STRATEGIES TO INCREASE CONSUMER INVOLVEMENT IN THE USE OF CMPS TO IMPROVE NURSING HOME CARE & QUALITY OF LIFE

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What are CMPs?
Federal Civil Monetary Penalties (CMPs) and state CMPs/fines are imposed by the regulatory agencies that license nursing homes if a nursing home does not comply with regulatory standards.

State licensing and certification agencies are authorized to recommend CMPs for federal violations and to issue state fines for state violations.

States must use CMPs/fines collected from violations of federal and state laws/regulations on:
- Maintaining the operations of a facility pending correction of deficiencies or closure;
- Receiverships and relocation of residents;
- Reimbursing residents for personal funds lost; or
- Innovative projects that benefit facility residents.
WHY ARE CMPS OF INTEREST TO US?

CMPs can be used for activities and projects that directly improve resident care and quality of life. Especially in times of financial crisis (like now!), CMPs represent “found money” that can make things better for nursing home residents.

Used creatively, funds from CMPs/fines could stimulate adoption of resident-centered care in nursing homes.

CMPs are one of the LTC areas focused on in the federal healthcare reform – they are likely to become even more important for residents as their levying and use receives more attention & scrutiny.
Is anyone familiar with how CMPs are levied & used in their state?
BACKGROUND: LTCCC’S STUDY ON STATES’ USES OF CMPS

- With funding from The Commonwealth Fund, LTCCC collaborated with Charlene Harrington of the University of California to study the levying and use of federal CMPs and state fines nationwide.

- Goals:
  - Find out how states were using the funds: what kind of activities were being funded?
  - Inform the public and policymakers on the status of the levying & use of CMPs;
  - Share info on existing state “best practices” on use of CMPs/fines with states, ombudsman, advocates, providers, policy makers and others; and
  - Develop materials to help stakeholders encourage their states to use CMPs to fund innovative programs to improve nursing home quality of life.
LTCCC STUDY: SPECIFIC RESEARCH QUESTIONS

1. What are states’ experiences with the use of CMPs?
2. What are the obstacles to levying and collecting CMPs?
3. What innovative uses have states made of CMP funds and state fines?
4. What are consumer, industry and ombudsman perceptions of the use of the CMP funds and state fines on the impact on resident care?
5. How is the public made aware of the levying and collecting of CMP funds and how can this be improved?
LTCCC STUDY: METHODOLOGY

How did we get the information?
- Telephone survey of state officials,
- Freedom of Information Act requests,
- State Website searches, and
- Stakeholder interviews.

What did we ask?
- describe the funds collected,
- the availability and the use of funds,
- public information about penalties and fines, and
- the state allocation process and policies.
Six states (KS, MA, MD, MI, NJ, NC) were selected for a detailed analysis.

Once we had selected the six states, we identified four categories of stakeholder groups for interviews: (a) the state ombudsman, (b) the director of the state chapter of the American Health Care Association, (c) the director of the state chapter of the American Association of Homes and Services for the Aging, and (d) the director of nursing home consumer advocacy organization(s). In addition, we conducted interviews of the state directors of licensure and certification agencies.
LTCCC STUDY: FINDINGS ON STATE EXPERIENCES - 2004

- 47 states & DC issued federal CMPs (except AK, SD, WY).
- 39 states & DC issued state CMPs.
- 41 states & DC collected federal CMPs (10 had none).
- 21 states collected state CMPs/fines.
- The findings showed wide variations in the use and collection of federal and state penalties and fines. This was consistent with previous studies.
Ombudsman and citizen advocacy group respondents were largely aware of CMPs/fines but most did not know how much was collected or how the funds were used in their states. Most ombudsman and citizen advocate respondents favor making this information public.

26% of state ombudsman respondents, 14% of local ombudsman respondents, and 31% of CAG respondents made CMP information available to the public.
LTCCC’S STUDY: RESULTS

- Although states issued many deficiencies, in general few deficiencies resulted in penalties or fines (but this varied from 19% in 1 state to no use of penalties and fines in 8 states).

- As expected, funds collected from penalties and fines represented a resource ($60.5 million in 42 states (in 2005)) that can be used by states to improve the quality of nursing home care.

