

Person-Centered Care Initiatives

Kansas Organization Supports Culture Change— Under One Roof

Description

Kansas has built an integrated approach to statewide culture change activity. This integration is due, in large part, to the executive branch's unique organizational structure. It is the only state the research team studied that co-locates the regulatory, programmatic and financial functions related to aging services within the same department—the Kansas Department on Aging (KDOA). KDOA administers the Older Americans Act, Medicaid (including reimbursement) for nursing homes and home and community-based services and regulatory oversight of all long-term care settings.

One of the most important features of this integration is that the state survey agency and state Medicaid office are literally under the same roof. Prior to 2003, the survey agency for nursing homes was housed in the Kansas Department of Health and the Environment. In 2003, the state legislature mandated that the survey agency be moved to KDOA. This was done partly to comply with the governor's blue ribbon commission on making government more efficient and partly to help KDOA put more focus on improving nursing homes. There was also a perception that the survey agency was operating in isolation from other aging departments and from the environmental department.

This move provided the opportunity for these two powerful influencers on nursing homes—the Medicaid office and the survey agency—to collaborate in efforts to remove barriers and reward culture change. The secretary on aging has the ability to use state Medicaid payments to nursing homes and the regulatory process to promote culture change. Although the intention of the move at the time was not to facilitate culture change, the creation of a unified agency played a key role in helping to create a broad culture change strategy in the state.

Kansas has a reputation for being very regulation oriented. The state was nationally known for strong enforcement and surveyors who took pride in their work. While KDOA was not going to lessen their strong enforcement, staff realized there needed to be room and incentive to encourage culture change initiatives.

Resources

Visit the [Kansas Department on Aging Web site](#) and the [Kansas Department on Aging Culture Change in Long-Term Care Web site](#) for more information

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Kansas Long-Term Care Division: Culture Change Assistance for Nursing Homes

Description

The Kansas Department on Aging (KDOA), which uniquely houses both the state survey agency and state Medicaid office, also supports a unit that provides guidance and technical assistance to nursing homes on culture change. Kansas' technical assistance services were the most comprehensive in the seven states studied under the state culture change grant, with a formal structure and financial backing from KDOA.

These technical assistance services began in the 1980s with the creation of a single position for a nurse consultant, housed in the state survey agency, to provide regulatory education and consultation to nursing homes. The creators of this position felt that if providers viewed the position as separate from surveyors, they might be more willing to ask for help. The intent was to offer a place where providers can talk about culture change and regulations without fear of reprisals from state regulators.

That single position has grown into the Long-Term Care Division, which provides guidance and technical assistance to providers and consumers on how to initiate culture change within state regulations. The four professional staff members—consisting of two registered nurses, a registered dietitian and an environmental specialist—are all former surveyors. This team of consultants provides information to consumers, providers and the public on topics relating to long-term care and adult care homes. The topics include state and federal regulations, provision of care, resident rights, the resident assessment instrument, dietary standards, remodeling and construction.

Under this model, nursing homes can get individual advice and technical assistance about how to transition to person-centered care in practice and in their physical plant within the state regulations, without fear of recrimination from surveyors. The office has become invaluable in helping homes adopt culture change initiatives. Division staff report that 60 percent of calls today are from providers asking about regulations, culture change and problem solving.

Besides providing individual technical assistance, division staff members participate in various conferences around the state, present education programs on care practices and culture change initiatives and provide regulatory updates. The division also publishes a quarterly newsletter, *The Sunflower Connection*, for care providers, consumers and advocates, offering regulatory news and updates, educational opportunities, information and specific examples of how to incorporate culture change into aging services.

The division's other responsibilities include the development of state adult care regulations and conducting physical environment inspections of adult care homes following construction projects.

The division's budget for fiscal year 2008 was \$499,688.

Resources

For more information, visit the [Kansas Department on Aging Culture Change in Long-Term Care Web site](#)

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Promoting Excellent Alternatives in Kansas (PEAK)

Description

Promoting Excellent Alternatives in Kansas (PEAK), which began in 2002, was the first major culture change program initiated by the state. Administered by the Kansas Department on Aging (KDOA), PEAK has two components—recognition and education. Outstanding nursing home culture change initiatives are recognized through an annual award program. Education modules on how to begin and sustain culture change are provided through resources and trainings to nursing homes in the state.

Award Program

The award component recognizes nursing homes that have initiated significant culture change in their organizations. The measures used to judge the initiatives are based on the four culture change principles of the Pioneer Network: resident control, staff empowerment, home environment and community involvement.

