could result in adjustments pursuant to 1 T.A.C. §353.1301(k).

Component Three – Minimum Data Set CMS Five-Star Quality Measures

HHSC designates four equally weighted quality metrics for Component Three.

Component Three is open to all provider types, and funds are distributed quarterly. All four metrics relate to Long-Stay Minimum Data Set (MDS) quality metrics and are measured against program-wide as well as facility-specific targets. The four metrics are:

- **Metric 1:** (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
- **Metric 2:** (CMS N031.03) Percent of residents who received an antipsychotic medication.
- **Metric 3:** (CMS N035.03) Percent of residents whose ability to move independently has worsened.
- **Metric 4:** (CMS N024.02) Percent of residents with a urinary tract infection.

Facility-specific targets are calculated as improvements upon a NF's initial baseline, beginning with a five percent relative improvement in quarter one and increasing by five percent each subsequent quarter, up to 20% relative improvement by Quarter 4. Program-wide targets are set at the most recently published national average for each quality metric. NF initial baselines and quality metric benchmarks will be posted to the QIPP website at the beginning of the SFY 2022 program year.

For a quality metric to be considered "Met" in a quarter, the NF must perform either:

- Equal to or better than its facility-specific target; or
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

NFs Report MDS Assessment Data to CMS per Federal Requirements. NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will pull data from a CASPER to calculate NF performance each quarter.

Component Four – Infection Control Program

HHSC designates one quality metric for Component Four that entails staged performance targets over the four quarters of the program year. Component Four is open only to NSGO providers, and funds are distributed quarterly. This metric is:

- **Metric 1:** Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship^a.

Frequency: Quarterly

Deadlines: End of the “one-month reconciliation” period, which is set as a specific date during the month following the reporting period. For the SFY 2022 program year, the deadlines are 12/28/2021 (Q1), 3/29/2022 (Q2), 6/28/2022 (Q3), and 9/27/2022 (Q4).

Required Document Submission: Antibiotic prescription policies, HH audit documentation, PPE audit documentation (Q1, Q3); infection control training certificates, updated infection control policies and procedures (Q2)

Staged Quarterly Performance Targets

Quarters 1 & 3: NFs must attest to and submit documents supporting all key infection control elements listed below before the end of the reconciliation period^b:

- Written policies on antibiotic prescribing
- Designated leadership individuals for antibiotic stewardship
- Pharmacy-generated antibiotic use report from within the last six months
- Antibiogram report from within the last six months (or from regional hospital)
- Current list of reportable diseases

^a Recommended evidence-based resource: **Implement, Monitor, and Sustain an Antimicrobial Stewardship Program**. Content last reviewed October 2016. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html>

^b Recommended resources to implement ‘**Leadership Commitment and Accountability, Drug Expertise, Tracking and Reporting**’ Core Elements of Antibiotic Stewardship, Implementation Resources for Nursing Homes. Content last reviewed October 7, 2021. Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP).
<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes/implementation.html>

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- Audits (monitors and documents) of adherence to hand hygiene^c
 - Audits (monitors and documents) of adherence to personal protective equipment use^d

Supporting documentation for these elements will include three separate documents as defined in the following section.

Quarter 2: NFs must attest to and submit documentation supporting **both** elements below before the end of the reconciliation period:

- Nursing Facility Administrator (NFA) and Director of Nursing (DON) completing the 'Nursing Home Infection Preventionist Training course' produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS) (CDC Train Course ID#WB4081 or WB4448).
- Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Updated within 6 months of reporting period)

The 'Nursing Home Infection Preventionist Training Course' is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814) as a free and flexible online course. The course ID was updated from WB4081 to WB4448 on October 1, 2021. The total time to complete the course is estimated at 20 hours and consists of 23 modules (for WB#4081) or 24 modules (for WB4448). The modules can be completed in any order and over multiple sessions. The average time to complete each module ranges from 30 to 90 minutes. The course was developed for the individual(s) responsible for IPC programs in nursing homes; however, it includes content that will be helpful for nursing home administrators and program managers, besides clinical staff.

Quarter 4: NFs must meet performance targets in **both** the vaccination measures listed below for the metric to be considered "Met" for the reporting period. NF

^c **Hand Hygiene Observational Audits Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

^d **Personal Protective Equipment COVID-19 Observational Audit Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

performance will be derived from the most recently published CMS data at the time of calculation, and will be measured against NF-specific baselines and the most recently published national average as of the beginning of the program year:

- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (CMS N020.02)
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (CMS N016.03)

Facility-specific targets are calculated as a 5% relative improvement upon a NF's initial baseline. Program-wide targets are set at the most recently published national average for each quality metric as of the beginning of the program year.

For a vaccination quality metric to be considered "Met" in Quarter 4, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

Infection Control Portal Elements & Quarterly Submission Requirements

Data for the infection control program metrics of Component Four will be collected quarterly through the LTSS Data Submission Portal. In alignment with the process of MDS data submissions, facilities will have a one-month reconciliation window at the end of the quarter to submit and update data related to the MDS-based metrics.

In addition to reporting requirements delineated below, facilities may be required report additional data elements (e.g. COVID-19 vaccinations, Number of Hospitalizations Due to COVID-19) each quarter for tracking purposes. HHSC may add elements to the portal as needed to include additional infection rates or to track trends. In all cases, reporting the items remains mandatory, but values will not be used to count against the facility for meeting any Component Four metrics.

All data from the portal will be considered final when HHSC begins calculations at the end of the reconciliation period.

Portal Elements, Required Documentation: Q1 and Q3:

Quarters 1 and 3 entail the same reporting requirements. The NF must complete **three** sections in the portal and upload **three** documents as described below.

Antibiotic Stewardship Requirements

The NF must attest that it has developed antibiotic prescription policies, that the policies are available to staff, and that they include all the following **required** elements:

- Designated leadership individuals for antibiotic stewardship named in the policy document
- Pharmacy-generated antibiotic use report from within the last six months
- Lab-generated antibiogram report from within the last six months (or from regional hospital)
- Current list of reportable diseases

The NF may also attest to whether their antibiotic stewardship program includes the further **optional** elements:

- Antibiotic use and resistance data are reviewed in quality assurance meetings
- Requires prescribers to document a dose, duration, and indication for all antibiotic prescriptions
- Facility-specific algorithm for assessing residents
- Facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections
- Facility-specific treatment recommendations for infections
- Personalized feedback on antibiotic prescribing practices (to clinical providers)

The NF must upload its antibiotic prescription policy document after attesting to the elements included within it.

Staff Auditing Requirements

The NF must additionally report the following four values for each of two additional **required** elements, those that entail auditing for hand hygiene and personal protective equipment:

- Number of employees audited
- Number of perfect audits
- Compliance Rate
- Average number of failures per audit

Facilities may choose to develop and utilize different templates as long as the data fields and required supporting documentation exist for all the reportable elements required to be entered into the QIPP LTSS Data Submission Portal.

Supporting documents for both audit processes are due in Quarters 1 and 3.

Quarter 2: Training Portal Elements & Required Documentation

For Quarter 2, the NF must enter the names of both the NFA and DON and completion dates for the required training course.

Trainees must submit either (1) overall certificate of completion (available only if trainee registers to earn continuing education) or (2) A single PDF combining certificates of completion for each of the 24 (or 23) modules. Suggested naming convention:

- FACILITYID_COMP4IP-Training_QIPP_NFA_NAMEOFEMPLOYEE
- FACILITYID_COMP4IP-Training_QIPP_DON_NAMEOFEMPLOYEE

The NF must also attest that it has developed infection prevention and control policies demonstrating data-driven analysis of performance and evidence-based methodologies for intervention, and that they were reviewed and updated within 6 months of the reporting period. For the SFY 2022 program year, the review window is between September 1, 2021 and February 28, 2022.

Infection control policies: HHSC does not require use of a specific template. NFs must submit a scanned copy of the Infection Control and Prevention policy that was

updated for QIPP SFY 2022 (updated between June 1, 2021- February 28, 2022) to reflect priorities identified for this program year.

The NF must click the “Submit documentation” button and attach documents that includes both training completion certificates and the updated infection prevention and control policies.

Quarter 4: Portal Elements & Required Documentation

There are no reporting requirements due to HHSC for Quarter 4.

NFs Report MDS Assessment Data to CMS per Federal Requirements NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will pull data from a CASPER to calculate NF performance each quarter.

Component Four: Quality Assurance Review

HHSC will conduct quarterly reviews of infection prevention data and documentation on a sample of providers. If selected, the NF will have 14 business days to submit to HHSC auditable data and documents related to infection control. Failure to participate in the review or to provide supporting records could result in a determination that Component Four payments should be adjusted pursuant to 1 TAC §353.1301(k).

Quality Measure Summaries

Table 1: Final Quality Metrics

Component	Type	Tag(s)	Metric
One	State Benchmark Required as a condition of participation	N/A	Facility holds a QAPI meeting each month in accordance with quarterly federal requirements and pursuant of a facility-specific PIP
Two: Metric 1	State Benchmark	N/A	NF maintains 4 additional hours of RN coverage per day, beyond the CMS mandate
Two: Metric 2	State Benchmark	N/A	NF maintains 8 additional hours of RN coverage per day, beyond the CMS mandate
Two: Metric 3	State Benchmark Required as a condition of participation	N/A	Facility has a workforce development PIP that includes a self-directed plan and monitoring outcomes
Three: Metric 1	Minimum Data Set	CMS N015.03	Percent of high-risk residents with pressure ulcers
Three: Metric 2	Minimum Data Set	CMS N031.03	Percent of residents who received an antipsychotic medication
Three: Metric 3	Minimum Data Set	CMS N035.03	Percent of residents whose ability to move independently has worsened
Three: Metric 4	Minimum Data Set	CMS N024.02	Percent of residents with a urinary tract infection

Component	Type	Tag(s)	Metric
Four (One metric with staged quarterly performance targets)	State Benchmark		<p>Quarters 1 & 3 Performance Targets: The NF must submit evidence-based infection control policies and supporting documentation that include seven stipulated antibiotic stewardship elements.</p>
Four (One metric with staged quarterly performance targets) Quarter 2 Performance Target:			<p>Quarter 2 Performance Target: The NF must submit supporting documentation for the following training elements:</p> <ul style="list-style-type: none"> • Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. • Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period)
Four (One metric with staged quarterly performance targets) Quarter 4 Performance Targets:	Minimum Data Set		<p>Quarter 4 Performance Targets: To meet the metric, both percentages must reach program-wide performance targets set:</p> <ul style="list-style-type: none"> • Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine • Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine