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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

Nicholas A. Toumpas  
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857  
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Nancy L. Rollins  
Associate Commissioner

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March 26, 2013

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Community Based Services, Bureau of Elderly and Adult Services to make a one-time payment of \$19,317.00 of Federal Funds from the Civil and Monetary Penalty (CMP) account to Foundation for Healthy Communities (Vendor #154533), 125 Airport Road, Concord, NH 03301, to train staff in long-term care facilities in New Hampshire for the Provider Orders for Life-Sustaining Treatment (POLST) program, effective the date of Governor and Executive Council approval. Funds are available in the following account:

*100% Fed*

**05-95-48-481510-6175 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS.  
HHS: ELDERLY – ADULT SERVICES, CIVIL MONETARY PENALTIES**

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Amount</u>
SFY 2013	102-0731	Contract for program services	\$19,317

**EXPLANATION**

The purpose of the Provider Orders for Life-Sustaining Treatment (POLST) training program is to train long-term care facility clinical caregivers, including physicians, nurses and social work staff, to provide better information to the residents and patients about health care decisions regarding issues such as medically administered hydration or nutrition, intubations, mechanical ventilation and other related matters. The challenge is to clearly and succinctly communicate these decisions to different members of the health care team in the process of the residents and patients moving between care setting.

Key to the POLST program is a standardized form, adapted for New Hampshire by a cross-section of New Hampshire clinicians, to communicate medical orders between care settings. It builds upon the successful implementation of the Portable Do-Not-Resuscitate (P-DNR) system implemented statewide since 2007. This specific project was piloted successfully with 6 hospitals and 8 long-term care facilities in New Hampshire. The plan with this project is to expand the program statewide. The program will include on-site training in each region of the state. The plan is for a total of 40 three-hour long sessions, 30 led by a physician and 10 led by an

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and the Honorable Council

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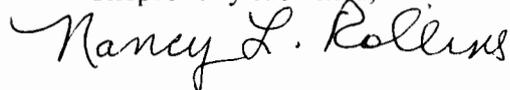
APRN. The plan will include an assessment of the training as well as follow-up communication three months after the session.

DHHS solicited applications that were then reviewed by the CMP Fund Application Review Panel in accordance with the formal policy for distribution of these funds (attached). CMP Funds are in a restricted account that can only be expended for very specific federally approved purposes. CMS has approved the use of these funds to be awarded to this agency for this specific purpose.

Area served: statewide.

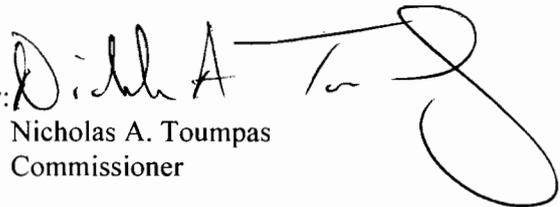
Source of funds: 100% federal funds.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

**STATE OF NEW HAMPSHIRE**  
**Department of Health and Human Services**

APPLICATION FOR CIVIL MONEY PENALTY FUNDS

The NH Department of Health and Human Services (DHHS) requires that this form be completed by any individual, agency or entity requesting Civil Money Penalty (CMP) funds. The information provided in this form will be used to assist in evaluating your request. Please consult the Civil Money Penalty Funds Memo for information about the criteria and process used to evaluate requests for CMP funds.

**I. APPLICANT INFORMATION:**

Name: Shawn V. LaFrance

Name of Organization: Foundation for Healthy Communities

Address: 125 Airport Road, Concord, NH 03301

Telephone #: (603) 415-4270 FAX #: (603) 225-4346 Email: slafrance@healthynh.com

Contact Person for Proposal (if different from above): \_\_\_\_\_

**II. Applying Organization/Entity Type: Check all that apply:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Public                | <input type="checkbox"/> Individual             | <input checked="" type="checkbox"/> Incorporated | <input checked="" type="checkbox"/> Non Profit |
| <input checked="" type="checkbox"/> Private    | <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Not Incorporated        | <input type="checkbox"/> For Profit            |
| <input type="checkbox"/> Other (Specify) _____ |   |  |  |

### **III. Project Description:**

#### **1. How the request CMP funds will be used.**

We are requesting \$19,317 to train staff in long-term care facilities throughout New Hampshire in the Provider Orders for Life-Sustaining Treatment (POLST) program. The CMP funds will be used to improve the quality of care for residents in long-term care (LTC) facilities by providing clinical training to staff in the facilities throughout NH to implement the POLST program. The POLST program was launched 20 years ago in by the Oregon Health and Science University (OHSU) in their state. It is now operational in over 30 states and its implementation is guided by the National POLST Paradigm Task Force, based at OHSU. Leading evaluation research on POLST has been conducted at Gunderson Lutheran Health System in Wisconsin and published in *the Journal of the American Geriatrics Society* (2010). CMS is engaged with Gunderson Lutheran Health System's POLST program through their Medicare Quality Health Care Demonstration Program. CMP funds in other states have been used to support POLST efforts.

#### **2. The purpose of the proposed project or activity.**

The purpose of POLST training for LTC facility clinical caregivers is to assure that physicians, APRNs and other nurses and social work staff understand the:

- purpose and value of POLST,
- appropriate target population for its use,
- proper communication with the resident about POLST,
- correct completion of the POLST form, and
- what to do when they receive a POLST form from another facility.

We estimate that there are more than 200 physicians and 600 nurses to be trained. POLST is being designed as a voluntary program in New Hampshire, not a mandate, and no resident or health provider is required to participate. However, it is our objective to make it a standard of practice that health providers use, when appropriate, to improve communication across care settings.

### **3. The need for the proposed project or activity.**

The need for POLST can arise whenever a seriously ill resident in a LTC facility may need to leave for another facility (e.g., diagnostic evaluation at a hospital, move to a hospice house, etc.) or go home or when a patient from a hospital is transferred to a LTC facility. In each of these instances the resident/patient may have made health care decisions regarding issues such as medically administered hydration or nutrition, intubation, mechanical ventilation, etc. in conversation with health providers and in an advance directive or in their medical record. The challenge is to clearly and succinctly communicate those decisions to different members of the health care team in the process of the resident/patient moving between care settings.

POLST is a standardized yellow form (attached), adapted for NH by a cross-section of New Hampshire clinicians, to communicate medical orders between care settings. It builds upon the successful implementation of the Portable DNR (P-DNR) system implemented statewide beginning in 2007. This effort has been endorsed by the leadership of the NH Health Care Association, NH Hospice and Palliative Care Organization, NH Medical Society.

This current work builds upon a POLST pilot program in 2004-05 that worked with 6 hospitals and 8 LTC facilities in NH. The pilot program built awareness and understanding of POLST, but was limited due to health provider concerns about liability related to DNR orders included on the POLST. At that time, there was no State statute that addresses DNR. We worked for 2 years with public policy makers to re-write the NH advance directive statute and include new language addressing portable DNR orders. Upon passage we focused our efforts in regional approach to educate health providers on implementation. This took us into 2010 to be fully operational with P-DNR and then we shifted our focus back to POLST.

Our plan is to fully launch POLST statewide by 2014. This builds upon our earlier work with a POLST pilot program and establishing statewide use of portable DNR orders between 2008-2010. Also, we are building upon our statewide advance care planning work that commenced a decade ago. We use the 'Respecting Choices' model for our education and training related to advance care planning. Our key tasks include:

- a.) Engage health facilities regionally to align their internal medical-executive policies to accept POLST.
- b.) Implement on-site training in each region with health providers to identify people who may benefit from a POLST and to complete a POLST form for them.
- c.) Implement education by region for patients and families to understand POLST and its value in the broader processes of health care decision-making and advance care planning.
- d.) Monitor and assess implementation to ensure procedures and practices are faithful to the intent of POLST and respect the individual patient choices.

#### **4. The goals and objectives of the project and activity.**

Project Goal: Improve understanding of healthcare decision-making choices among seriously ill patients/residents in LTC facilities in NH within the facility and when they move between care settings (e.g., acute care, home, hospice house, etc.).

Objective 1 - Engage LTC facilities in the POLST program.

Objective 2 – Train medical and nursing staff in LTC facilities in use of POLST.

Objective 3 – Offer and initiate use of POLST forms among seriously patients/residents of LTC facilities.

#### **5. Anticipated outcomes and performance measures or benchmarks that will be used to track or evaluate the success of the project or activity.**

Key Benchmarks:

Objective 1 - Engage LTC facilities in the POLST program.

Measure - Number, type & size (patient volume) of LTC facilities participating in POLST per region.

Data collect: Semi-annual survey to be done in conjunction with the NH Hospital Association, NH Health Care (LTC) Association, NH Hospice and Palliative Care Association and the NH Bureau of EMS Services.

Objective 2 – Train medical and nursing staff in LTC facilities in use of POLST.

Measure – Numbers by discipline and LTC facility who participate in a regional POLST education session and number of POLST forms they complete and/or encounter in 3 months following their education.

Data collect: Follow up survey by FHC with each organization that sends staff for POLST education sessions.

Objective 3 – Offer and initiate use of POLST forms among seriously patients/residents of LTC facilities.

Measure - Number of POLST forms completed for patients per quarter served by participating organizations in each region.

Data Collect – FHC will collect this data through the contact person from each organization. We will request to ask a sample of residents who select to use POLST about their experience with staff in explaining it and completing it.

Gwen Duperron, Data Analyst, at the Foundation for Healthy Communities will provide technical support with the tracking and evaluation of project activities.

**6. The proposed budget, including specific information regarding how CMP funds will be applied.**

We are requesting \$19,317. CMP funds will be used to support on-site training at long-term care facilities throughout the state by clinicians with experience with POLST and the care of seriously ill patients. In addition, we will assess those trained and overall implementation in LTC facilities to ensure the quality of this program. We propose the following:

*Training* - \$13,500 (We are planning 40 sessions statewide estimated at 3 hours each (includes prep time and follow-up). We will schedule training sessions to encourage staff from different nearby facilities to attend. 30 sessions will be led by a physician (\$125/hour - \$11,250) and 10 sessions by an APRN (\$75/hour - \$2,250) Trainers identified in Question 7 with an asterisk.

*Travel* - \$1,998 (90 miles estimated round-trip driving mileage to each training session by the trainer using the IRS approved rate of \$0.555/mile.)

*Evaluation* - \$2,000 (Costs include staff time and support to develop training participant survey tool, data collection and analysis of survey results to assess training and implementation in LTC facilities. There will be a sampling of resident interviews about their experience in using POLST).

*Indirect* - \$1,819 (10% - Costs include the program coordination, accounting and grants management for the project activities.)

**7. Please list any other entities or stakeholders who you will be working with on this project and describe what their contribution will be.**

NH Health Care Association  
NH Association of Counties  
NH Hospital Association  
NH Medical Society  
NH Hospice and Palliative Care Organization  
NH Department of Safety, Bureau of EMS  
NH Nurse Practitioners Association  
NH Office of the LTC Ombudsman  
NH AARP  
Northeast Healthcare Quality Foundation (QIO)  
NH Office of the Public Guardian

We have developed a NH POLST form based on input from a cross section of key stakeholders

**\*Patrick Clary, MD** – Physician leader in hospice and palliative care and LTC medical director. He has been involved since 2003 in efforts to support POLST. His practice is in the seacoast.

**\*Sanders Burstein, MD** – Physician leader and geriatrician at Dartmouth Hitchcock-Nashua and recently trained at Gunderson Lutheran Health System in health care decision processes.

**Randy Hayes, MD** – Physician leader and LTC medical director in Concord. Active in our POLST efforts since 2003.

**\*Brent Richardson, APRN** – Nurse Practitioner and Palliative Care Coordinator at Concord Hospital.

**Carol Stamatikis, JD** – Executive Director of NH Developmental Disabilities Council.

**Vickie Blanchard** – Training Manager, NH Bureau of Emergency Medical Services.

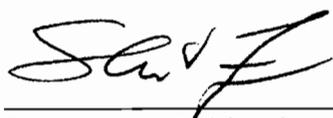
**Cecile Menard** – Long-term care administrator in Nashua.

**Monica Veil-Weiss, MSW** – Hospital social worker.

**Margaret Franckhauseur, APRN** – Administrator of a large VNA/Hospice agency in central NH and statewide nursing leader.

**Shawn LaFrance, MPH, MS** – NH POLST Project Coordinator. He provides overall leadership and project management for the POLST program. He has worked on statewide end-of-life care and healthcare decision-making programs since 1998.

\*Clinical leaders who have agreed to do on-site training in LTC facilities.



\_\_\_\_\_  
Signature and Title of Authorized Representative

June 29, 2012

Date

*Please return this completed form electronically to [jbmartin@dhhs.state.nh.us](mailto:jbmartin@dhhs.state.nh.us). If you are unable to submit the form electronically, please call (603) 271-5321.*

## DHHS CIVIL MONEY PENALTY UTILIZATION POLICY

### POLICY STATEMENT

The Department collects Civil Money Penalties (CMP) from Medicaid nursing facilities and from the Medicaid part of dually participating skilled nursing facilities (SNFs) that have failed to maintain compliance with Federal Conditions of Participation. Section 1919(h)(2)(A)(ii) of the Social Security Act provides that CMP funds collected by a state must be applied to the protection of the health or property of residents of nursing facilities. This includes, but is not limited to, costs associated with the relocation of residents to other facilities in the event of a facility closure, maintenance of operation of a facility pending correction of deficiencies or closure, and reimbursement of residents for personal funds or property lost at a facility as a result of actions by the facility or by individuals used by the facility to provide services to residents.

It is ultimately up to the Department to determine how the CMP funds are to be used within the constraints set forth above. The main objective of the Department is to have sufficient CMP funds in reserve to ensure the health and safety of residents in the event of a closure of a nursing facility or any other unexpected incident that requires the Department to assist nursing facility residents. The funds accrue episodically and therefore the Department cannot rely on CMP funds coming in on a consistent basis. As a result, the Department has been and will continue to be cautious about the expenditure of CMP funds. Any grant of CMP funds will be modest and in an amount that ensures that there will always be a sufficient reserve to meet the objectives of the Department set forth above. The use and distribution of CMP funds is discretionary and at the sole decision of the Department. The Department may or may not provide funding in any particular year.

### PURPOSE AND INTENT OF POLICY

The purpose of this policy is to create a consistent and fair process for receiving, evaluating and responding to requests for CMP funds. This policy sets forth the application procedure for requesting CMP funds and the Department's process for evaluating and responding to these requests. The policy also defines the objective criteria that will be used to evaluate all requests for CMP funds.

### DEFINITIONS

A) “**Application**” means the Request for Civil Money Penalty Funds form required to be completed and submitted to the Department for all requests for CMP funds.

B) “**Civil Money Penalty (CMP)**” means a monetary penalty that is imposed on a nursing facility that is not in substantial compliance with the conditions of participation in the Medicaid program in accordance with 42 CFR 488, Subpart F.

C) “**Civil Money Penalty (CMP) Funds**” means the CMP moneys collected by the Department and held in a special fund pursuant to RSA 6:12, I(b)(304).

D) “**Department**” means the Department of Health and Human Services.

E) “**Evaluation committee**” means two representatives from the nursing home industry and a group of Department personnel who evaluate all applications and make determinations regarding approval of CMP funding requests.

## **PROCEDURES**

### **A. Application Announcement**

Each year the Department will determine whether to accept applications and will decide the time period or time periods during which applications will be accepted. The Department will announce when it is accepting applications and will provide information in advance regarding the amount of CMP funding that will be authorized during that year. The announcement will also set forth the timeframe in which applications will be reviewed and decisions issued relative to applications for funding.

### **B. Applications to Request Civil Money Penalty Funds**

The Department will accept applications at the time specified in accordance with A. above. During the time the Department is accepting applications, all individuals or organizations who would like to request CMP funds must complete the Request for Civil Money Penalty Funds form and submit that form to the Department. All forms must be complete and submitted electronically. If an individual or organization cannot submit the application electronically they shall contact the Department to make alternate arrangements. Incomplete applications will be returned and will not be processed until complete. Once complete the application will be processed provided it is submitted within the established time period for submission of applications.

### **C. Review of Applications**

An evaluation committee will evaluate each completed application. The evaluation committee will make a recommendation regarding whether or not to fund the request in whole or in part. The Committee will be comprised of the following:

- a. The Long Term Care Ombudsman or designee;
- b. A representative of the Health Facility Certification Unit;
- c. A Representative of the Bureau of Elderly and Adult Services;
- d. A DHHS Financial Manager;
- e. A representative of a private nursing facility;
- f. A representative of a county nursing facility.

#### **D. Evaluation Criteria**

All applications for funding will be evaluated to ensure that they meet the objectives set forth in the Policy Statement above and in a manner consistent with CMS requirements and 42 CFR 488.433.

In addition to considering whether the proposal relates to the protection of the health or property of nursing facility residents as set forth in the Policy Statement, the evaluation committee will also take into consideration whether the proposal:

- (1) Addresses a significant concern related to the well being of nursing home residents identified as a result of quality improvement activity;
- (2) Draws upon best practices demonstrating innovation, evidence of resident involvement, creativity and choice;
- (3) Identifies the desired outcomes and how they will be measured;
- (4) Has a regional or statewide impact as opposed to a proposal that would only impact one facility;
- (5) Involves other funding sources and/or partners to maximize available resources, if applicable.

#### **E. Response to Applications**

Once the recommendation of the evaluation committee is finalized the Department will send a letter to the applicants informing them whether their requests for CMP funds have been approved or denied.

#### **F. Funding Reporting Requirements**

The application requires applicants to provide information regarding anticipated outcomes and performance measures or benchmarks that will be used to track or evaluate the success of the project or activity. The Department will request that all entities that receive CMP funding provide a follow up report that will provide a summary of the funded project or activity and how the CMP funds were utilized. The report should contain information regarding the measurable outcomes established for the project and the indicators used to measure performance. The follow up report should also address the extent to which the project achieved the desired outcomes. The report will be due within 60 days after completion of the project or activity, but no later than one year from the date of funding. If a funded project is anticipated to take longer than a year an alternate due date can be arranged with the Department.