



FOCUS ON EXCELLENCE 2.0

PARTICIPANT PROGRAM GUIDE

DECEMBER 2012

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FOREWORD

This program guide is intended to serve as a reference for staff of nursing homes participating in the revised Focus on Excellence program (FOE). FOE is an important feature of SoonerCare's partnership with Oklahoma nursing homes to provide care and services to Medicaid-eligible elderly and disabled citizens. FOE has been in place since 2007, and has spurred measurable improvements in the quality and consistency of nursing home services in our state.

With the advice of the FOE Advisory Board, comprised of a broad cross-section of organizational stakeholders, a number of new and different elements have been incorporated into the first major revision of FOE. This guide will be a useful tool to help nursing home managers understand these changes and take full advantage of the positive opportunities that FOE continues to offer to providers and consumers alike.

The revised FOE program (“FOE 2.0”) will primarily determine Medicaid payment awards beginning in July 2012, based on new data collected from April-June. Previous satisfaction survey results will continue to be used until 2013, as a new round of surveys is slated to be conducted in the Fall of 2012.

Facilities contracting with OHCA are automatically enrolled as participants in Focus on Excellence, but may opt of participation. In practice, some 95% of Oklahoma nursing homes regularly participate in FOE. (FOE does not extend to ICFs-MR or, in some instances, to nursing facilities providing very specialized care or serving special populations.

As before, Focus on Excellence uses regularly-collected performance data to:

- ❖ Enable additional Medicaid payments to be earned by nursing facilities that meet or exceed targets on any of 9 separate performance measures or “metrics”.
- ❖ Give providers data and feedback to help them set and meet their own quality improvement goals, increase Medicaid payments, and earn higher star ratings.
- ❖ Provide information to support a public star rating system for use by consumers in evaluating and selecting nursing facilities in their area. www.oknursinghomeratings.com

SUMMARY OF CHANGES

FOE Performance Metrics

<u>Original Metrics</u>	<u>FOE 2.0 Metrics</u>
1. Quality of Life (from resident and family surveys)	1. Person-centered care practices (culture change)
2. System wide culture change (from employee surveys)	2. Leadership commitment artifacts (culture change)
3. Licensed nurse turnover and retention	3. Licensed nurse retention
4. CNA turnover and retention	4. CNA retention
5. Direct care staffing hrs./day	5. Direct Care Staffing hrs./day
6. Resident and Family Satisfaction	6. Resident and Family Satisfaction
7. Employee Satisfaction	7. Employee Satisfaction
8. State Survey Compliance	8. Distance learning (use of approved programs for CNAs)
9. Clinical outcome measures (5)	9. Peer Mentoring of CNAs (use of approved programs)
10. SoonerCare occupancy and Medicare utilization	

Scoring System

- Previously, for reimbursement purposes one point was awarded for meeting the target for each metric, with each point valued at \$1.09 per resident day. A minimum of two metrics were required to be met.
- Under FOE 2.0 a total of 500 points are available to be earned, with each point earning \$.01 per resident day. However, each of the nine new metrics is assigned a differential point value. See details on page 12 of this guide.
- The new point system will also be used to determine star ratings on the consumer web site.

FOE 2.0 PERFORMANCE MEASURES DEFINED

1. Person-centered care practices

Person-centered care practices under FOE 2.0 are comprised of ten (10) specific “artifacts of culture change”. These are listed in the appendices. In order to earn points on this measure, facilities must report and document implementation of any 6 of the 10 listed practices. Detailed guidance on culture change artifacts and how to implement them are available from the Pioneer Network (www.pioneernetwork.net) and other sources.

2. Leadership commitment

The leadership commitment metric under FOE is likewise comprised of ten (10) specific culture change artifacts. Those are also listed at the end of this guide. In order to earn points for this measure, facilities must report and document implementation of any 6 of the 10 listed practices.

3. Licensed nurse retention

Facilities will no longer report turnover of licensed nurses, but will report retention rates each month on the Quality of Care Report (QOCR).

Specifically, this measure consists of the percentage of facility licensed nurses who have been continuously employed by the facility for one-year or longer, excluding any temporary break in service of not more than 45 days duration.

This measure includes all full- and part-time RNs and LPNs, but does not include temporary contract nurses.

4. CNA retention

Facilities will also report retention rates for CNAs on the monthly QOCR. Full- and part-time CNAs are included in the calculation, but not temporary contracted CNAs.

Specifically, this measure consists of the percentage of certified nursing assistants who have been continuously employed by the facility for one-year or longer, excluding any temporary break in service of not more than 45 days duration.

5. Direct care staffing ratio

Facilities will continue to report this staffing ratio via the monthly QOCR. Staff included as “direct care” staff are defined in the same manner as before.

6. Resident and family satisfaction surveys

FOE 2.0 will rely on a new satisfaction survey vendor. Details for the new survey process will be communicated to facility managers via webinars and other means prior to the next surveys.

Satisfaction surveys will be conducted annually under FOE 2.0, resuming in the Fall of 2012. Beginning in 2013, new survey results will be used to determine attainment of FOE points for satisfaction metrics.

Focus on Excellence will use new instruments for measuring satisfaction for residents, family members, and employees. The new survey instruments are located on OHCA’s website; under heading individuals and click programs; scroll down and click opportunities for living life; scroll down and click focus on excellence.

7. Employee satisfaction surveys

See information under item 6 above.

8. Distance learning program use

FOE will award points to nursing facilities that contract for and utilize online learning programs for CNAs. OHCA has established standards for approval of distance learning vendors and their online programs.

The intent of this component of FOE is that facilities will use these programs to provide structured coursework beyond the basic topics needed for initial certification, and well as to employ online learning resources to supplement or replace training that would otherwise be provided to meet federally-required in-service hours.

Until further notice, facilities will not be required to use online resources for a specified percentage of their CNAs or for a specified number of hours during a particular time period. However, facility use of online learning courses will be tracked and reported to OHCA by the approved vendors, and used by OHCA and the FOE Advisory Committee to assess meaningful use and determine the need for more specific requirements in the future.

Currently, OHCA has approved the following vendors as substantially meeting the minimum standards for offering distance learning programs to nursing facilities under FOE

Vendors for Distance Learning

Training opportunities for clinical and compliance content, broader job skills, relationships in the workplace, communications, etc.

<p>Care2Learn Ellen Sakamoto Director of Administration/Accreditation 1-866-242-8451 x1220 Toll Free</p>	<p>Mather Lifeways Louise Lyons 847-492-7433</p>
<p>NAHCA CareForce Lori Porter, CEO 417-623-6049</p>	<p>McKesson Sarah Perry McKesson Med-Surg Oklahoma 1-800-328-8111 x57080</p>
<p>Silverchair Learning Systems Debi Damas 216-401-7292</p>	<p>Medline University Matthew Orton 405-306-3906</p>

9. Establishment of Peer Mentoring programs for frontline staff.

FOE now includes this element in recognition of research and evidence of the effectiveness of peer mentoring programs, particularly as a means of on-boarding new hires and accelerating the pace of engagement, productivity, and satisfaction of frontline staff, who comprise the largest but least satisfied occupational group in nursing facilities.

Facilities have been provided with a set of guidelines that describe the philosophy, purpose, and structural characteristics of a formal peer mentoring program for CNAs and other frontline staff. A copy of the guidelines is included in this program guide.

Unlike the distance learning programs, which center on the use of pre-approved vendors, the peer mentoring component of FOE requires facilities to formulate their own peer mentoring programs and submit a detailed outline to OHCA for approval. However, the guidelines do contain minimum training requirements for mentors and peer mentoring program supervisors, which must be provided by qualified independent consultants or organizations with the training resources and capability of equipping mentors and supervisors to perform effectively in the mentoring of their peers. Specific coursework may vary, but must to tangibly related to this goal.

Beyond the initial required program submissions, OHCA will require additional reporting of peer mentoring program activity and results at a later date after facilities have had a period of implementation.

RESIDENT, FAMILY AND EMPLOYEE SATISFACTION SURVEYS

The next Focus on Excellence satisfaction surveys will be performed during the Fall of 2012.

New Vendor: A new outside vendor was selected by the Oklahoma Health Care Authority through a competitive procurement process completed in March.

Applied Marketing Research
430 West 98th Street
Kansas City, MO 64114-4398
www.appliedmr.com
[1-800-381-5599 Ext. 107](tel:1-800-381-5599)

CONTACTS:

Christine Coleman
Senior Project Manager
(816) 442-1010, ext. 108
c.coleman@appliedmr.com

Karen Love
Manager of Qualitative Projects
(816) 442-1010, ext. 109
k.love@appliedmr.com

Survey Method(s)

Consistent with past FOE program practice, AMR will use paper surveys distributed by mail to residents and family members. Employees will also be able to complete paper surveys for 2012, however an electronic survey option will be offered for employees.

