

## Nursing Facility Medicaid Pay-for-Performance Self-Certification Report

**Provider Name:** \_\_\_\_\_

**Provider NPI/ Medicaid Number:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

The following Self Certifications are based on the measurement periods identified for each measure. This Self-Certification report is due annually to the Iowa Medicaid Enterprise (IME) no later than May 1, for those facilities opting to have this data included in the Medicaid Nursing Facility Pay-for-Performance point determination.

**Instructions for completion:**  
 Circle the score that accurately reflects how your facility meets the following measures:

0 indicates that the outcome is not present.  
 1, 2,3,5, 13 are the number of points available for the measure.

**Domain: Quality of Life – Person Directed Care**

Measure: Enhanced Dining:		Outcome	
1)	Menu options and alternative selections are available for meals	0	1
2)	Resident has access to food and beverages 24/7 and staff are empowered to honor residents choices	0	1
3)	At least one meal per day is offered for an extended period so residents have the choice of what time to eat.	0	1

Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include:

- One months worth of menus
- Schedule of meal times provided to residents
- Policy pertaining to resident’s request for food/ beverages outside of the scheduled meals.

Measure: Resident Activities		Outcome	
1)	Facility employs a certified activity coordinator at a rate of at least 38 minutes per week per licensed bed.	0	1
2)	Activity staff exceeds the required minimum set by law, OR direct care staff is trained to plan and conduct activities and carries out both planned and spontaneous activities on a daily basis	0	1
3)	Residents report that activities meet social, emotional and spiritual needs	0	2

Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include:

- Three consecutive months of activity schedules
- Training records that show direct care staff have been trained to plan and conduct activities
- Copy of policy pertaining to activity coordination and resident choice

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Measure: Resident Choice		Outcome	
1)	Residents are allowed to set their own schedules including what time to get up and what time to go to bed	0	1
2)	Residents have a choice of whether to take a bath or shower, which days this will happen and at what time it will be done	0	1
Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include: <ul style="list-style-type: none"> <li>• Policy pertaining to resident bathing</li> <li>• Policy pertaining to residents hours of activity</li> </ul>			
Measure: Consistent Staff		Outcome	
1)	The same staff works with the same residents at least 70% of the time	0	3
Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include: <ul style="list-style-type: none"> <li>• Three consecutive months of schedules that list staff resident assignments</li> <li>• Policy pertaining to staffing assignments</li> </ul>			
Measure: National Accreditation		Outcome	
1)	A nursing facility shall have CARF or another nationally recognized accreditation, for the provision of person directed care. (Facility does not receive points for any other measures listed in the person directed sub-category, if receiving a point for this measure)	0	13
Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include: <ul style="list-style-type: none"> <li>• CARF certificate or other accreditation certificate</li> </ul>			
<b>Domain: Quality of Care – Staffing</b>			
Measure: Staff Education, Training and Development		Outcome	
1)	A nursing facility shall provide staff education training and development at 25% above the basic requirements for each position that requires continuing education	0	5
Facilities will submit documentation with this self-certification as evidence to support the measure has been met, which may include: <ul style="list-style-type: none"> <li>• In-Service education program records indicate that additional training has been provided during the measurement period in addition to those required by 441 IAC 81.13(19)(7) and 81.13(19)(8) and in addition to the topics listed in 441 IAC 81.16(3) .</li> </ul>			

I attest that the information provided in this Self-Certification Form is accurate and true. I attest that this facility maintains records to support the reported scores:

\_\_\_\_\_  
Nursing Facility Administrator's Signature

\_\_\_\_\_  
Date Completed