At the start of the award program, nursing homes self-nominated. Now, KDOA has an independent review panel made up of representatives from the state's quality improvement organization, the Kansas Foundation for Medical Care, AARP, the area agencies on aging and others. State surveyors provide input into the selection process.

The panel reviews applications and selects promising ones for the next stage in the process—site visits. A travel team made up of review panel members visits each selected home, reviewing its culture change initiative. After the site visits, the panel picks the final award winners. The secretary of aging personally presents the award to the home in a special ceremony, and KDOA issues a press release on all winners. In 2008, the secretary presented the awards at the annual Governor's Conference on Aging Services, thereby sharing the winners' work with the entire aging community. In addition, the governor signed a proclamation declaring "PEAK Week."

The yearly PEAK Awards have been presented 59 times during the past seven years, with some homes winning more than once. CMP funds are used to provide small cash awards of \$300 to the winners.

Education Program

KDOA has contracted with Kansas State University (KSU) to develop and deliver the education component of the PEAK program. KSU has developed culture change education modules, trains nursing home staff and providers on the modules and consults with providers on how to begin and sustain culture change. The modules and trainings have helped raise awareness of culture change, as has the exemplar providers that participate in the trainings and share their culture change journey with their fellow providers.

The modules currently available are:

- ◆ Culture Change
- ◆ Measuring Change
- ◆ Returning Control to Residents
- ◆ Family and Community
- ◆ Strengthening Staff
- ◆ Creating Home
- ◆ End of Life
- ◆ Activities
- ◆ Dining
- ◆ Dementia Activities
- ◆ Spirituality of Nursing Home Residents

Training modules still to be developed include Community in Nursing Homes and Sexuality in Nursing Homes. KSU also produced a booklet, *Pioneering Change in Kansas Nursing Homes*, which was distributed to all Kansas nursing homes and other parties involved in the nursing home professions.

Resources

For general information about PEAK and the award program, including access to the applications, visit the [PEAK Initiative Web site](#)

For information on the educational component of PEAK and *Pioneering Change in Kansas Nursing Homes*, visit the [KSU Web site](#)

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Kansas Partnership Loan Program

Description

In 2000, the Kansas Partnership Loan Program was established to support the expansion of housing alternatives and services for older adults in Kansas. The program provides low-interest loans to aging services providers to help expand these alternatives, such as GREEN HOUSE© projects. The program focuses on rural communities lacking adequate housing options for seniors.

As of June 2008, the program had granted loans totaling \$5,638,491 to 10 housing projects with a total of 150 units. These loans supported the construction and long-term financing of various housing projects, including both licensed adult care homes and unlicensed senior housing. Unfortunately, the program currently does not have funds available to finance additional projects.

Resources

For more information about the program, visit the [Kansas Department on Aging's Partnership Loan Program Web site](#)

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Kansas Partnership Grant Program

Description

The Partnership Grant Program provides matching grants for long-term care programs. The program is funded through the interest income the Kansas Department on Aging receives from the Partnership Loan Program.

Since its inception in 2000 through fiscal year 2008, the program has awarded or is committed to award \$489,609 to fund two projects. An early grant went to Steve Shield at Meadowlark Hills (a continuing care retirement community) to develop a nationally recognized culture change toolkit, *Household Matters*. The toolkit integrates materials and systems to help an organization implement and sustain culture change, with resident-directed service models and methods to improve and empower the workforce.

The state's two long-term care provider associations each received 200 toolkits to market and sell to nursing homes throughout the country. The net proceeds were used to fund culture change in Kansas nursing homes.

KDOA also awarded a grant to establish a long-term care home telehealth pilot project in southeastern Kansas. This proactive care model, involving technology and telecommunications, provides participants with chronic diseases the opportunity to take an active role in their health care by helping to identify the need for preventive intervention before situations become acute. A \$120,000 grant was awarded to Windsor Place At-Home Care in Coffeyville for the period of Feb. 1, 2007 through June 30, 2008. KDOA awarded a second grant of \$170,000 to extend the pilot to Oct. 31, 2009 and increase the number of participants. KDOA and the Kansas Health Policy Authority have signed a research contract with Kansas University Medical Center Research Institute to determine the effectiveness in terms of cost and quality of life for this type of care delivery system on a frail, elderly population living in a community environment.

Resources

For more information on the Partnership Grant Program, visit the [Partnership Loan Program Web site](#)

[Household Matters information](#)

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Massachusetts Resident Empowerment Program

Description

The Massachusetts Department of Public Health (DPH) sponsors the Resident Empowerment Program, which began in 2000. This grant program uses Civil Monetary Penalties (CMP) money to fund innovative programs that enhance the quality of life for residents of Medicare- and Medicaid-certified nursing facilities. Quality of life includes those activities, events and environments that contribute to residents' emotional, physical and psychological well-being, contentment and satisfaction. The goals for both the 2007 and 2008 rounds of funding were person-centered care, focusing on the needs and preferences of the person rather than the organization or staff.

The maximum amount for each award is \$30,000. The proposals that come in from nursing homes are evaluated by DPH staff who weigh each proposal using the following measures; person-centered care, 50 percent; partnerships, 30 percent; and creativity, resourcefulness and succinctness, 20 percent.

Approximately \$300,000 has been awarded each year, for the past seven years, bringing the total to \$2.1 million. In 2006, some of the CMP money that didn't go to the grants was used to pay for a culture change conference (\$30,000) put on by the Massachusetts culture change coalition.

One unique proposal was generated by residents and families of a nursing home. They saw the need for a laundry center and approached the facility's staff for ideas on funding. The facility submitted a proposal to the resident empowerment program and received capital funds to build the laundry center. Another nursing home proposed and received money to purchase a new computer system called "It's Never Too Late," which connects residents with people all over the world.

Resources

[Resident empowerment program](#) information

For information on previous requests for proposals explaining each year's criteria, visit the [Comm-PASS Web site](#) and search under "Search for solicitations."

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Michigan Facility Innovative Design Supplemental (FIDS) Program

Description

In 2006, the state champions had an idea to tap into state funding creatively for culture change activities. This idea began as a program to increase jobs in the construction sector. What they devised was a long-term care program that encouraged renovation and replacement of Michigan's nursing facility infrastructure. The Facility Innovative Design Supplemental (FIDS) program established several criteria for participation, including:

- ♦ A remodeling/renovation that includes 80 percent of rooms as private with attached bath and toilet and no rooms with more than double occupancy in the rest of the facility.
- ♦ A culture change contract for three years worth of training/activity from a state-approved culture change agent.
- ♦ An evaluation process administered by My InnerView.
- ♦ Full sprinkler coverage.
- ♦ Air-conditioning or a state-approved alternative.
- ♦ Compliance with the Certificate of Need Pilot Program.
- ♦ Continued culture change efforts to maintain funding.
- ♦ A cap of 75 homes.

One key aspect of this program is that it is budget neutral—construction is financed through private investment. An up to \$5 (per bed, per day) supplemental payment makes the building of new designs more affordable and attractive. This supplement was made available for the half-life of the facility (up to 20 years), and there was partial coverage of construction costs. The Federal Medicaid Assistance Percentages (FMAP matching) supports 55 percent of the cost of the supplemental payment.

A multi-disciplinary team comprised of representatives from the Michigan Department of Community Health (MDCH), Medical Services Administration (Medicaid), Bureau of Health Systems (BHS) (Survey and Certification), Health Facilities Engineering, Certificate of Need and Office of Services to the Aging administers the FIDS program. BHS is the lead agency. Unfortunately, no further rounds of FIDS funding are expected.

Resources

[FIDS Bulletin](#)

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North Carolina Coalition of Long-Term Care Enhancement

Description

The North Carolina Coalition of Long-Term Care Enhancement started in 1996 with the original name of Eden North Carolina Long-Term Care Coalition. The section chief of licensure heard of Dr. William Thomas and the Eden Alternative, which was the motivation to start the coalition. The state worked closely with the for-profit association—the North Carolina Health Care Association—to create the coalition. It has approximately 25 members and includes the long-term care provider-related associations, assisted living and retirement communities, state and local regulators, North Carolina Horticulture Society, Division of Aging (ombudsman program), providers, state long-term care advocates, educators and others. The coalition meets monthly, and the state provides the space and takes minutes.

The coalition has a formal structure and by-laws. It considered becoming a not-for-profit but decided against it because it would limit the state's role in the coalition. The coalition has a different chairman each year, which has not been a representative from state government.

The coalition had two conferences for providers. CMP funds supported the first conference, and volunteer time and participant fees supported the second conference.

The coalition's key activity is its demonstration grant program. Initially, it was designed for nursing homes to implement the Eden Alternative; however, the focus has changed to the identification of other culture change groups and ideas, such as the Pioneer Network and Wellspring. A subcommittee from the coalition selects grant recipients, with two people reviewing each grant. They use a scoring system and if there are differences in the scores, a third person scores the applicant. The reviewers also consider the complaint history, survey results and risk/benefit of each applicant. There have been four rounds of grants, and each grant is for two years.

The CMP dollars support the demonstration grant program, and the state has provided a significant amount of in-kind time. The CMP support so far has been approximately \$1 million. The state's participation on the coalition has helped secure CMP money to fund the program.

