



Civil Money Penalty  
Reinvestment Network

## Elevate Care

Thanks for joining us!

Please sign-in using the chat box:

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



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Civil Money Penalty  
Reinvestment Network

## Elevate Care

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



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## 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](http://CMP.health.ok.gov)**

Navigate on the left panel to "National CMP Reinvestment Network"



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## 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](mailto:juliemy@health.ok.gov)*



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**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.

**Texas:  
Hurricane  
Harvey 2017**

Source: Capital Weather Gang; Google Street View THE WASHINGTON POST

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**TEXAS**  
Health and Human  
Services

**Texas and  
Hurricane  
Harvey 2017**

# Harvey



TEXAS  
Health and Human  
Services

- 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

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# Harvey



TEXAS  
Health and Human  
Services

- Federal Waivers – CMS issued 9 135 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)

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# Harvey #s

Total # of providers that evacuated 214	Total # of residents/ individuals evacuated 5447	
ALFs 63	ALFs 1249	
NFs 54	NFs 3237	
ICFs 66	ICFs 569	
Home Health 31	Home Health 392	

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# 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

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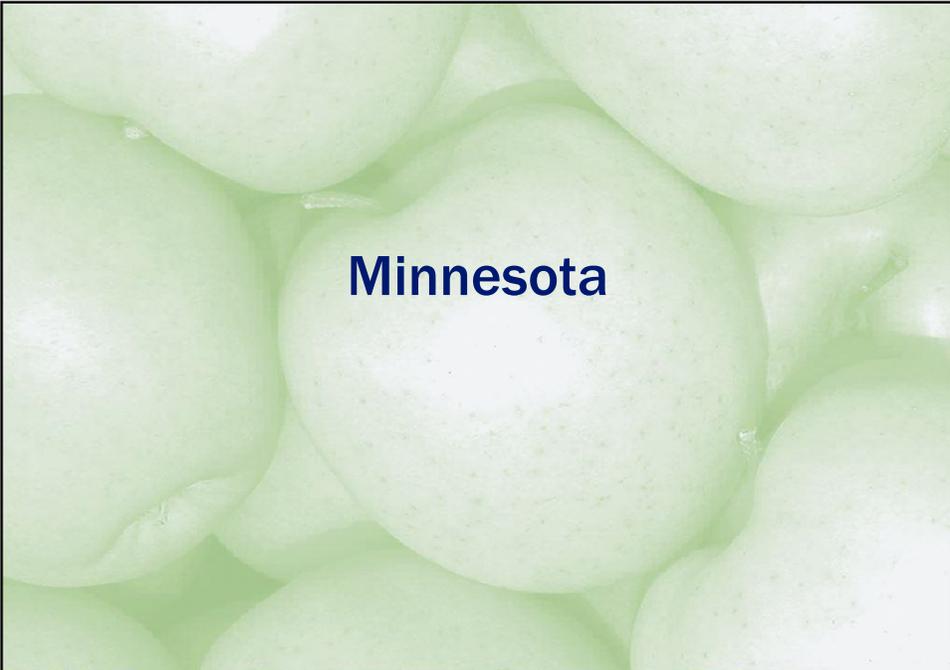
**TEXAS**  
Health and Human  
Services

# Thank you

---

Derek Jakovich  
Enforcement Director  
Regulatory Services, Texas Health and Human Services  
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## Minnesota



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**DEPARTMENT OF  
HUMAN SERVICES**

**Civil Monetary Penalty Program  
Minnesota**

Munna Yasiri  
MN Department of Human Services (DHS)

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**CMP Program – Minnesota  
Background**

- Formed in late 90s
- “Partnership” Model
- Developed Initial Policies
- Developed Initial Forms

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## CMP Program – Minnesota Subsequent Changes

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

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## Developing your CMP Program

**Where to Begin ?**

**How to Start (or revamp) your CMP Program**

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# CMP Program Structure and Definition

- Clear statement of mission or charter
- Document “operational guidelines”

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# CMP Program

**Revised: 8/11/17**

**Background**

A civil money penalty (CMP) is a monetary penalty the Centers for Medicare & Medicaid Services (CMS) may impose against skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified SNF/NFs for either the number of days or for each instance a facility is not in substantial compliance with one or more Medicare and/or Medicaid participation requirements for Long Term Care Facilities. A portion of CMPs collected from facilities are returned to the State in which the CMPs are imposed. State CMP funds must be reinvested by supporting activities that benefit nursing facility residents, and that protect or improve their quality of care and/or quality of life.

**Committee Charter & Duties**

The purpose of the Minnesota Civil Money Penalty Committee (the Committee) is to **encourage and facilitate the use of available State CMP funds to support activities that protect or improve the quality of care and/or quality of life for Minnesota SNF/NF residents**. The Committee shall solicit and/or develop proposals for the use of available CMP funds, and forward recommended CMP proposals to the CMS Regional Office (RO) for review and potential approval.

**Composition**

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

- At least one employee of the MN Department of Human Services – Nursing Facility Rates & Policy (NFRP) Division (as appointed by the DHS Commissioner)

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# CMP Program Structure and Definition

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

# CMP Program

**Composition**

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

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

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

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

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

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

# CMP Program The “Plan”

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

# CMP Program Developing Tools

- Website
- Application form
- Supplemental forms

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## CMP Program

CMP Project Proposal Form - 2017 [Compatibility Mode] - Word

**MINNESOTA - CMP PROJECT PROPOSAL**  
(Please print or type)

Project Title:	
Date:	Proposing Organization:
Contact Person / title / e-mail:	
Address:	Telephone:
	Fax:
Total Funding Request:	Proposed Project Time Period (not to exceed 3 yrs):
Is this activity required under federal law or contract?	Y N
Is this activity required under state law or contract?	Y N
Is this activity currently partially or wholly funded by state or federal funds?	Y N
(Please explain any "Yes" responses):	

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## CMP Program Project Proposals

- Solicitation, development – or a combination
  - Publishing RFIs
  - Advertise, advertise, advertise

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## CMP Program Determining Results

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

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## 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

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## 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.)

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## CMP Program Lessons Learned

### Financial Management Involvement

- Early (and regular) involvement
- Ensure they understand the issues, processes
  - Develop good communication links

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## 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**

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**Indiana**



# CMP National Network September 20, 2017



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Civil Money Penalty (CMP) Fund Program

## 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



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## 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



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## 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



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## 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



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## 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](mailto:nadams1@isdh.in.gov)

317-233-7119

<http://www.in.gov/isdh/26655.htm>



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## 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](mailto:CMP@health.ok.gov)**



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## *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**



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**Thanks for joining us!**

**Send questions to [CMP@health.ok.gov](mailto:CMP@health.ok.gov)**

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