- We found wide variations in state spending of funds from penalties and fines, with some states spending a large proportion of the funds collected and 8 states not spending any funds.
LTCCC STUDY: RESULTS – WHAT WAS HAPPENING TO COLLECTED CMPS?

- Approximately 1/2 of the states spent funds for provider projects, for consumer advocacy, and for other areas, such as training.
- Many of these projects were related to quality improvement, such as culture change activities.
- Five of the 6 states in the case studies used funds for culture change projects, and 4 of the 6 had procedures for informing and involving stakeholders in the process.
- Some states appeared reluctant to spend CMPs and/or are using funds only for survey and certification activities or emergency needs. This may explain why some states have not established formal procedures and criteria for funding projects and are hesitant to publicize information about the availability of funds.
- The uncertainty of the amount of available funds in the future may make state officials eager to manage funds in a conservative fashion. However, over 25% of the states had $2,000,000 or more in their accounts at the time of our study.
- Thus, one policy issue is how much reserve funds do states need to maintain for emergencies?
Most of the projects funded with CMP funds were short-term, one-time projects that received only small amounts of funding.

Many states were funding culture change through a variety of Eden Alternative and Greenhouse models.

Study identified a clear geographic pattern in that states in the Midwest, South, and Middle Atlantic were more likely to fund nursing home quality improvement projects.

A number of states developed trainings on a wide variety of common and important problems such as pressure ulcers, falls, weight loss, and medication errors.

A small number of states made wide use of the funds from penalties and fines for a range of interesting projects. The factors that encouraged this type of state approach were not clear and were beyond the scope of this project. Perhaps, however, the role of active stakeholder groups may be important in fostering the approach of using funds for a wide range of projects.

None of the states reported that they had conducted a formal evaluation of the outcomes of any of the projects.
LTCCC STUDY: EXAMPLES OF STATE SPECIAL PROJECTS

- **Arizona**: 33 nursing homes were funded between $3,000 and $35,000 for culture change.
- **Delaware**: Training workshops for facilities on restraints and pressure ulcers.
- **Florida**: A university research project to identify the extent of mental illness among residents and to make recommendations for specialized staff training; a study of inadequacy of dental care.
LTCCC STUDY: EXAMPLES OF STATE SPECIAL PROJECTS

- **Iowa**: CNA recruitment and retention initiatives.
- **Kansas**: Resident relocation and ombudsman and direct staff training and resource materials.
- **Illinois and Kentucky**: Support for local ombudsman programs to increase staff so residents have access to ombudsman services with a goal of 1 paid ombudsman per 2000 LTC beds and Illinois Pioneer Coalition.
LTCCC STUDY: EXAMPLES OF STATE SPECIAL PROJECTS

- Indiana: An Alzheimer’s and dementia care training program.
- Louisiana and Illinois: Culture change initiatives.
- Maryland: Quality improvement and technical assistance units, family council development, Wellspring projects, pets-on-wheels for facilities, and a hospice network.
LTCCC STUDY: EXAMPLES OF STATE SPECIAL PROJECTS

- **Michigan**: A special team for NH remediation and closures, a NH transition program, and evaluation of a NH dining assistant program.

- **Minnesota**: Production and distribution of a brochure on restraint use and a training video.

- **New Jersey**: Quality improvement, Eden Alternative grants, and a resident satisfaction survey.
LTCCC STUDY: EXAMPLES OF STATE SPECIAL PROJECTS

- **North Carolina**: Five programs for quality improvement initiatives, a university medication error study, and Eden Alternative and Pioneer Network programs.

- **Ohio**: Technical assistance programs to help improve quality of care.

- **South Carolina**: Culture change – Eden Alternative.

- **Tennessee**: Eden Alternative grants.
LTCCC STUDY: RECOMMENDATIONS

- **Involve a wide range of knowledgeable stakeholders** in setting the criteria for and guidelines for the use of funds including residents and family members, ombudsmen, family council members, members of citizen advocacy groups, providers, and individuals with grant-making experience.

- **Establish a public process** including public notice of fund availability with a clear annual timeline for applications for funding of innovative projects and an objective review process.

- **Establish a broad based advisory committee** composed of stakeholder groups such as consumer advocates, ombudsman, providers, etc to establish priorities for the use of funds and to advise on the selection of specific projects.
LTCCC STUDY: RECOMMENDATIONS

- Ensure that the state agency responsible for levying the CMPs/fines retains control over how those funds are used and is accountable for how they are used.

- **Remove state requirements that restrict the use of funds** (such as putting the funds in the state general fund) or prevent the funds from being used for projects to improve quality.

- **Allocate sufficient funds** for projects/activities/programs so that they can make a substantial, lasting impact and potentially a widespread impact.

- **Allocate funds for programs/projects that are practical and can be sustained** and/or replicated by others after the funding has ended.
LTCCC STUDY: RECOMMENDATIONS

- Absolutely require that funds be used for purposes directly related to nursing home residents.
- Expend funds for CMPs/fines primarily for special projects & programs that stimulate resident quality of care and quality of life that can ultimately be replicated.
- **Limit the use of funds for relocation**, temporary management, other licensing and certification activities, and state emergencies to what is necessary.
- **Authorize funds for innovative projects that go beyond regulatory requirements** and ordinary budget items to improve residents’ quality of care and quality of life, encourage person directed care, promote consumer advocacy and involvement and stimulate and support the spread of “culture change.”
LTCCC STUDY: RECOMMENDATIONS

- Target consumer focused projects such as work with family councils, resident councils, consumer advocacy organizations, and ombudsman projects.

- **Establish an evaluation process** for all projects, using outside evaluation experts if possible.

- Encourage programs/projects to be jointly developed with academic organizations, consumers (or their representatives) and established experts.

- State ombudsmen should include information about use of CMPs/fines in routine training offered to local ombudsmen, and offer them suggestions about how to inform the public about these enforcement actions.
LTCCC STUDY: RECOMMENDATIONS

- **States should publish annual summary reports** on the amount of funds available from CMPs/fines, the specific uses of the funds by year, the organization receiving funds, and details on the project evaluations. This information should include:
  - Whether there is a special account set up;
  - A quarterly account balance;
  - The process for applying to use the funds;
  - How the funds are used; and
  - The state’s evaluation of the program/project.

- Ensure that these reports are distributed to long term care ombudsmen and advocates.
RECOMMENDATIONS FOR STAKEHOLDERS

- Educate the public in your state.
- **Promote grassroots action.**
- **Participate in the decision-making process** on how to use the funds to improve nursing home care and quality of life.

If your state is already using the funds and/or begins to use the funds after your advocacy:

- Propose projects or programs for funding that meet the study's recommendations for states.

**Request information on CMPs/ fines levied and collected** in your state – use this information to continue informing the public.

- Advocate for legislation that will require fines collected to be used for programs that improve resident quality of life.
RECOMMENDATIONS FOR STAKEHOLDERS

- **Advocate for legislation** that will require fines collected to be used for programs that improve resident quality of life.

- For Long Term Care Ombudsmen and others who might have government affiliation:
  - Use your position in state government and/or your government contacts to influence the state to implement civil money penalties (if they are not doing so already) and to use the funds as recommended by this study to improve resident care.
PART 2: INCREASING STAKEHOLDER INVOLVEMENT IN THEIR STATE’S USE OF CMPS

HOW CAN WE MAKE IT HAPPEN?
LTCCC’S ACTION PLAN:
STEP 1 - LAYING THE GROUNDWORK

- For many years, prior to conducting our study, LTCCC advocated for NY State to impose (recommend to CMS) and collect federal CMPs.
- State passed law in 2004 setting up Quality of Care Improvement Accounts so that CMPs can be collected.
- LTCCC approached NY Department of Health to begin meeting on CMPs – they agreed.
- LTCCC began requesting, on quarterly basis, “due and payable” CMPs from our regional CMS office.
October 1, 2008

Lisa Velazquez
FIP Coordinator
Centers for Medicare & Medicaid Services
Region II - New York
26 Federal Plaza
New York, NY 10278

Dear Ms. Maldonado:

The Long Term Care Community Coalition requests, under the Freedom of Information Act, all Due and Payable Letters sent to all nursing homes in New York State from September 1, 2008 through September 30, 2008. In addition, should any other notice or letter to the nursing home change the amount of the CMP we request these letters as well. This information is needed by October 30, 2008.

