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12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures when applicable.

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TABLE 1: Payment Arrangement Provider Performance Measures **Measure Name and NQF # (if applicable)**	**Measure Steward / Developer[1]**	**Baseline[2] Year**	**Baseline[2] Statistic**	**Performance Measurement Period[3]**	**Performance Target**	**Notes[4]**
NF maintains 12 hours of RN coverage per day	**Texas**	**N/A**	**Federal requirement is 8 hours of RN coverage per day**	**(Monthly)** **SFY2022** **SFY2023** **SFY 2024**	**Met if NF maintains 4 additional hours for 90% of days in the month**	**(4 hours beyond the CMS mandate)**
NF maintains 16 hours of RN coverage per day	**Texas**	**N/A**	**Federal requirement is 8 hours of RN coverage per day**	**(Monthly)** **SFY2022** **SFY2023** **SFY 2024**	**Met/Not Met if NF maintains 8 additional hours for 90% of days in the month**	**(8 hours beyond the CMS mandate)**

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NF has a workforce developmen t program in the form of a PIP that includes a self-directed plan and monitoring outcomes	**Texas**	**N/A**	**N/A**	**(Monthly) SFY2022 SFY2023 SFY 2024**	**Met/Not Met NF demons trates they have a workfor ce develop ment progra m and PIP and are monitor ing outcom es**	

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Percent of high-risk residents with pressure ulcers (long stay)	**CMS N015.03**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Each August:** • **NF-specific baseline set at most recent four-quarter average.** • **Program-wide benchmark set at national average**	**(Quarterly) SFY2022** **SFY2023** **SFY 2024**	**Relative 5% improvement over NF-specific baseline each quarter, or relative 5% improvement over program-wide benchmark each quarter after Quarter 1**	**MDS Long Stay Quality Measure with target escalating each quarter**

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Percent of residents who received an antipsychotic medication (long stay)	**CMS N031.03**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Each August:** • **NF-specific baseline set at most recent four-quarter average.** • **Program-wide benchmark set at national average**	**(Quarterly) SFY2022** **SFY2023** **SFY 2024**	**Relative 5% improvement over NF-specific baseline each quarter, or relative 5% improvement over program-wide benchmark each quarter after Quarter 1**	**MDS Long Stay Quality Measures with target escalating each quarter**

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Percent of residents whose ability to move independently has worsened **(long stay)**	**CMS N035.03**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Each August:** • **NF-specific baseline set at most recent four-quarter average.** • **Program-wide benchmark set at national average**	**(Quarterly) SFY2022** **SFY2023** **SFY 2024**	**Relative 5% improvement over NF-specific baseline each quarter, or relative 5% improvement over program-wide benchmark each quarter after Quarter 1**	**MDS Long Stay Quality Measures with target escalating each quarter**

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Percent of residents with a urinary tract infection (long stay)	**CMS N024.02**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Each August:** • **NF-specific baseline set at most recent four-quarter average. Program-wide benchmark set at national average**	**(Quarterly) SFY2022** **SFY2023** **SFY 2024**	**Relative 5% improvement over NF-specific baseline each quarter, or relative 5% improvement over program-wide benchmark each quarter after Quarter 1**	**MDS Long Stay Quality Measures with target escalating each quarter**

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NF maintains active infection control program that includes pursuing improved outcomes in antibiotic stewardship	**Texas**	**N/A**	**N/A**	**(Quarters 1, 3)** **SFY 2022** **SFY2023** **SFY2024**	**Infection control program meets program requirements**	**NF must demonstrate ongoing adherence to seven elements of infection control and antibiotic stewardship**
NF reviews and updates infection control policies	**Texas**	**N/A**	**N/A**	**(Quarter 2)** **SFY2022** **SFY2023** **SFY2024**	**Infection control policies demonstrate data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of quarter 2)**	

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NFA and DON demonstrate recent completion of "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC	**Texas**	**N/A**	**N/A**	**(Quarter 2) SFY2022 SFY2023 SFY2024**	**Certificate of completion for required staff**	
Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (long stay)	**CMS N020.02**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Most recently published national average before the program year begins**	**(Quarter 4) SFY2022 SFY2023 SFY2024**	**Perform equal to or better than the baseline**	**MDS Long Stay Quality Measures**

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)	**CMS N016.03**	**Baselines are reset at the start of each measurement year, using most recently published data.**	**Most recently published national average before the program year begins**	**(Quarter 4)** **SFY2022** **SFY2023** **SFY 2024**	**Perform equal to or better than the baseline**	**MDS Long Stay Quality Measures**

1. Baseline data must be added after the first year of the payment arrangement
2. If state-developed, list State name for Steward/Developer.
3. If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.
4. If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.