Thank you for your commitment to the quality of life of your residents. Thank you for your interest in being recognized through the Antipsychotic Medication Reduction Initiative. Thank you for your commitment to the appropriate use of antipsychotic medications. By participating in this initiative, you will receive the following benefits:

 1. Self-satisfaction with the assurance that your residents/clients are receiving only appropriate medications

2. Recognition on the New Mexico Health Care Association/New Mexico Center for Assisted Living’s (NMHCA/NMCAL) website

3. NMHCA/NMCAL will submit a press release about your achievement to your local news outlets

4. A plaque, poster, or window sticker announcing your achievement

5. Special recognition during NMHCA events

This program provides four levels of achievement/recognition.

Level One: At the Starting Block

WHO IS ELIGIBLE: This is available to every member of the Association.

WHAT IS REQUIRED: This level of achievement recognizes members that are committed to the philosophy that the appropriate use of antipsychotic medications matters and have taken the following concrete steps:

1. studied best practices for appropriate use of antipsychotic medications

2. educated employees, residents/clients, and family members about these best practices

3. submitted an application to NMHCA/NMCAL

4. ASSISTED LIVING: enroll in the NCAL Long-Term Care Trend Tracker (LTCTT) program and begin submitting data on antipsychotic usage.

Level Two: “The Hundred-Yard Dash”

WHO IS ELIGIBLE: This is available to SNF and ALF members of the Association

WHAT IS REQUIRED: This level of achievement recognizes members that have made progress at reducing the inappropriate use of antipsychotic medications based on objective measures, e.g., QMs for nursing facilities members and LTCTT for assisted living members. Progress is measured in one of two ways:

1. performance at or above the national average for similar providers

a. For SNF members this would be either:

i. For providers that have a sufficient sample number for the long-stay measures, this would be the “Percent of Residents Who Received an Antipsychotic Medication (N031.03)” for two consecutive quarters

ii. For providers with an insufficient sample number for the long-stay measures, this would be the short say measure “Percent of Residents Who Newly Received an Antipsychotic Medication 9N011.02)” for two consecutive quarters

b. For assisted living members this would be the Off Label Use of Antipsychotic Medications quality metric for two consecutive reporting periods

2. a favorable trend over time as reflected in lower incidence rates for the provider’s respective metrics (see above) for three consecutive quarters/reporting periods that show a change over the two-quarters of more than 15%

Level Three: “The 5-minute Mile”

WHO IS ELIGIBLE: This is available to SNF and ALF members of the Association

WHAT IS REQUIRED: This level of achievement recognizes members that have made progress at reducing the inappropriate use of antipsychotic medications based on objective measures, e.g., QMs for nursing facilities members and LTCTT for assisted living members. Progress is measured by demonstrating sustained performance in the top 25% of providers across the nation.

1. For SNF members this would be either:
	1. For providers that have a sufficient sample number for the long-stay measures, this would be the “Percent of Residents Who Received an Antipsychotic Medication (N031.03)” for four consecutive quarters
	2. For providers with an insufficient sample number for the long-stay measures, this would be the short say measure “Percent of Residents Who Newly Received an Antipsychotic Medication 9N011.02)” for two consecutive quarters
2. For assisted living members this would be the Off Label Use of Antipsychotic Medications quality metric for four consecutive quarters.

Level Four: “The NM Marathon”

WHO IS ELIGIBLE: This is available to SNF and ALF members of the Association

WHAT IS REQUIRED: This level of achievement recognizes members that have made progress at reducing the inappropriate use of antipsychotic medications based on objective measures, e.g., QMs for nursing facilities members and LTCTT for assisted living members. Progress is measured in only one way by achieving sustained performance in the top 10% of facilities across the nation.

1. For SNF members this would be either:

a. For providers that have a sufficient sample number for the long-stay measures, this would be the “Percent of Residents Who Received an Antipsychotic Medication (N031.03)” for four consecutive quarters

b. For providers with an insufficient sample number for the long-stay measures, this would be the short-stay measure “Percent of Residents Who Newly Received an Antipsychotic Medication 9N011.02)” for four consecutive quarters

2. For assisted living members this would be the Off Label Use of Antipsychotic Medications quality metric for four consecutive quarters.

 The process for achieving Level One “The Starting Block” recognition is as follows:

 1. You must complete and submit an application for Level One recognition in the NMHCA/NMCAL Antipsychotic Medication Reduction Initiative. Applications will be accepted on a semi-annual basis in June and November. This application has four parts:

a. Demographic information about your center.

b. Information about your “Antipsychotic Medication Reduction” including

 i. How long you have ascribed to an “Antipsychotic Decline” philosophy.

ii. An example from your antipsychotic medication reduction journey. This could be the story of your most memorable or challenging success story with respect to the reduction efforts. All Protected Health Information (PHI) is removed from the story to protect resident confidentiality.

