Nursing Home Innovations Grant Board
Civil Money Penalty (CMP) Reinvestment Application

Date of Application Submission to CMS:

Instructions

Applicants shall submit this CMP Reinvestment Application request to the applicable state agency (SA) for initial review. SAs shall make an initial determination on the potential of the project to benefit nursing home residents and protect or improve their quality of care or quality of life. SAs will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO) for review and approval. After a determination by the SA and CMS RO, the applicant will be notified of the funding determination. Applicants may contact the applicable SA with questions regarding their CMP Reinvestment Application.

Periodic reports may be required by each SA. Project outcomes, including the metrics provided in this application, must be reported at the completion of the project period. In order to maintain compliance with 42 CFR 488.433, at a minimum, SAs will make information about the use of CMP funds publicly available, including the dollar amount, recipients, and results of the project.

Note: Applications that are an extension of an approved CMP reinvestment project to new nursing home location(s) do not have to complete the entire application. **A project is considered an "extension project" if it is identical in project details to a project approved after April 1, 2018.** For extension projects, applicants must submit the approval letter for the approved CMP reinvestment project and complete the following sections: Applicant Contact and Background Information (questions 1-2a, and 6), Funding (questions 7-9), Project Title (question 10-11), Partnering Entities (question 15 for non-nursing home applicants and question 16 for all applicants, if appropriate), and Attestation (question 22). Additionally, the applicant must submit results of the previously approved and completed project (if applicable), with confirmation by the SA.

Project and Applicant Requirements

Projects cannot:

- Exceed three years;
- Include items or services that are not related to improving the quality of life and care of nursing home residents or to protecting such residents. For example, projects where the need or demand for services provided by the project does not exist; projects where nursing home residents are not the target beneficiaries or the nursing home setting is not the focus of the project; and research projects where the benefits are often unknown;
- Include funding for capital improvements to a nursing home (e.g., replacing a boiler, redesign of a nursing home);
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, equipment, food);
- Include funding for survey and certification operations or state expenses;
- Include funding for refreshments;
- Include funding for incentives (e.g., for attending training or completing a survey—this includes items such as payments or gift cards);
- Include unclear or excessive expenses (e.g., budget items that are not clearly detailed or itemized, unreasonably high project staff salaries or travel expenses, excessive staff to implement a project, unreasonable marketing of projects, high indirect costs, or a large portion of the budget set aside for

evaluation); or

- Include supplementary or duplicative federal or state funding (e.g., personnel performing the same duties as Ombudsman or Quality Improvement Organization (QIO) assistance, nurse aide training programs).

Applicants must:

- Be qualified and capable of carrying out the intended project(s) or use(s);
- Not have a conflict of interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s); and
- Not be paid by a state or federal source to perform the same function as the project(s) or use(s) (e.g., CMP funds may not be used to enlarge or enhance an existing appropriation or statutory purpose that is substantially the same as the intended project(s) or use(s)).

Application submissions:

- Submit completed application and CMP Reinvestment Application Budget Worksheet electronically to **cdphe_nhib_grants@state.co.us.**
- Applications must be submitted by email no later than 5 p.m. MST on September 15, 2019.

Applicant Contact and Background Information

1. Applicant Contact Information

Provide the contact information for the CMP project applicant (individual) who completed the application. If the primary point of contact (POC) is different than the POC who completed the application, please provide the primary POC's name and contact information. The primary POC is defined as the person responsible for the project implementation.

Applicant Contact Information	*Primary Point of Contact (if different)*
Name:	Name:
Phone:	Phone:
Email:	Email:
Address:	Address:

2. Applicant Organization Information

Provide the contact information for the organization requesting CMP funds. The organization or nursing home which requests CMP funding is accountable and responsible for all CMP funds granted. If a change in ownership occurs after CMP funds are granted or during the course of the project, the primary POC should notify the SA. Notice regarding the change in ownership and its impact on the CMP Reinvestment Application award should be sent to the SA.

Organization Contact Information
Name:
Phone:
Email:
Address:
National Provider Identifier:

2a. Is the organization a nursing home? Select

Nursing Home-Specific Questions			
Is any outstanding civil money penalty (CMP) due?	Yes ◯	No ◯	N/A ◉
Is the nursing home in bankruptcy or receivership?	Yes ◯	No ◯	N/A ◉

3. Organization History

Provide the background and history of the applicant organization, including details such as the organization's mission statement and number of years in service.