Survey Instruments

New survey instruments have been specifically designed for FOE by AMR, OHCA staff, with input from an independent consultant and the FOE Advisory Board. While different from the previous instruments, care was taken to ensure significant continuity in survey content and scoring methodology. The new surveys have a greater number of specific probes and are therefore somewhat lengthier than the previous FOE surveys.

The new surveys for residents and family members continue to focus on familiar and critical areas, including the resident's room and living environment, quality of clinical and personal care, variety of activities, physical aspects of the facility, food and dining experience, staff and management responsiveness and communication, resident autonomy, and overall satisfaction.

The new employee surveys focus on both the physical aspects of the workplace and the strength of the workplace culture. Emphasis is laid on the safety, cleanliness, and maintenance of the facility and equipment, and the availability of sufficient supplies. Other probes address the quality of training, relationships among managers, supervisors and line staff, the extent of effective communication and collaboration, staff-to-resident assignments, commitment to meeting residents' needs, and satisfaction with pay and benefits.

Copies of the resident, family, and employee surveys are included at the end of this guide.

Survey Process

Details of the survey process and the facility's role and responsibilities in that process will be provided by AMR and OHCA in advance, in both written form and in training sessions prior to the 2012 survey administration. Much about the process will be familiar. Essentially, facilities will continue to provide to the survey vendor lists of surveyable residents, a mailing list of family members of residents who are not surveyable, and a current count of full- and part-time employees.

A timeline will identify dates for submission of these items, when surveys will be distributed and when they are due back to AMR, and the approximate date when results will be available.

Survey Integrity

As under prior policy, facility staff and management must ensure that the opportunity for residents, family members, and staff to participate in the satisfaction surveys is provided through a voluntary and confidential process. Staff and management may encourage respondents to participate in the survey, but must refrain from any verbal or other actions designed to require participation, or to coerce or influence how respondents complete their surveys. A toll-free complaint reporting hotline is provided for use by any individuals who observe irregularities that might violate this requirement.

Procedure for Identification of Surveyable Residents

Facilities will be required to use the following common protocol for determining the cognitive ability of residents to take part in the resident survey process. This process will center on the results of the Brief Interview for Mental Status, an assessment that all facilities are required to perform as part of the Minimum Data Set 3.0 (MDS 3.0).

Determination and Selection of Surveyable Residents

All nursing facility residents who possess the cognitive capacity to understand and respond knowledgeably to the Focus on Excellence resident satisfaction survey, either without help or without more than incidental assistance, will be offered the opportunity to do so. Cognitive capacity will be determined from the results of each resident's most recent assessment using the tools and procedures specified by the Minimum Data Set 3.0 (MDS 3.0), Section C.

The Centers for Medicare and Medicaid Services (CMS) requires all Medicare and Medicaid-participating nursing facilities to periodically complete MDS during each resident's stay. MDS 3.0, Section C is an assessment of cognitive patterns. Under this section, facility staff must make an attempt to administer the Brief Interview for Mental Status ("BIMS") to all residents and calculate a BIMS score. If a BIMS assessment cannot be completed for any resident, facilities are required to complete a "staff assessment" using MDS Sections C7-C10. Additionally, all residents must be assessed for signs and symptoms of delirium, with results recorded in Sections C11-C12.

The following residents will be deemed to be surveyable via the Focus on Excellence resident satisfaction survey instrument, based on results of MDS 3.0, Section C.

1. Residents with BIMS scores of 13-15 (intact/borderline)
2. Residents with BIMS scores of 8-12 (moderate impairment)
3. Residents for whom no BIMS could be completed; *provided however*, that a staff assessment is conducted which indicates no disqualifying short- or long-term memory deficits and no present signs or symptoms of delirium.

Assistance with Satisfaction Survey Completion

Some surveyable residents will require incidental assistance in completing the satisfaction survey due to physical limitations or mild-to-moderate cognitive impairment. Incidental assistance means assistance that is no more substantial than reading the survey items to the resident and/or marking responses on the survey form based on oral instructions from the resident.

Individuals authorized to provide incidental assistance to residents with their surveys include family members, volunteers, or (if a family member or volunteer is not available) facility staff with the permission of the resident or resident's family or guardian. Individuals providing assistance to residents must identify themselves and provide a contact phone number on the survey form or other form provided for that purpose.

