Thanks for joining us!

Please sign-in using the chat box:

*Example:*
Julie Myers, OK, juliemy@health.ok.gov

Elevate Care

A national network to share experiences, challenges, and successes with the reinvestment of CMP funds to improve care in nursing homes.
Agenda

Roll Call

Texas: Harvey’s Impact on Nursing Homes
Florida: Irma’s Impact on Nursing Homes
Minnesota: Working from Scratch
Indiana: Forming for Performance
Wrap-up

Materials are online at
CMP.health.ok.gov
Navigate on the left panel to “National CMP Reinvestment Network”

Roll Call by State

• Please have one person from your state or territory respond as each state is called
• All lines will be unmuted during this time

Please sign-in using the chat box:

Example:
Julie Myers, OK, juliemy@health.ok.gov
What would 9 trillion gallons of water look like?

As of noon on Aug. 27, about 9 trillion gallons of rain had already fallen across the greater Houston area and Southeast Texas.

If that water were collected into a cube next to Houston’s downtown, it would cover an area of about four square miles and be two miles tall.

Source: Capital Weather Gang; Google Street View

THE WASHINGTON POST

Texas: Hurricane Harvey 2017

Texas and Hurricane Harvey 2017
Harvey

- Category 4 Hurricane
- Over 50 inches of rain in certain areas
- Three state waivers approved by the governor (admission/transfer/discharge; exceeding licensed capacity; consultant pharmacist requirements); other waiver requests still in progress

Harvey

- Federal Waivers – CMS issued 9 1135 blanket waivers for Texas in response to Harvey; three applied to LTC (waiver of 3 day hospital stay for SNFs; waiver of MDS submissions timeframes for NFs; waiver of OASIS transmission timeframes for home health agencies)
Harvey #s

<table>
<thead>
<tr>
<th>Total # of providers that evacuated 214</th>
<th>Total # of residents/individuals evacuated 5447</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALFs 63</td>
<td>ALFs 1249</td>
</tr>
<tr>
<td>NFs 54</td>
<td>NFs 3237</td>
</tr>
<tr>
<td>ICFs 66</td>
<td>ICFs 569</td>
</tr>
<tr>
<td>Home Health 31</td>
<td>Home Health 392</td>
</tr>
</tbody>
</table>

Harvey

- Many facilities are in the process of repatriation
- Some facilities will take weeks and months of repair, so residents are discharged
- Issues re notice to residents and families, and choice
Thank you

Derek Jakovich
Enforcement Director
Regulatory Services, Texas Health and Human Services
derek.jakovich@hhsc.state.tx.us
(512) 438-4056

Minnesota
Civil Monetary Penalty Program
Minnesota

Munna Yasiri
MN Department of Human Services (DHS)

CMP Program – Minnesota
Background

• Formed in late 90s
• “Partnership” Model
• Developed Initial Policies
• Developed Initial Forms
CMP Program – Minnesota
Subsequent Changes

• Expanded “Partnering” efforts
• Revised Policies & Procedures
• Revised Forms

Developing your CMP Program

Where to Begin?
How to Start (or revamp) your CMP Program
CMP Program
Structure and Definition

- Clear statement of mission or charter
- Document “operational guidelines”
CMP Program Structure and Definition

• Determine decision-making entity or structure
• Determine scope of authority
• Define membership

Composite
The composition of the Committee is specified under Minnesota Statutes 144A.10, Subd. 6e. The standing Committee is comprised of:

- At least one representative of the MN Department of Human Services – Nursing Facility Rates & Policy (NFRP) Division (as appointed by the DHS Commissioner)
- At least one representative of the MDA Department of Health – Health Regulation Division (as appointed by the MDA Commissioner)
- Two representatives from the NFRA trade associations, one appointed by each association
- Two consumer representatives, as appointed by the MDA Commissioner. These persons are intended to represent the interests of “voces of experience” and may be consumers or individuals from regulatory or advocacy organizations that serve to protect and represent the interests of NFRA residents.

Appointees unable to attend a scheduled meeting may designate a replacement. Other individuals may be invited to Committee meetings to share program ideas or support the work of the Committee.

Committee members (or their designee) shall disclose any personal or organizational conflicts of interest, benefit or bias for or against a project, and shall recuse themselves from any advisory capacity on any such proposal or project.

The Committee operates in an advisory capacity to the Commissioner of Human Services (T-469).

Committee meetings shall be held at least semi-annually. Meetings may be held in person or by means of remote communication.
CMP Program
Operational Protocols

- Meeting schedule
- Voting rights
- Conflicts of interest

CMP Program
The “Plan”

- Develop key principles or protocols for reviewing applications
- What parameters are most important to your State?
  - Where is there “room for improvement”?
  - Target desired areas of change
The Committee shall periodically identify topics that the Committee feels will best respond to the current unmet needs to protect or improve the quality of care and quality of life for Minnesota NH-PF residents.

The Committee shall communicate this preferred topic list with potential interested parties.

Project proposals submitted to the Committee shall be evaluated based on:

- Alignment with ONS requirements for use of CMP funds
- Available Minnesota CHF fund balance
- Alignment with the topics identified by the Committee and potential positive impact on the quality of life and/or quality of care delivered to nursing home residents
- The proposer entity’s ability to successfully complete the project, including the sharing of outcomes and data
- Conformance of State’s contracting protocols

CMP Program
Developing Tools

- Website
- Application form
- Supplemental forms
CMP Program

Project Proposals

• Solicitation, development – or a combination
  • Publishing RFIs
  • Advertise, advertise, advertise
CMP Program
Determining Results

• Determining what you can find
• Making sense of what you have
  • Hard versus soft data

CMP Program
Lessons Learned

To contract or not? - that is the question
• State barriers in contracting processes
  • Doing it all versus contracting out
    • Determining results
CMP Program Lessons Learned

Stakeholder Involvement

• Include key “partners”

• Solicit their input on policies, procedures and projects

• Assistance in advertising solicitations

• Assistance with resources (training expertise, subject matter experts, field experience, etc.)