Please feel free to contact me or my assistant, Sara Rosenberg, if you have any questions.

Thank you in advance for your assistance with this in a timely manner.

Sincerely,

[Signature]

Cynthia Roeder, Ph.D.
Director of Special Projects
LTCCC’S ACTION PLAN:
STEP 2 - FINDING OUT WHAT NY CONSUMERS WANT

- LTCCC organized a “CMP Stakeholder Summit,” bringing together diverse stakeholders
  - Identified key stakeholder groups including: Long Term Care Ombudsmen, Aging and Disability Groups, Caregiver Organizations;
  - Conducted education and outreach to get “buy in” to importance and value of CMPs;
  - Held two meetings to discuss and identify priorities for the use of CMPs; and
  - Set up email listserv of groups that wanted info in the future on state CMP activities (such as releases of requests for proposals for CMP projects).
RESULT OF CMP STAKEHOLDER MEETINGS: WHAT DID NYS CONSUMERS WANT?

- Participants were divided between nursing home and non-nursing home based projects. Support for funding only nursing home projects based on:
  - these are the people who have been harmed;
  - it is easier to keep projects teams accountable if funds stay within nursing home system; and
  - projects could include improving discharges and facilitating transfer of information and schemes that include family.
- Many wanted to see money go as closely as possible to where residents were harmed. [Example: One participant wanted to use CMPs to take residents in a facility that had been fined out for a nice dinner.]
LTCCC’S ACTION PLAN:
STEP 3 – ESTABLISHING & IMPLEMENTING A SYSTEM OF ONGOING CONSUMER INVOLVEMENT

- From our Stakeholder Summit, LTCCC established core committee of individuals who wanted to be involved on an ongoing basis to:
  - Meet with government officials;
  - Monitor state’s request for proposals and allocations of money.

- LTCCC has engaged NY Department of Health over last four years re:
  - When is next round of funding?
  - The language of the Requests for Proposals (too complex or difficult for small groups to apply, too tailored to nursing homes, not focused on consumer priorities, etc…);
  - The criteria used for choosing proposals for funding.
ACCOMPLISHMENTS: HOW HAS THIS BENEFITED OUR STATE’S NURSING HOME RESIDENTS & OUR ORGANIZATION?

- The use of CMPs in NY has become more responsive to consumers’ priorities:
  - In 1st year round of funding, NY only funded projects by nursing homes and only funded projects related to pressure sore abatement.
  - Over following 3 years, NY revised the RFP so that it was written in a way that was more open to non-provider applicants and opened up funding to a range of activities to improve resident care and quality of life.

- Examples of projects: nursing home resident-centered dining project; “It’s Never 2 Late” project to provide hands-on, interactive computer opportunities to residents to enable them to contact and reconnect with loved ones, play interactive games and surf the internet; a joint worker training program with a university; and a project to improve nursing home residents’ balance through appropriate exercise and balance programs, including the use of Tai Chi and yoga.
PART 3: HELPING OTHER CONSUMER-ORIENTED STAKEHOLDERS IMPROVE BOTH TRANSPARENCY AND USE OF CMPS IN THEIR STATES
LTCCC PROJECT TO PROVIDE TECHNICAL ASSISTANCE TO FOUR STATES - GOALS

- Increase consumer involvement and transparency in the selection process for projects funded by civil monetary penalties;
- Reorient state funding practices in four states towards support for innovative activities tailored to benefit residents, projects proposed by community based and other stakeholder groups (not just nursing home providers) and programs and activities that will have a significant and, if possible, lasting benefit for nursing home residents.
Four states were chosen based on a variety of factors:

- Existence of a significant amount of money in the state’s CMP account;
- The state has not been using its CMP funds for consumer-oriented projects; and
- Existence of a strong consumer and/or ombudsman presence in the state.

The states & stakeholders we worked with:

- **Massachusetts** - Massachusetts Advocates for Nursing Home Reform (MANHR, an all volunteer consumer group);
- **Georgia** - the state ombudsman and her staff, staff from the Georgia Council on Aging and a representative from the Culture Change Network of Georgia;
- **Pennsylvania** - Center for Advocacy for the Rights and Interests of the Elderly (CARIE, a professionally staffed consumer group with a local ombudsman program); and
- **California** – California Advocates for Nursing Home Reform (CANHR, a professionally staffed consumer group).
LTCCC PROJECT – WHAT DID WE DO?

- Wrote up the process we used in our state to work with other stakeholders, engage state CMP policy makers and publicize state activities to use as a model for the state groups.
- Compiled a resource kit for the stakeholders with the materials we developed over the years - issue briefs on CMPs and their value, sample FOIA request letters, etc… - so that these groups would not have to ‘reinvent the wheel.’ Many of these resources are available at www.nursinghome411.org.
- Held an in-person meeting with each of the groups to:
  - present our study and findings;
  - discuss our work in our state and present our model of CMP advocacy that the group could adopt or modify; and
  - brainstorm to i.d. their basic priorities for the use of CMPs in their state and a work plan for that reflected their priorities and the amount of time/resources they could devote to CMP advocacy in the coming year.
LTCCC PROJECT – WHAT DID WE DO?

- LTCCC set up bimonthly phone calls with the individual groups to:
  - Provide technical assistance and advice;
  - Troubleshoot any issues that have arisen for the state group(s);
  - Answer questions and monitor progress; and
  - Reassess the stakeholder groups’ goals and revise as necessary.

- At the end of the project year, all states participated in a group call. Each state was asked to state its goals, any obstacles faced, how they overcame any obstacles, any successes/achievements, lessons learned and future activities.
Overview of Georgia activities presented by

KIM MCRAE
CO-FOUNDER AND
COORDINATOR
CULTURE CHANGE NETWORK OF GEORGIA

www.culturechangega.org
LTCCC PROJECT – FOCUS ON GEORGIA

Goals:

**GOAL 1**: To secure $500,000 of CMP funds for local ombudsmen programs.

**GOAL 2**: To develop a process for soliciting proposals, reviewing proposals and awarding funds to make the system more accountable and transparent.

**GOAL 3**: To use some of the CMP funds for culture change activities.
Activities Associated With Each Goal:

Conference calls with LTCCC
Goal 1: State Ombudsman will continue discussion with Governor’s staff (at their request) on using $500,000 of CMP funds for local ombudsmen program.
Goal 1: Council on Aging will meet Governor’s staff to urge use of CMPs for local ombudsmen program.
Goal 1: Possible mobilization of CO-AGE (Coalition of Advocates for Georgia's Elderly) at January meeting to send letters, etc.
Goal 2: Get needed information on: (1) current state process for awarding competitive bids; (2) whether this process applies to CMP funds.
1. Contact state staff to get information.
2. Look at state policy manuals.
3. Find out if state staff, responsible for competitive bids, can give an educational session.
Activities Associated With Each Goal (continued):

Goal 2: Evaluate whether the state process should apply to CMP funds and/or how to make it or a new process more: user friendly, accountable, transparent and encouraging to non-nursing home application and to innovative ideas.
1. Go over the process in detail.
2. Bring in other stakeholders to discuss.
New Goal 2: Work to make sure the state procurement process is used to distribute funds from CMP account.
Add information on the need to use the procurement process to any testimony given before state hearings and in any meetings with state officials.
Goal 2: Develop the new or modified process. Share with state.
Goal 3: Develop a process to use any funds restored to the ombudsman program for fiscal year 2010 (that cannot be allocated to local ombudsman programs) for other ombudsman-related purposes, including promoting culture change.
Fund projects.
Overview of Massachusetts activities presented by

ARLENE GERMAIN
PRESIDENT
MASSACHUSETTS
ADVOCATES FOR NURSING HOME REFORM

www.manhr.org/
LTCCC PROJECT – FOCUS ON MASSACHUSETTS

Goals:

**GOAL 1**: To make the process more transparent. Information should be made available to the public on: how much money is available; what criteria are being used for the distribution of funds; who the funds are going to; how the funds are being used; and an evaluation of project outcomes. (A long range goal: information on the number of facilities receiving CMPS and information on the violations these facilities received should be made public).