QUALITY OF CARE REPORT AND FOCUS ON EXCELLENCE

Quality of Care Monthly Data Collection

- ❖ **New form #QOC-3** was initiated in February
- ❖ The QOC form was changed to add these additional elements:

Items Used For FOE Point Calculations	Items Used For OLL Data Reporting Only
Nurses w/tenure of 12 months or more	DON w/tenure of 3 years or longer
CNAs w/tenure of 12 months or more	Administrator w/tenure of 3 years or longer
Total Monthly Resident Census	Total Number of Employees

- ❖ **ELECTRONIC SUBMISSION.** In July 2012 the **New QOC-3** facilities were for the first time provided an electronic portal through OHCA for entering Quality of Care Report data and submitting the

report electronically to the OHCA database, in addition to e-mail or regular mail reporting options.

- ❖ In the New Database, facilities will be able to update, change or complete data until the 15th of the following month.

EFFECT OF ADVERSE OSDH SURVEY FINDINGS

Previously, Focus on Excellence included a scored metric related to outcomes of Medicare/Medicaid program certification surveys conducted under federal standards by the Oklahoma State Department of Health. That is no longer the case.

Under FOE 2.0 a facility will forfeit all eligibility for performance-based payments for any calendar quarter in which the facility receives a final determination of a survey citation from OSDH at a scope and severity level of "I" or higher. The loss of eligibility will be continue for any additional quarters during which CMS issues an order of denial of payment for new admissions to the facility.

ALLOCATION OF FOE PERFORMANCE POINTS AND INCENTIVE PAYMENTS

Person centered care	120 points
Leadership Commitment	35 points
Licensed Nurse Retention	50 points
CNA Retention	50 points
Direct Care Staffing	50 points
Resident/Family Satisfaction	80 points
Employee Satisfaction	50 points
Distance Learning Program	35 points
Peer Mentoring Program	30 points

- ❖ A facility will be able to earn a maximum of 500 points for meeting the established metrics and payment will be established at \$.01 per point.
- ❖ A facility must earn a minimum of 100 points to receive any payment.

ITEM-SPECIFIC PERFORMANCE TARGETS:

- ❖ Person-centered Care: facility meets at least 6 of 10 listed artifacts
- ❖ Leadership Commitment: facility meets at least 6 of 10 listed artifacts
- ❖ Licensed Nurse Retention: minimum 60% with 1 year+ tenure
- ❖ CNA Retention: minimum 50% with 1 year+ tenure
- ❖ Direct Care Staffing: 3.5 hours or more per resident per day
- ❖ Resident/Family Satisfaction: weighted avg. score of 72
- ❖ Employee Satisfaction: weighted avg. score of 65

CONSUMER STAR RATING WEBSITE

www.oknursinghomeratings.com will be changed to reflect the new FOE metrics and scoring

Star ratings will be based on points earned:

100 - 149 points = 1 star	
150 - 249 points = 2 stars	
250 - 349 points = 3 stars	
350 - 449 points = 4 stars	
450 - 500 points = 5 stars	

- ❖ Participating FOE facility star ratings and satisfaction survey reports will be posted online for public viewing

TO CONTACT FOR INFORMATION ABOUT YOUR FOE PARTICIPATION

For More Information and Assistance Regarding Focus of Excellence (FOE) Contact:

Program Coordinator

Jennifer Wynn

405-522-7306

Program Analyst

Dena Marchbanks

405-522-7343

For More Information and Assistance Regarding the Monthly Quality of Care Report (QOCR)

QOCR Analyst

Brenda Smith

405-522-7313

APPENDICES

Person-Centered Care

Resident Centered Care & Services	
1. Residents allowed to choose	
(a) when they awake,	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) when to go to bed,	<input type="radio"/> Yes <input checked="" type="radio"/> No
(c) when at bathe	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Residents provided either	
(a) open dining during at least a two-hour time period, or	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) 24 hour dining accommodating resident's meal order.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Residents provided any of the following	
(a) restaurant-style dining where staff takes resident orders;	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) buffet-style dining where residents help themselves or instruct staff what they want; or	<input type="radio"/> Yes <input checked="" type="radio"/> No
(c) family-style dining where food is served in bowls on dining tables and residents help themselves or staff assists them	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Facility meets the Advancing Excellence criterion of consistent staffing.	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Facility is set up on the household model, wherein each household has 25 or fewer residents who have their own kitchenette, living room, and dining room.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Learning Circle or equivalents used regularly in resident and staff meetings	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Resident has substantial, documented input into the timing and choices of activities.	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Facility implements flexible medication administration times within the limits of therapeutic protocols and medical orders.	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Residents are provided regular forums in which to provide input into aspects of facility operations affecting their choices and well-being.	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Facility does not use overhead, audible paging system except in cases of emergency.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional Comments/Explanation (Optional)	
<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>	
Signature	
<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 5px 10px; margin-right: 10px; font-weight: bold;">Sign Form</div> <div>A signature has not been provided. Click the button to sign the form.</div> </div>	
LTC-6	Issued 06-20-11

Quality of Care

(A) Direct Care Staffing*

Day of the Month	Day Shift		Evening Shift		Night Shift		Flexible Staff Scheduling 24 Hour Staffing (Only)	
	Peak In-House Resident Count	Direct Care Staff Hours	Peak In-House Resident Count	Direct Care Staff Hours	Peak In-House Resident Count	Direct Care Staff Hours	Daily Peak In-House Resident Count	Total Direct Care Staff Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

26								
27								
28								
29								
30								
31								
Totals		0	0	0	0	0	0	0

(C)Totals

NOTE: Hover you mouse over the question marks for more information about each field.

? Total Gross Receipts (to the nearest \$)	<input type="text" value="0"/>	? Total Direct Care Hours	<input type="text" value="0"/>
? Total Patient Days	<input type="text" value="0"/>	? Total Medicaid Days	<input type="text" value="0"/>
? Total Available Bed Days	<input type="text" value="0"/>	? Total Medicare Days	<input type="text" value="0"/>
? % - CNAs w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total # of Employees	<input type="text" value="0"/>
? % - nurses w/tenure of 12 mos. or more**	<input type="text" value="0"/> %	? Total Monthly Resident Census	<input type="text" value="0"/>
? Cost Per Patient Day	<input type="text" value="0"/>	? Direct Care Hours Per Patient Day	<input type="text" value="0"/>

DON w/ 3yrs or longer tenure*** Yes No

Administrator w/ 3 yrs or longer tenure*** Yes No

QOC - 3 *** Effective Date: 5/2011

Direct Care Staffing

For purposes of this report, direct care staff is limited to:

- | | |
|----------------------------|---------------------------------------|
| Registered Nurses | Physical Therapist (Professional) |
| Licensed Practical Nurses | Occupational Therapist (Professional) |
| Nurse Aides | Respiratory Therapist (Professional) |
| Certified Medication Aides | Speech Therapist (Professional) |
| QMRP (ICFs/MR only) | Therapy Aide / Assistant |

*For information on staffing requirements reference OAC 310:675-1 et seq. and 63 O.S. 2001, Section 1-1925.2.
 **Licensed Nurses/CNAs - Allowable breaks in service not more than 45 days during prior 12 month period.
 ***Administrators/Director of Nursing - Allowable breaks in services not more than 90 days during previous 36 months.
 Section (B) Minimum Wage reporting revoked on July 2003.

Additional Comments/Explanation (Optional)

Signature

Sign Form A signature has not been provided. Click the button to sign the form.

Distance Learning

Frontline Staffing Training					
<p><u>Frontline Staffing</u>: the process of extending learning, or delivering instructional resource-sharing opportunities to locations away from a classroom, building or site, to another site by using video, audio, computer, multimedia communications, or some combination of these; occurs when the learner and teacher are separated by geography and time.</p>					
Training Start Date	Training End Date	Topic of Training	Staff Title and Number of Staff Trained	Trainer	Action
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>
Additional Comments/Explanation (Optional)					
<div style="border: 1px solid #ccc; height: 60px;"></div>					
Signature					
<div style="border: 1px solid #ccc; padding: 5px;"><input type="button" value="Sign Form"/> A signature has not been provided. Click the button to sign the form.</div>					
LTC-5			Issued 06-20-11		
<input type="button" value="Save"/> <input type="button" value="Print"/> <input type="button" value="Complete"/>					

Leadership Commitment

Leadership Artifacts Survey Components	
1. CNAs attend resident care conferences.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Residents have an assigned staff member who serves as a "buddy," case coordinator, Guardian Angel, etc. to check with the resident regularly and follow up on any concerns. This is in addition to any assigned social service staff.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Community meetings are held on a regular basis bringing Staff, residents, and families together as a community.	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. CNAs consistently work with residents of the same neighborhood/household/unit (with no rotation).	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Self-scheduling of work shifts where CNAs develop their own schedule and fill in for absent CNAs, CNAs independently handle the task of scheduling, trading shifts/days and covering for each other instead of a staffing coordinator.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Facility pays expenses for non-managerial staff to attend outside conferences/workshops, e.g. CNAs, direct care nurses. <i>Check yes if at least one non-managerial staff member attended an outside conference/workshop paid by the facility in the past year.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Activities, formal or informal, are led by staff in other departments such as nursing, housekeeping or any other departments.	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Awards are given to staff to recognize commitment to person-directed care, e.g. Culture Change Award, Champion of Change Award (not including Employee of the Month).	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Career ladder positions and/or job development programs are in use for CNAs and LPNs.	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Employee Evaluations include observable measures of employee support of individual resident choices, control, and preferred routines in all aspects of daily living.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional Comments/Explanation (Optional)	
<div style="border: 1px solid gray; height: 60px; width: 100%;"></div>	
Signature	
<div style="display: flex; align-items: center; gap: 10px;"> <div style="background-color: #800000; color: white; padding: 5px 10px; border: 1px solid black; font-weight: bold;">Sign Form</div> <div>A signature has not been provided. Click the button to sign the form.</div> </div>	
LTC-08	Issue 09-27-11
<div style="display: flex; justify-content: space-around; gap: 20px;"> <div style="background-color: #008000; color: white; padding: 5px 15px; border: 1px solid black; font-weight: bold;">Save</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; border: 1px solid black; font-weight: bold;">Print</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; border: 1px solid black; font-weight: bold;">Complete</div> </div>	

Peer Mentoring

Experience Dates (should equal 1 year)			
From:	<input type="text"/>		
To:	<input type="text"/>		
Recommending Supervisor/Resident			
Name:	<input type="text"/>		
Credentials/License #:	<input type="text"/>		
Policy and Procedures Evaluation			
	Excellent	Good	Needs Improvement
Caring approach to residents:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving Skills:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Record of Dependability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire to Coach/Mentor:	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Name of Supervisor	Name of Peer Mentor		
<input type="text"/>	<input type="text"/>		
Training Section			
Training Institute Name:	Training Date(s):		
<input type="text"/>	<input type="text"/>		
Training Certificate of 12 Hours:	Training Certificate of 6 Hours:		
<input type="text"/>	<input type="text"/>		
List All Mentees Assigned to the Mentor			
First Name	Last Name	Action	
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	

Please Provide to OHCA

Instructions:

1. In the list below, click the "Select" button next to the document that you wish to upload. If "Other" is selected, enter the document description in the field provided.
2. Click the "Browse" button.
3. In the window that appears, select the file to upload and then click "Open"
4. Click the "Upload" button to upload the file or "Cancel" to cancel the upload.
5. To open previously uploaded documents, click on the "View" button in the list.

NOTE: Currently, you must submit a minimum of 2 valid supporting documents in order to qualify for this performance measure payment points.

Document Name	Counts Toward Required?	Date Submitted	Actions
Mentor Log	Yes		Select
Replacement of Rotation of Mentors	Yes		Select
Feedback Documentation	Yes		Select
Documentation of Booster Training	Yes		Select
Minutes of Meeting - Outcomes	Yes		Select
General Description of Work Load Assigned by Categories or Job Description	Yes		Select
Documentation of Graduation	Yes		Select
Train the Trainer Components (if applicable)	Yes		Select
Other	No		Select

Additional Comments/Explanation (Optional)

Signatures

I certify that all of the information I have supplied to the Oklahoma Health Care Authority on this form, or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration of the Mentoring Program.

Program Manager Name

E-mail Address:

Sign Form

A signature has not been provided. Click the button to sign the form.

Save

Print

Complete

Oklahoma Health Care Authority

Focus on Excellence Program

GUIDELINES FOR PEER MENTORING PROGRAMS IN NURSING FACILITIES

INTRODUCTION

A NUMBER OF NEW FEATURES WILL BE INCORPORATED INTO FOCUS ON EXCELLENCE BEGINNING IN 2012, INCLUDING A PROVISION FOR INCENTIVE PAYMENTS TO NURSING FACILITIES FOR THE ESTABLISHMENT AND MAINTENANCE OF FORMAL PEER MENTORING PROGRAMS FOR CERTIFIED NURSE AIDES.

FACILITIES WILL BE ELIGIBLE TO RECEIVE AN INCREASE IN THEIR PER DIEM MEDICAID PAYMENTS IF THEY HAVE SUBMITTED NECESSARY INFORMATION TO OHCA DOCUMENTING AND DESCRIBING THEIR FORMAL PEER MENTORING PROGRAMS IN ACCORDANCE WITH THIS GUIDANCE.

THESE GUIDELINES INSTRUCT FACILITIES ON BASIC REQUIREMENTS AND RECOMMENDATIONS FOR PLANNING, LAUNCHING, AND MAINTAINING EFFECTIVE PEER MENTORING PROGRAMS UNDER FOCUS ON EXCELLENCE.

Why Implement a Peer Mentoring Program?

The role of a nursing assistant is a very critical one to the long term care team and nursing home residents. Consistent and stable staffing of nursing assistants has been shown to greatly enhance quality of care, quality of life and also employee, resident and family satisfaction. In order to have a consistent and stable CNA team, turnover and staff engagement must be managed—this priority can be positively impacted through implementation of a formal peer mentoring or preceptor program.

Much of the churning of direct-care staff takes place during the first three months of employment. But long-term care providers also lose seasoned staff because their jobs offer few opportunities for growth and advancement. Peer mentoring programs help solve both of these problems, reducing turnover among new employees and providing opportunities for advancement for committed workers.

Defining the Role of the Peer Mentor

A preceptor or mentor is defined as a wise and trusted advisor, guide, teacher or coach. In long-term care, mentoring programs have their primary focus on frontline direct care staff. The term “preceptor” is a familiar one in the medical and nursing fields, and is sometimes used in long term care interchangeably with the term “mentor”. However, in long-term care, either term refers to more than the teaching of clinical skills and personal care tasks to direct caregivers, which more appropriately occurs in CNA training programs and in-service sessions. Peer mentoring as used here has primary reference to helping new hires, and occasionally also longer term employees, become engaged in the workplace culture, confident in their roles, effective and productive.

There are many outstanding and experienced CNAs who have devoted their lives to caregiving. They have learned not just the skills of being a nursing assistant, but have amassed a wealth of knowledge based on experience and interaction that truly makes them the “experts” in frontline care delivery. Good candidates for mentors are drawn from these individuals; however, they must first be instructed on how to be a successful mentor and provided with the framework and support to do so.

The primary role of the peer mentor is to help new employees become comfortable with their job responsibilities and the culture of workplace. As seasoned employees, mentors understand the organization’s values and know how to get things done. They can answer questions for new hires, give advice, help resolve problems, and provide emotional support when a worker faces the early challenges of caring for people who have complex physical and emotional needs. In many organizations, peer mentors help orient new employees and share their caseloads during the first week or two on the job.

Peer mentors help new employees hone their skills in the real world. They also provide a critical link between employee and supervisor, improving the supervisor’s knowledge and understanding of the employee’s strengths and weaknesses and helping to ensure that problems are addressed early in the employee’s tenure.

Mentors can also have a more expansive role, providing support not just to new hires but also to any employee who encounters a new challenge and needs additional support.

For experienced aides, mentoring positions provide an opportunity for personal and professional growth. Moreover, by implementing a well-structured peer mentor program that offers enhanced responsibilities and promotion to employees whose expertise might otherwise be lost to the organization, employers demonstrate that they truly value the skills and experience of frontline workers.

What Are the Benefits of a Peer Mentoring Program?

The potential benefits to a peer mentoring or preceptor program are abundant:

- Improved retention of newly hired nursing assistants
- Enhanced quality of care by reinforcing a culture of communications, respect, and problem solving
- Professional development of the new nursing assistants in a safe, nurturing and supportive environment of learning which increases the likelihood of the “mentees” success
- Strengthened teamwork through peer to peer partnerships and emphasis on “one team”
- Recharged mentors—becoming a teacher, coach and supporter to new nursing assistants can increase a veteran CNA’s work satisfaction and enhance their contributions to the organization
- Effective use of resources by cultivating talent, decreasing hiring and on-boarding costs and increasing employee productivity

Essential Features of Formal Peer Mentoring Programs Under Focus on Excellence – Required Submission

Facilities are required to develop and submit to OHCA a thorough written description of their peer mentoring programs for CNAs. The following is a suggested framework for reference in developing these programs and your submission to OHCA. Each item must be addressed. Optional features may be added or modified by facilities where adaptations are desirable to improve the prospect for program effectiveness.