4. Organization Capabilities

Provide information about the organization's capabilities, including products and services relevant to the proposed CMP project.

5. Organization Website

Provide the website address for the organization requesting CMP funds, if available.

6. Other Funding Sources

Have other funding sources been applied for and/or granted for this proposal or project? Select

If yes, please explain and identify the funding sources and amount in the space below.

Funding

7. Total CMP Fund Request Amount

Provide the amount requested for the entire project. For example, if it is a three-year project and requires $25,000 per year, then enter $25,000 as the annual project cost and $75,000 as the total project cost. If requesting $25,000 for a one-year project, then enter $25,000 as both the annual and total cost. Include the total amount of non-CMP funds received for the project, as described above in "Other Funding Sources."

Annual Amount Requested: $
Total Amount Requested: $
Total non-CMP funds received (or anticipated) for this project: $

8. Detailed Line Item Budget

Applicants must provide a detailed line item budget (using the CMP Reinvestment Budget Template or similar spreadsheet) outlining specific cost requirements within each of the following budget categories:

- Personnel: an employee of the organization whose work is tied to the proposed project;
- Travel: provide mileage, lodging and per diem as applicable;
- Equipment purchase and rentals: materials central to the roll out of the project;
- Contractual: the cost of project activities to be undertaken by a third-party contractor. Each contractor should be budgeted separately;
- Other direct costs: expenses not covered in any of the previous costs;
- Total indirect costs: overhead costs allocable to the project such as a negotiated rate with a university; and
- Cost-sharing: total non-CMP funds received or anticipated for this project.

Is the CMP Reinvestment Budget Template or similar spreadsheet outlining specific cost requirements within each summary budget category attached? Select

9. Budget Narrative

Use the space below to justify indirect costs and cost-sharing amounts included in the CMP Reinvestment Budget Template or similar spreadsheet. Explain the costs calculation and methodology.

Project Details

10. Project Title:

10a.

Is this project an extension of a CMP reinvestment project approved after April 1, 2018 to a new nursing home location?	Yes ○	No ●
If yes, have the results of the previously approved project been reported to the state agency?	Yes ○	No ●

Note: If yes to both questions, applicant must submit the results of the project as an attachment to this application.

11. Project Time Period

Number of Years:

Specific Dates Proposed for the Project:

12. Project Category

Please indicate in which category this project should be considered (please see the CMP Reinvestment Application Resource Guide for more information):

- ☐ Consumer Information
- ☐ Resident or Family Council
- ☐ Direct Improvements to Quality of Care
- ☐ Culture Change/Direct Improvements to Quality of Life
- ☐ Training
- ☐ Other, please specify:

Summary of Project and Benefits to Residents

13. Summary of the Project and its Purpose

Describe (a) the problem or gap this project is aiming to address, (b) project goals and/or objectives, and (c) the plan to implement the project, including implementation timeline.

14. Benefit to Nursing Home Residents

Describe how this project will directly benefit nursing home residents. CMP funds shall only be used for activities that benefit nursing home residents and that protect or improve their quality of care or quality of life.

Partnering Entities

15. Nursing Home and Community Involvement

Describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.

If the organization applying is not a nursing home, include letters of support in the application submission to demonstrate nursing home support and buy-in for the proposed project.

16. Other Partnering Entities

If applicable, list any other entity(ies) (e.g., individuals, organizations, associations, facilities) that will be partnering with the applicant on this project, how much funding the entity will be receiving (if any), and the specific deliverables for which the entity is responsible.

Deliverables, Risks, Performance Evaluation, Sustainability

17. Project Deliverables

List any physical items that will be deliverables as a result of funding this project (e.g., electronics, training materials, curricula).

18. Performance Monitoring and Evaluation

Describe how the project's performance will be monitored or evaluated, including specific outcome metrics, and the intended outcomes. These metrics shall be submitted upon completion of the project or as frequently as required by the SA.

19. Duplication of Effort

Describe how the project does not duplicate existing requirements for the nursing home or other federal or state services.

20. Risks

Describe potential risks or barriers associated with implementing this project and the plan to address these concerns.

21. Sustainability

Describe how the project or outcomes will be sustained after CMP funding concludes.

Attestation

22. Attestation Statement

CMP funds have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of the Applicant (print):

Signature of the Applicant:

Date of Signature: