



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

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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 \$19,000.00 to Arts Alliance of Northern New Hampshire (Vendor #156273), P.O. Box 892, Littleton, NH 03561, of Federal Funds from the Civil and Monetary Penalty (CMP) account to train staff, residents, and families at several northern New Hampshire nursing homes, 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	\$19,000

**EXPLANATION**

The Arts Alliance of Northern New Hampshire is a unique nonprofit that serves all of northern New Hampshire, connecting people to the arts and to one another through programming, partnership and community development work. For the past five years this organization has been developing a regional arts and health program for seniors. During the past two years they have partnered with the Morrison in Whitefield to offer a pilot program where multi-day artist residencies allowed the artist to work in-depth with the residents and staff at the facility.

This proposal would expand the program to a total of 10 nursing facilities in northern New Hampshire. This will provide high-quality hands-on arts experiences for residents of northern New Hampshire nursing home. These activities are designed to promote motor and cognitive skills and improve the overall quality-of-life for the residents. The program will include evaluations and there will be documentation of the activities. Any products created will be displayed on site, with appropriate signage.

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The specific nursing facilities that will be targeted for this program are: Coos County Nursing Home, Berlin; Coos County Nursing Hospital, West Stewartstown; County Village Center, Lancaster; Glencliff Home for the Elderly, Glencliff; Grafton County Nursing Home, North Haverhill; Lafayette Center, Franconia; The Morrison, Whitefield; St. Vincent De Paul Nursing Home, Berlin; Merriman House, North Conway; and Mineral Springs, North Conway.

DHHS solicited applications that were 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: northern New Hampshire

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: Frumie Selchen, Executive Director

Name of Organization: Arts Alliance of Northern New Hampshire

Address: PO Box 892, Littleton NH 03561

Telephone #: 323-7302 FAX #: 323-7733 Email: info@aannh.org, frumie@aannh.org

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 type="checkbox"/> Private               | <input type="checkbox"/> Partnership | <input type="checkbox"/> Not Incorporated        | <input type="checkbox"/> For Profit            |
| <input type="checkbox"/> Other (specify) _____ |                                      |  |  |

**III. Project Description:** Please describe (attach additional sheet if necessary):

**1. How the requested CMP funds will be used.**

CMP funds will be used to offer 10 three-day artist residencies (one for each of northern New Hampshire's nursing homes) with outstanding artists from our Arts & Health for Seniors roster who are experienced in nursing-home settings. The residencies will provide stimulation, healing, creative choices and participatory opportunities for residents and valuable trainings for staff, volunteers and families. Programming, including targeted regional trainings and debriefings, will be developed and scheduled with coordinators (usually activities directors) at each nursing home.

Participating artists will be chosen by each site. They are selected for the roster for their talent, passion, experience, flexibility, commitment, and stamina, as they will be asked to switch gears often, to work long hours, and to travel considerable distances. They are enthusiastic about the challenge.

Each residency day will include a minimum of four or five separate activities. Each of the artists has developed a menu of programs that includes large-group presentations, small-group hands-on workshops for residents, and targeted workshops for staff members, volunteers and caregivers who will learn about the processes and concepts that underlie the work. Several of the artists have specific interest and experience in working with Alzheimer=s patients and hospice patients and their caregivers. Each artist's schedule will be individualized, but a day might include a morning community presentation (to which family members would be invited) and individual visits to bed-bound residents; several small-group hands-on workshops for residents in the afternoon; and late-afternoon or evening workshops for staff and volunteers.

A sampling of our roster artists includes:

**Regina Delaney**, an acclaimed Irish harper, singer and dancer and a registered nurse, who has combined these fields to bring music to the elderly and infirm in a purposeful way, including incorporating Therapeutic Touch training in her use of instruments and voice. She provides specific training in using music throughout the day.

**Michael Wingfield**, an accomplished Afro-Caribbean drummer and educator who regularly presents highly interactive ARhythm of Life@ workshops and has a particular interest in working with Alzheimers patients. Michael has a genius for connecting with nursing-home residents and, in the course of a few days, changing their attitude toward participation and sharing from fear to joy.

**Jeanne Limmer**, a longtime dancer, choreographer, and movement educator who was chosen as the New Hampshire hub site coordinator for the Northern New England AExtending the Dance Map@ initiative. Herself a cancer survivor, Jeanne is passionate about wellness work through movement for all ages and abilities and has received Arts-in-Health training through the Vermont Arts Exchange=s Healing Arts institute for artists.

**Beverly Rush**, a performing songwriter, guitarist and Certified Music Practitioner (CMP), offers live therapeutic music programs that successfully provide comfort and relaxation, reducing blood pressure, boosting the immune function, enhancing pain management, relieving anxiety and producing a sense of well-being. Designed to meet the needs of residents and staff, Beverly's programs include whole-group concert performances, bedside visits, songwriting workshops, development of a musical healing environment, assessment reporting and educational programs for staff and families.

**Marcy Schepker**, a longtime VSA New Hampshire artist whose tactile, hands-on workshops allow people with even severe disabilities and deficits to feel a sense of community and accomplishment. She has offered to help convert donated looms to allow weaving programs to continue at the sites she visits; participants can spend whole days working on projects which then hang at the facility as a testament to their work together.

**Rebecca Rule** is a New Hampshire storyteller, humorist, writer and -- most recently --story gatherer who is already beloved in the North Country through her long-term ATelling Our Stories@ residency with the Arts Alliance and local partners in the Berlin/Gorham area. She presents programs and leads writing, memoir and storytelling workshops, including memory workshops with elders. Becky regularly volunteers in her local nursing home and offers “legacy” listening sessions in which people tell the stories they want to be remembered by, as well as workshops to help staff and volunteers at nursing homes learn how to create “storyboards” that help showcase the interests and personalities of individual residents in a way that allows all future interactions to be conducted on a more personal basis.

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

The Arts Alliance of Northern New Hampshire (the Alliance) is a unique nonprofit that serves all of northern New Hampshire – from Plymouth to Pittsburg -- connecting people to the arts and to one another through programming, partnerships and community development work. For the past five years we have been systematically building a regional Arts & Health for Seniors program, beginning with planning meetings and introductory events and continuing with regional residencies in which artists have presented single on-site programs and workshops at nursing homes and senior centers.

During the past two years we have partnered with The Morrison in Whitefield to offer multi-day individual artist residencies that allow a single artist to work in depth with the residents and staff at a single facility. As we hoped, this kind of residency takes the arts engagement process from the level of entertainment and enjoyment to a deeper and more lasting involvement. Through this process we have seen residents who never leave their rooms become animated participants in group activities, while nursing staff and activities providers have learned important personal information about individual residents’ backgrounds, histories and skills that they can refer to and utilize in their ongoing interactions.

The purpose of this proposal is to allow this same kind of transformative experience to be brought to the other nursing homes in our region, a process that is of great interest to them but which – as budgets are increasingly tight – they are not able to provide without funding support. Through this regional collaborative we will be able to invite staff from all facilities to trainings with multiple artists, which will help them choose the artforms they are most interested and train them to continue the work begun by the resident artists.

*Additional beneficiaries:* In addition to serving the residents, staff, volunteers and families at the nursing homes, we will seek out and invite North Country artists and representatives of arts organizations who have expressed an interest in working in arts in health care. Building a pool of North Country practitioners will help make this project more sustainable. We have also been approached by several social-service students at White Mountains Community College (Berlin) who are interested in arts-related work, and will invite them to attend programs and participate in training.

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

We know from both research and discussion with nursing home directors and staff that there is a great need for – and interest in – culture change within residential facilities. Many nursing home residents feel

isolated and refuse to participate in group or individual activities or even to leave their rooms; incidences of difficult and hard-to-manage behaviors are common. Moreover, many residents – particularly those suffering from dementia – are losing their sense of self and identity and suffering from a severely reduced quality of life. Arts participation – and in particular intensive artist in residency activities that take place over a period of days rather than hours – offer a fascinating model for addressing many of these issues, providing choices and opportunities to residents and helping to improve morale and retention among staff. The arts affect community cultural development within residential facilities so that professional caregivers and staff can safely respect the wishes of residents and see them as assets.

Scientific research demonstrates that involvement in challenging participatory arts programs has a positive effect on physical health, mental health and social functioning in older adults, regardless of their ability. Documented benefits include improvement in physical well being and small- and large- motor involvement (through such activities as movement programs, drumming, and weaving); improvement in communication and in maintaining a sense of individuality and identity (including greater self-expression and the evocation and expression of memories), preserving or restoring social capital; and strengthening social networks and bonding within a nursing-home community.

Controlled studies have shown that participation in the arts can lead to lower medication use, elevated moods, increased independent functioning, and a greater willingness to participate in other group activities. Researchers have also found that arts participation can distract older adults from their physical pain and stimulate their cognitive faculties. Older adults with dementia experience a better quality of life when they participate in the arts, with effects shown to last weeks and even months beyond the direct experiences. Researchers have also observed an increase in the number of meaningful interactions between staff and residents involved in arts activities.

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

- To provide high-quality, hands-on, sensory arts experiences for residents of northern New Hampshire nursing homes that promote motor and cognitive skills and increase their connection to one another
- To offer training for staff and volunteers to allow them to continue arts-based work after the residencies
- To broaden appreciation and understanding of the value of the arts to elders among health-care providers and the public
- To offer a model for replication and ensure the continuation and expansion of arts in health care in the North Country
- To maximize program impact through the residencies by encouraging participation among staff of other nursing homes, senior centers, hospice/home health agencies, families of patients and clients, and local artists interested in work in the arts/health field;
- To utilize a comprehensive evaluative process that will improve data gathering and documentation and create a system for ongoing evaluation of arts-based programs in nursing homes

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

Anticipated outcomes include:

- There will be increased understanding of – and commitment to – arts/health initiatives among participants ,including long-term support of residency programs at facilities throughout the region – and, ultimately, the state
- Clinical outcomes will reflect the connection between arts participation and health, possibly including increased interaction and communication among residents, a decrease in pain and in behavioral incidents.
- More staff and volunteer training programs in health care will include hands-on arts.
- Our communication system will be utilized for information sharing, marketing, public relations, and community outreach;
- Interested local and regional artists will receive training and mentoring from the artists in residence, and will be better prepared to work in North Country health-care sites.

We will take a multi-pronged approach to evaluation, involving all those concerned with the project and including quantitative and qualitative measures specifically geared to assessing progress made towards achieving our stated goals and outcomes.

Evaluation tools will include interviews with participants; questionnaires filled in by staff and relatives; journals kept by the artists; and videos or recording of sessions (if appropriate). Data collected will include attendance, informal feedback and observations (on attentiveness, active participation, socialization, positive mood/affect, happiness/contentment/joy, and meaningful self-expression, as per Dr. Barry Bittman's RMM Assessment). Observation of those with dementia will include assessing mood-related signs and ideational disturbance.

Staff will complete pre- and post-program forms that address both their own learning and their observations about resident involvement and behavior; we will also solicit evaluations from volunteers and family members. Measures will include satisfaction with the individual programs and with the overall effort; and the intent to continue with programming. Several of our artists have developed their own specific measurement instruments which can be used for their residencies; for example Regina Delaney has developed an alternative-therapies charting system to examine the effect of staff work with music on sundowning and other disruptive behaviors. We will also share a model developed with The Morrison using the Facility Quality Measure/Indicator Report to examine factors such as decrease in negative behavior, decrease in psychotropic drug use, improved cognitive function, and decrease in depressive disorder, as well as quality of life indicators.

All programs will be documented through photographs and written records. We plan to develop a portfolio and create a Power Point presentation for service clubs, etc., throughout the region as the project develops. We also plan to use volunteers for filming short pieces that can be made available online, and to post any written work, photos and comments on a project web page. Any products (e.g., weavings) created with artists will be displayed on site, with appropriate signage.

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

We are requesting \$19,000 in CMP funds, based on the following project budget:

Artist fees (10 residencies @ \$400/day X 3 days)	\$12,000
Artist travel (10 residencies X 300 miles X .50/mile)	\$1500
Artist lodging (30 nights X \$65)	\$1950
Trainings and meetings (5 X \$300)	\$1500
Program coordination: contracted communications, Documentation, evaluation work	\$3250
Materials (including art supplies, small instruments etc.)	\$1250
Administration and overhead:	\$4,000
Total budget:	\$25,450

No CMP funds will be used for overhead or for standard operating costs. We will use matching funds from the Arts Alliance and from a small current Arts in Health grant to cover the costs beyond the grant funding.

We estimate approximately \$3,500 in additional in-kind donations of hours, space, etc.

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

The New Hampshire State Council on the Arts is a long-time partner in our Arts & Health for Seniors program. Catherine O'Brian, the Arts Council's Arts in Health Care coordinator, has offered to work with us specifically on this project.

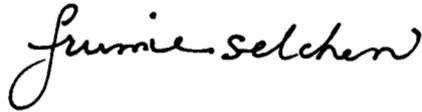
The Morrison, Whitefield

The Executive Director, Roxie Severance (please see support letter, attached), has invited us to present with her at the New Hampshire Health Care Association's annual meeting, and will – along with her Activities Director, Deborah May – serve as a mentor and advisor to the other nursing homes in our region to make their residencies as effective as possible. Roxie has also offered to host planning, training and debriefing meetings at The Morrison, a central meeting place for the region.

All nursing homes in the region covered by the Arts Alliance have been invited to host residencies, should funding be made available. These include:

Coos County Nursing Home, Berlin  
Coos County Nursing Hospital, West Stewartstown  
Country Village Center, Lancaster  
Glenclyff Home for the Elderly, Glenclyff  
Grafton County Nursing Home, North Haverhill  
Lafayette Center, Franconia  
St. Vincent De Paul Nursing Home, Berlin  
Merriman House, North Conway  
Mineral Springs of North Conway

We will also work with long-time partners Grafton County Senior Citizens Council and Tri-County CAP/North Country Elderly Programs to invite staff and volunteers from all senior centers in the region to attend trainings and meetings, so as to build the network for Arts in Health Care throughout northern New Hampshire. Hospitals and hospice agency staff and volunteers will also be invited to attend.



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

June 30, 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.