1. Executive Summary of Your Peer Mentoring Program
- II. Outline of Roles and Responsibilities of Mentors
- III. Recruitment and Selection of CNA Mentors
 - Minimum of one-year experience
 - Recommendations of supervisors and clients
 - Knowledge of & track record of adherence to policies and procedures
 - Caring approach with clients/residents
 - Clinical/personal care skills
 - Problem-solving skills

- Good communication skills
- Record of dependability
- Desire to coach/mentor

IV. Mentor Job Description

V. Training Requirements

- Must be provided by recognized 3rd party organization or consultant with proven experience in developing mentoring programs and training/coaching mentors
- Minimum of 12 hours of initial training for mentors
- Minimum of 6 hours of training for program manager and nurse supervisors
- Describe Train-the Trainer component, if applicable
- How “booster” training will be provided as needed

VI. Assignments and Workloads

- General description of how these will be determined
- Recommended limit of 6 mentees per mentor at any one time

VII. Identification of Program Manager or Overseer

- Include address, daytime phone, and e-mail

VIII. Evaluation and Monitoring of Progress

- Mentor logs
- Gathering of mentee feedback
- Periodic meetings of mentors, program managers, supervisors
- Documentation of “graduation” of mentees
- How replacement or rotation of mentors will occur when needed

IX. Annual report to OHCA (details TBA)

X. Timely Notification of Major Program Changes to OHCA



MIKE FOGARTY
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2012-38

August 3, 2012

Re: Federal Anti-Kickback Law Mandatory Compliance

Dear Focus on Excellence Facilities & Vendors,

The federal Anti-Kickback Statute is applicable to providers and vendors associated with federal health care programs, including SoonerCare's Focus on Excellence (FOE) program.

Background

The FOE program began in 2007 as an innovative and successful feature of SoonerCare's support of quality nursing facility services. Originally, FOE's performance metrics were administered and evaluated by the Oklahoma Health Care Authority (OHCA) with the assistance of a single primary contractor for data provision and satisfaction survey measurement. The previous program did not include any performance metrics obligating nursing facilities to purchase OHCA-approved program components or to obtain independent third-party support for meeting quality metrics and earning Medicaid incentive awards.

Program Revisions

A new enhanced version of Focus on Excellence began this month. FOE now includes two (2) performance metrics – distance learning and formal peer mentoring programs for frontline staff of nursing facilities – which require facilities to meet OHCA guidelines that include involvement of qualified third party vendors. OHCA, with the advice of its FOE Advisory Board, has established financial support in the form of additional per diem payments to meet the costs of the required third-party supports, and still provide generous financial incentives to encourage facilities to adopt these important staff training and retention upgrades.

Applicability of the federal Anti-Kickback Statute

The Medicare and Medicaid Patient Protection Act of 1987, as amended, 42 U.S.C. §1320a-7b (the "Anti-kickback Statute") identifies prohibited business practices and provides for criminal and other penalties for certain violations impacting program access and reimbursable services in state Medicaid programs like SoonerCare. Enforcement actions have resulted in principals being liable for their own acts and for the acts of their agents.

The federal Anti-Kickback Statute imposes criminal penalties on any person who knowingly and willfully solicits, receives, offers, or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, to any person, in return for or to induce such person to do either of the following:

- refer an individual to a person for the furnishing or arranging for the furnishing of an item or service for which payment may be made in whole or in part under a federal health care program, or
- purchase, lease, order, or arrange for or recommend the purchasing, leasing, or ordering of any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program.

The Health and Human Services (HHS) Office of Inspector General has provided a brief video that explains basic provisions of this law. This video can be viewed at <http://www.youtube.com/watch?v=a4KhqgeAaUg>.

Of primary concern regarding SoonerCare and FOE is the provision of the statute underlined above, which applies both to vendors and providers. Specifically, the offering or acceptance of OHCA-approved distance learning programs or peer mentoring programs at no charge or for nominal fees, directly or indirectly in exchange for the purchase of other goods and services commonly used in providing care to residents from the same vendor could raise potentially serious questions of compliance under the federal Anti-Kickback Statute.

Vendors or nursing facilities that are unsure if business arrangements contemplated or already entered into are appropriate in this light are urged to carefully review them and seek their own legal counsel to ensure that no potential violations are present.

OHCA greatly values its partnership with you in our joint efforts to continue the improvements in the quality of service to Oklahoma's nursing home residents through Focus on Excellence.

Sincerely,

Garth L. Splinter, MD
State Medicaid Director