CMP Program Lessons Learned

Financial Management Involvement

• Early (and regular) involvement

• Ensure they understand the issues, processes

• Develop good communication links
CMP Program – Minnesota Lessons Learned

Review, Revise - Repeat

• Regulatory guidance changes
• Process and protocol reviews
• State and facility needs change

Questions?
Thank you!

For questions or copies of forms, please contact:
Munna Yasiri - Compliance Director
MN Department of Human Services (DHS)
Nursing Facility Rates & Policy (NFRP) Division
(651) 431-2264
munna.yasiri@state.mn.us
ISDH CMP Program Structure

- ISDH – Healthcare Quality and Regulatory Commission
  - Regulatory oversight for healthcare facilities
  - Oversight of CMP Funds
- ISDH Committee –
  - Primary - Assistant Commissioner, Director Program Development & Quality Improvement Initiatives, Director Healthcare Quality Improvement Projects
  - Secondary – Director of Long Term Care, Deputy Director of Long Term Care, Director Education and Quality & Program Director for Health Care Data and Technology
- Partners
  - Provider Associations
  - Academic Programs
  - QIO Organization – Q Source
  - Federal Agencies – CMS, CDC
  - State Agencies
  - Community Organizations – Alzheimer’s Association, IMDA
Focus of CMP Funding

Focus of CMP fund:

- Indiana’s CMP Plan serves as the guidelines and references for proposed project content and requirements.

- Projects are designed:
  - Reduce deficient practices of certified nursing facilities
  - Improve quality of care/quality of life

ISDH CMP Plan

- Goals:
  - Use funds appropriately and wisely promoting evidence-based care practices
  - Address care issues identified through quality and needs concerns
  - Provide education and training programs on health issues specific to resident population
  - Ensure health & safety of residents during relocation
  - Encourage programs directed towards improving quality of care/quality of life for residents

- Project topics are identified based on concerns, issues or problems
Application Process for Proposals

2 Methods of Application
- Individual or group submitted proposals
- ISDH identified topics

Approval – Agency Approval
- CMS Approval

Selection – Project Manager/Coordinator

Contract - Scope of Work
- Budget Information
- Start / End dates

Scope of Practice

- Content:
  - Advisory boards – include representation from ISDH
  - Inclusion of ISDH in activities – ISDH representatives at meeting / courses
  - Reports – quarterly, semi-annual and/or annual written reports, final report
    - Progress toward goals / outcomes
    - Participation
  - Toolkits, training modules, educational packets
Proposal Structure

- Purpose and Summary
- Background
- Overview
- Goals and Objectives
- Expected Outcomes
- Outcome Measures
- Sustainability
- Benefits to Nursing Home residents
- Non-supplanting
- Consumer and stakeholder involvement
- Funding /Proposed Budget
- Involved Organizations / Partners
- Contact information

Projects – Length & Amount

- Length
  - Current projects – 2 years with possible renewal for another 2 years
  - New projects – not to exceed 3 years

- Amount
  - Based on projected budget submitted
  - Current projects – average approx. $300,000. (range $75,000 – 600,000)
List of Current Programs

- Leadership Conference – 2 per year / 1 topic / all together - 2007
- Advanced Education – Phase 2 – QAPI, Infection Prevention, Wound Care & Dementia Care
- Regional Collaborative – Phase 2 – 9 Regional Collaborative Groups – 2 QAPI projects
- Polypharmacy Reductions – 3 Hubs – SMART Campaign – “Safer Medication Administration Regimens & Treatment” – 3 MDs & Pharmacists
- Expressive Arts – 5 modules - drama, writing & memoir, dance & movement, music and visual art. Training course and train-the trainer course.
- Music in LTC – Music as an intervention, create playlist, assess responses, education of staff, soundscape evaluations, resident evaluations
- Dementia Care in SW Indiana – Teepa Snow – “Positive Approach to Care”

Just Approved Projects

**Topic: Conversations in Advanced Care Planning**

- Received from proposal – 03/17/2017
- Reviewed by Primary Committee – 03/24/2017
- Prepared for submission to CMS
- Submitted to CMS – 06/14/2017
- CMS requested add’l information – 07/19/2017
- Sent to CMS add’l information – 07/19/2017
- CMS approval received – 07/21/2017
- Contract process started – 07/25/2017 (Sole Source)
- Contract process completed – 10/01/2017
- Projected start date – 10/01/2017
Lessons Learned

- Identify key staff for involvement
- Partnership
  - Academic Program /University
    - Resources – personnel and expertise, students!!!
    - Data collection
    - Data analysis
- Choose topic carefully
- Participate with Project Manager/Coordinator
- Communication ... keep informed
- Be patient !!!

Thank you,

Nancy Adams
Director Quality Improvement Projects
nadams1@isdh.in.gov
317-233-7119
http://www.in.gov/isdh/26655.htm

Indiana State
Department of Health
Questions?

On this or other presentations?

Presenters Wanted:
Is there a State interested in presenting in March 2018?

Send us an email or chat box message

CMP@health.ok.gov

Civil Money Penalty
Reinvestment Network

Elevate Care
Our next national network call

Date: December 6, 2017
Time: 2pm CST
Topics:
CMS Audit of CMP spending & Projects of interest in Indiana
Thanks for joining us!

Send questions to CMP@health.ok.gov

Materials are online at CMP.health.ok.gov