Resources

[North Carolina Coalition of Long-Term Care Enhancement Grantee Request for Application](#)

[North Carolina Coalition of Long-Term Care Enhancement Grant Press Release](#)

[North Carolina Coalition of Long-Term Care Enhancement Mission Statement](#)

[North Carolina Coalition of Long-Term Care Enhancement By-Laws](#)

[Proposed Committees of the North Carolina Coalition of Long-Term Care Enhancement](#)

[North Carolina Coalition of Long-Term Enhancement Membership Directory](#)

[North Carolina Coalition of Long-Term Enhancement Grantee Monitoring](#)

[Visit the North Carolina Coalition of Long-Term Enhancement Web site](#) for more information

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Oregon Survey Agency/Nursing Home Culture Change Initiative

Description

In 2005, state survey staff created the Survey Agency/Nursing Home Culture Change Initiative to help educate surveyors about culture change and set up nursing home/surveyor teams to work on culture change initiatives.

Interested nursing homes and surveyors were asked to apply for the teams as sign of their interest and commitment. The selection criteria for nursing homes included having a minimum two-year tenure for the administrator and director of nursing services, a clean compliance history (no ongoing problems) and an idea of where they were in their own culture change development.

The state received 18 applications from nursing homes and surveyors, and six teams made up of nursing home staff and a surveyor were selected in 2005. The state chose surveyors from the three regional surveyor offices, so they could share what they were learning with their colleagues.

To help jump-start the process, all six teams attended the Pioneer Network's institute on culture change held in Portland and set up their culture change teams soon after the conference. The team members often included the administrator, a licensed nurse representative, a direct care worker, a state surveyor and, in some cases, dietary and house-keeping staff. The surveyor attended the team meetings in person or via conference call. The role of the surveyor was to help the team understand the parameters of the regulations with regard to culture change. To avoid any conflict of interest, the surveyors who were part of a home's culture change team could not be part of their survey process.

The state investment included:

- ♦ Paying for the cost of the surveyors and one nursing home staff member to attend the Pioneer Network Institute.
- ♦ Making available a \$2,500 matching grant from the state's CMP funds to the nursing homes to develop culture change activities in either practice or policy, with the help of their team.

Once the teams were up and running, survey agency staff provided support through face-to-face meetings and follow-up phone calls.

Four teams in 2006 and two teams in 2007 submitted proposals for the state matching grant and were accepted by the review group. Their proposals included changes in dining allowing for more home-like meals for residents, expanding family-style dining to breakfast and recruiting volunteers to provide more activities to residents.

In 2007, the survey agency decided to invest in hiring a part-time consultant to provide team support. State staff members had tried to support the teams as part of their job but found the teams needed more consistent support to keep the momentum going. The consultant's responsibilities included conducting orientation for new team members, providing technical assistance about best practices for person-directed care, facilitating monthly conference calls with team members, organizing two day-long group meetings per year focused on technical assistance, offering best practices and sharing lessons learned and providing one in-service training per year to all surveyors on culture change.

In 2008, six additional culture change teams were established.

The program has helped bring about more understanding of culture change among the surveyors. The program lead observed that since surveyors often go in looking for what's wrong, this model is a wonderful opportunity for relationship building between nursing home staff and surveyors around culture change.

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Oregon Survey Agency/Provider Forums

Description

In 2005, the state survey agency set up a survey agency/provider forum that meets every other month to talk about regulations and build relationships and trust between surveyors and providers. It was a way to formalize discussions and collaborations that had taken place over several years between the state agency and providers.

About 20 individuals attend the bimonthly meeting, which include survey state agency staff, the for-profit and non-profit provider associations, nursing homes, home care agencies, surveyor managers and licensing staff. Individuals who sign up for the forum must give a one-year commitment to participate. If members miss one session, they are no longer allowed to participate.

During the meetings, which are run by survey agency staff, forum members discuss emerging issues and updates, develop an action plan at the beginning of each year and plan for one deliverable a year. One year, their work centered on the Informal Dispute Resolution (IDR) that occurs when surveyors give facilities 10 days to respond to a deficiency or sanction. Forum members reviewed the process, determined it was fair and didn't need to be changed. They did, however, choose to hold a series of trainings around the state for providers on how to prepare for an IDR. The next year, forum members developed an Innovative Practice Award for long-term care providers. Three providers were recognized for their work to enrich the lives of their residents through enrichment/activity programming that was a part of everyday life and that involved all staff and residents. Culture change and person-centered care practices were central to their work.