c. An Attestation that you have adopted an “Antipsychotic Decline” philosophy. The attestation includes the following parts:

i. That you have informed employees, residents, and family members about your “AP Decline” philosophy and that you are seeking recognition under the NMHCA/NMCAL Antipsychotic Medication Reduction Initiative

ii. The Attestation will be signed by the Administrator, the Director of Nursing Services (or equivalent in assisted living), the President of the Resident Council, and the President of the Family Council (if you have one.

iii. If you do not have a Family Council, you need to send a letter to all responsible parties announcing your intention to be recognized for your commitment to antipsychotic reduction and offering the recipients of the letter the opportunity to provide feedback to the NMHCA/NMCAL office regarding your efforts – a sample letter is included below

2. NMHCA/NMCAL staff will review the application using the criteria established

a. If the application does not meet the criteria, the center Administrator will be notified in writing and will be provided with one opportunity to resubmit to meet the criteria. If the additional information or clarification submitted still does not meet the criteria, the center will need to start all over with a new application.

b. If the application meets the criteria, the NMHCA/NMCAL staff will prepare a recommendation to the NMHCA Quality Committee. The recommendation for recognition will consider the following:

i. Feedback received during the “Notice” period in 3.c. and the response (if any) from the Administrator to the feedback

ii. Results of a courtesy call to the Division of Health Improvement, Health Facility Licensing and Certification Bureau validating that the center has not been cited for deficient practices related to antipsychotic usage.

c. The recommendation for recognition will be made by the NMHCA/NMCAL staff to the NMHCA Quality Committee during a regular meeting of the Committee. The NMHCA/NMCAL staff will not reveal the name of the center that is being considered for recognition.

i. The Task Force will vote on whether or not to recommend to the Board of NMHCA/NMCAL that the center in question should be accorded recognition by NMHCA/NMCAL as Level One “The Starting Block” center by the Quality Committee. If the Quality Committee rejects the application for recognition, the specific reasons for the rejection will be noted.

ii. The center Administrator will be notified of the Task Force recommendation.

1. If the center Administrator disagrees with the decision of the Quality Committee, the decision can be appealed. The deadline for filing the appeal is fourteen calendar days from the date the Administrator receives the written recommendation from the Task Force.

a. The Appeal is submitted to the Quality Committee “care of” NMHCA/NMCAL.

b. At issue in the appeal is the facts cited by the Quality Committee in reaching the recommendation. The center Administrator must address the facts rather than the conclusion, e.g., similar to how the IDR process reviews the findings rather than the conclusion.

c. Quality Committee members associated with the provider will abstain from voting on the appeal.

d. A majority vote of the members of the Quality Committee that are participating in the review will determine the outcome.

2. If the center Administrator does not appeal the recommendation within fourteen calendar days, then the recommendation of the Quality Committee will be submitted to the NMHCA/NMCAL Board for final action.

d. The recommendation of the Task Force will be submitted to the Board. The decision by the Board of NMHCA/NMCAL is final.

3. Facilities that qualify for the Level I award will be recognized during the Annual Convention and Leadership Symposium

The process for achieving Level Two “The Hundred-Yard Dash,” Level Three “The 5-Minute Mile,” and Level Four “New Mexico Marathon” recognition is as follows:

On a semi-annual basis in July and December the NMHCA/NMCAL staff will review the results of the Long-Term Care Trend Tracker Reports to identify centers that qualify for recognition under these two levels. NMHCA/NMCAL staff will review the results of a courtesy call to the Division of Health Improvement, Health Facility Licensing and Certification Bureau validating that the center has not been cited for deficient practices related to antipsychotic medications.

1. The recommendation for recognition will be made by NMHCA/NMCAL staff to the NMHCA/NMCAL Quality Committee during a regular meeting of the Committee. The staff will not reveal the name of the center that is being considered for recognition.
	1. The Task Force will vote on whether or not to recommend to the Board of the NMHCA that the center in question should be accorded recognition by the NMHCA as Level One “The Starting Block” center by the Quality Committee. If the Quality Committee rejects the application for recognition, the specific reasons for the rejection will be noted.
	2. The center Administrator will be notified of the Task Force recommendation.
		1. If the center Administrator disagrees with the decision of the Quality Committee, the decision can be appealed. The deadline for filing the appeal is fourteen calendar days from the date the Administrator receives the written recommendation from the Task Force.
			1. The Appeal is submitted to the Quality Committee “care of” NMHCA/NMCAL.
			2. At issue in the appeal is the facts cited by the Quality Committee in reaching the recommendation. The center Administrator must address the facts rather than the conclusion, e.g., similar to how the IDR process reviews the findings rather than the conclusion.
			3. Quality Committee members associated with the provider will abstain from voting on the appeal.
			4. A majority vote of the members of the Quality Committee that are participating in the review will determine the outcome.
		2. If the center Administrator does not appeal the recommendation within fourteen calendar days, then the recommendation of the Quality Committee will be submitted to the NMHCA Board for final action.
2. The recommendation of the Task Force will be submitted to the Board. The decision by the Board of NMHCA/NMCAL is final.
3. Facilities that earn the Level II, Level III or Level IV awards will be recognized during the Annual Convention and Leadership Symposium