**GOAL 2**: To modify the state’s proposal to use the CMP funds to be more inclusive of families, other applicants in addition to nursing homes, and MA Culture Change Coalition (MACCC) initiatives. And to ensure that consistent assignments are a major focus of the CMP funded Quality of Life Program.
LTCCC PROJECT – FOCUS ON MASSACHUSETTS

Activities Associated With Each Goal:

Conference calls with LTCCC
Goal 1: Present this goal to the CMP advisory committee for their buy-in.
Goal 1: Present to statewide organization for their buy-in
Goal 1: Based upon response of CMP advisory group and the state, evaluate need to bring pressure by engaging other groups.
Goal 1: Bring together other organizations (if needed) for support
Goal 1: Mobilize groups (If needed)
Goal 1: If state agrees, decide whether to urge state to release or whether Massachusetts group will release.
Goal 1: Publicize information
Goal 1: Since state has responded that they cannot make the process more transparent:
  • Ask state staff to state which regulations they believe prohibit this;
  • LTCCC will review and research this issue.
This goal will be on hold until RFP is completed.
Activities Associated With Each Goal (continued):

Goal 2: Present proposal idea to use the CMP funds for a project similar to Illinois to Culture Change Coalition
   Do they want to do it?
   Will they be willing to modify it the way we want (to include the participation of consumers)?
Goal 2: Present to Entire Board of MANHR (Massachusetts Advocates for Nursing Home Reform)
Goal 2: Present to state CMP Advisory Group
Goal 2: Based upon responses, evaluate need to bring pressure on state by engaging other groups.
Goal 2: Since CMP Advisory Group did not agree to use the CMP funds for a project similar to Illinois and the state presented a detailed proposal for use of the funds:
   Recommend that the use of the funds also include both improvement in quality of care and life, and culture change, primarily through consistent assignments;
Activities Associated With Each Goal (continued):

Work to get the modifications to the proposal accepted by the CMP Advisory Board and the State;
Work to add to the qualifications needed for the coordinator position – experience in culture change.
Goal 2: The CMP Advisory Group may be enlarged in the future. Get more advocacy groups and family members to be on the state CMP advisory committee. LTCCC sent a specific work plan on this task.
Goal 2: Work to expand proposal language to allow for future funding of various culture change initiatives.
Goal 2: Work to increase family involvement in the QLP plan.
Overview of Pennsylvania activities presented by

DIANE MENIO
EXECUTIVE DIRECTOR
CENTER FOR ADVOCACY
FOR THE RIGHTS AND
INTERESTS OF THE
ELDERLY

www.carie.org
Goals:

**GOAL 1**: To make the information regarding CMPs transparent.

**GOAL 2**: To make recommendations regarding a process for awarding CMP funds.
Activities Associated With Each Goal:

Conference calls with LTCCC

Goal 1: Using the Right to Know Act, request information from the state:
- Amount of CMP money the state collected each year for the last 10 years (Medicaid portion).
- Balance in the CMP account.
- Amount distributed over the last 10 years.
- Information on State rules and process on how funds are to be used.
- Details on how funds, if any, have been distributed including any projects funded and the recipients.

Goal 1: Using the Freedom of Information Law, request information from CMS:
- All due and payable letters sent to facilities in the state.
- Data from Comparative surveys from 2007 to the present.
Activities Associated With Each Goal (continued):

Goal 1: Assess all information received in order to develop a plan to make sure the information is made public.
Goal 1: Implement the dissemination plan.
Goal 2: Research funding opportunities and submit request for funding.
Goal 2: Gather input from other consumer groups in the state on the kind of process they would recommend for distributing the CMP funds and what types of projects they would like to see these funds be used for:
  • Educate organizations about CMPs.
  • Elicit ideas for defining the state process.
  • Elicit ideas on how funds should be awarded.
Goal 2: Write up recommendations for a process for awarding CMP funds to present to gubernatorial campaigns/new administration.
Goal 2: Strategize efforts over the next six months.
The final report with details on all state consumer/stakeholder activities is available on LTCCC’s nursing home website: www.nursinghome411.org.

This website also has:

- LTCCC’s 2005 study on the levying and use of CMPs across the U.S.;
- Information and recommendations on the use of CMPs;
- Resources for consumers on CMPs; and
- A range of information on nursing home quality issues.