According to survey agency staff, the forums seem to be successful and have increased communication, trust and mutual understanding among members. The forums have become a safe place to have conversations between survey agency staff and providers.

Resources

[Application for the Innovative Practice Award](#)

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Oregon Best Practices Initiative in Person-Centered Care

Description

In 2000, the Oregon Seniors and People with Disabilities (SPD) Division partnered with the Oregon Health and Science University's Hartford Center of Geriatric Nursing Excellence to promote culture change through the Best Practices Initiative (BPI). BPI was set up to address the gap between research findings and the use of these findings to improve practice in person-centered care. The initiative was implemented using an education and consultative model and emphasizing use of evidence-based practices. A kick-off educational summit on person-centered care was held in October 2002. To attend, long-term care facilities were required to identify and send teams that included a direct care worker and organizational leaders, such as the administrator or director of nursing. The summit featured best practices in person-centered care in bathing, dressing and dining. Thirty-nine facilities were represented.

Sixteen facilities sent in proposals to BPI for assistance in making changes in their practices. Ten were chosen and participated in three educational two-day retreats and received coaching support from BPI team members, made up of staff from the university and SPD. The coaches provided onsite consultation and phone support to the facilities. The participating facilities made significant changes in engaging residents, increasing choice and promoting relationships between direct care workers and residents.

Three exemplary facilities made significant practice changes that fully involved all staff, including the direct care workers. These three facilities later became part of the Better Jobs Better Care research and demonstration grant program.

Though BPI has formally ended, its concepts and learnings have continued on into new initiatives.

Resources

Crandall, Lynda G., White, Diana L., Schuldheis, Sherrie, Talerico, Karen Amann, "[Initiating Person-Centered Care Practices in Long-Term Care Facilities](#)," *Journal of Gerontological Nursing*, Vol. 33, No. 11, November 2007

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Oregon Philosophy Statement on Person-Centered Care for State Statutes and Regulations

Description

The Oregon Better Jobs Better Care (BJBC) state demonstration project (2003-2006) focused significantly on promoting a person-centered model for long-term care. To that end, BJBC partners, which included staff from the Oregon Department of Human Services, developed a person-centered care philosophy statement, which the department then officially adopted.

This statement provides overall guidance to the department's work, including regulations. It defines person-centered care and person-directed care and offers suggestions for how a state and its partners can develop a system of care that is person-centered and person-directed.

The department already had laid some groundwork for person-centered care. In the mid 1990s, the Seniors and People with Disabilities (SPD) Division of the Department of Human Services was created to develop a seamless approach to elders and bring the Older Americans Act and survey process under one roof. Programs for the developmental disability community also were integrated into the SPD at that time. The fact that this community was much more consumer/person-directed in their care contributed to the acceptance of person-centered care for the elderly in the division.

Resources

[Oregon Philosophy statement on Person-Centered Care](#)

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Vermont Nursing Home Quality Award

Description

The Nursing Home Quality Award program, which began in 2000, came out of a study that examined Vermont's Medicaid reimbursement methodology for nursing homes. The study redesigned the long-term care system, and nursing homes wanted to address the quality issue. The state government created a system to link increasing funds to quality improvement or culture change. Facilities are eligible if they participate in the Vermont Medicaid program and meet the following criteria:

- ♦ A score of five or less on the most recent health report; no deficiency with a scope and severity level greater than "D," with no more than two "D" level deficiencies in the general categories of Quality of Care, Quality of Life or Resident Rights. A "D level deficiency" is an isolated instance of a deficient practice with a potential for harm, but no actual harm has occurred.
- ♦ No substantiated complaints in the previous 12 months related to quality of care, quality of life or residents' rights.
- ♦ Gold Star provider designation.
- ♦ Participation in the approved Resident Satisfaction survey process (My Innerview), with results above the statewide average.
- ♦ Staff turnover below the state average.
- ♦ A Fire Safety deficiency score of five or less with scope and severity less than "E" in the most recent full survey.

The Division of Licensing and Protection ranks eligible facilities based on the basic criteria. The five top-ranking facilities for quality of care receive the award. If more than five facilities are equally qualified, then additional criteria (efficiency rankings) are used to determine the awardees. The efficiency rankings are based on the sum of the nursing, resident care and allowable costs per day from each facility's most recently settled Medicaid cost report. Costs per day are calculated using actual resident days for the same fiscal period.

The award started at \$50,000 and two years later was reduced to \$25,000. The money is used to improve the quality of life for residents in the nursing homes. One requirement is that the residents, through the Resident Council, have input on how to use the money.

Resources

[Vermont's Nursing Home Quality Awards Criteria and Use of Funds](#)

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