Civil Money Penalty (CMP) Reinvestment Application Template

Date of Application Submission to CMS:

Instructions

Please refer to the CMP Reinvestment Application Resource Guide when completing this application. 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. Once the state determines the application meets state requirements and CMS guidance, SAs will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Long-Term Care *Locations* for review and approval. After a determination by the SA and CMS *Location*, the applicant will be notified of the funding determination. Applicants may contact the applicable SA with questions regarding their CMP Reinvestment Application.

Please refer to the Allowable and Non-Allowable document for activities and funding limits for proposed projects. You can access this document at the following: [Allowable and Non-Allowable Uses of CMP Funds](#)*.*

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 similar in project details to an in progress or completed project approved after April 1, 2018 (e.g., same applicant and/or same collaborating partner, similar project focus, but to a different nursing home population). *A project is considered a "continuation project" if it is similar in project details and nursing home target population to a previously approved CMP project. Continuation projects cannot exceed the allowable 36-month limit.* For an extension or continuation project, applicants must submit the approval letter for the approved CMP reinvestment project and complete the following sections: Applicant Contact and Background Information (sections 1-2a, and 6); Funding (sections 7-9); Project Title (section 10), *Section 10a*, Number of Nursing Homes (section 10b), Previous Unique Identifier (section 10c - if applicable); Project Time Period (section 11); Partnering Entities (section 15 for non-nursing home applicants and section 16 for all applicants, if appropriate), and Attestation (section 22). Additionally, the applicant must submit results of the previously approved and completed project (if applicable), with confirmation by the SA. The frequency that the applicant submits CMP project results for review by the SA, is at the discretion of the SA and can be as early as 3 months on a 12-month project. Results must show that an applicant met the project's goals and objectives for an application extension to occur. An applicant submitting an extension project must include a letter or email from the state agency(ies) of the previously approved, CMP-funded in progress or completed project. In the letter or email, the SA needs to state whether the previous applicant met project goals and objectives, and whether the SA recommends expanding this applicant's project to other nursing homes.

Note: Previous approval and funding of a project does not guarantee future approval of a similar project. Despite previous approvals, each CMPRP application receives an independent review based on its merit, content, clear need for the project, and compliance with current CMS regulation.

Note: All sections within the application must be completed. If no content is applicable an indication of NOT APPLICABLE (NA) must be indicated in that section, or that section will be deemed incomplete and the application will be returned.

Project and Applicant Requirements

Projects cannot:

- Exceed three years (36 months), CMS will generally not approve uses that commit CMP funds to very long-term programs (greater than three years (36 months) that would create the reality or the appearance of an on-going revenue demand so strong that could affect the judgment of the State or CMS in imposing civil monetary penalties, or to fund programs for which Congress has provided another on-going funding source.
- CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict-of-interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s).
- 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, and projects where nursing home residents are not the target beneficiaries, or the nursing home setting is not the focus of the project.
- Include research as a focus as the benefit to nursing home residents is unknown or concentrated on the research entity, or a large portion of the budget does not directly benefit nursing home residents.
- Duplicate existing requirements for the nursing home or other federal or state services.
- Include funding for capital improvements to a nursing home (e.g., a durable upgrade, adaptation, or enhancement of a property that increases its value, often involving a structural change or restoration to a nursing home, or building a nursing home, as the value of such capital improvement accrues to a private party (the owner), replacing a boiler, redesigning a nursing home, landscaping, parking lot or sidewalk construction).
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, staff travel, and lodging expenses, required staff training, required medical equipment, food, *telemedicine services*). *Please note, travel for state staff will be evaluated with each application.*
- 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 excessive indirect costs.
- Include funding for the development of project curriculums or toolkits. *Include high-dollar, complex technology, such as but not limited to engagement technology, alert systems, virtual reality, artificial intelligence, etc. (CMS is providing an updated list of non-allowable uses of CMP funds for projects. Notably, we will no longer approve CMP funding for complex or highly-sophisticated technology projects, such as telemedicine, virtual reality, or artificial intelligence.*
- 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), *CMP funds cannot be used for Nursing Home staff/employees' travel expenses.*
- Include supplementary or duplicative federal or state funding (e.g., personnel performing the same duties as Ombudsman, nurse aide training programs); and

- Be resubmitted after CMS disapproval/denial.
- *Include proposed conference dates that take place while the application is still under CMP Review. It is recommended that applications relating to conferences/training be submitted to the CMPRP Team at least 90 days in advance of the proposed conference dates to allow adequate time for review.*

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);

- Not *be* a recipient of a contract or grant or other payment from Federal or State sources for the same project(s) or use(s);

- 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)); and

- *Provide a letter of support from each participating nursing home. If the organization applying for a CMP project is not a nursing home, letters of support from all participating nursing homes are required to be submitted with the application. For example, CMS will not approve applications indicating that the applicant will approach nursing homes to participate in their project after funds are granted. Therefore, applications to implement projects in individual nursing homes must have letters of commitment from the nursing homes that the project will be deployed in. The commitment letter must display the project title, time frame, the nursing home's CMS certification number (CCN), and signed by an individual authorized to commit the nursing home. In the instance of a corporation submitting a project request on behalf of its nursing homes, the above criteria on one letter listing all participating will suffice. CMS may make exceptions in rare cases to reduce or eliminate the need for letters of commitment, such as state-based conferences where all nursing homes are invited to attend.*

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 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. The primary POC should also provide a signed attestation confirming the change of ownership to the SA.

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

2a. Is the organization a certified nursing home?

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

Do you or your collaborating partners (if applicable) currently receive Federal or State funds?

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

6a. Have other funding sources, such as Federal or State funds, been applied for and/or granted for this proposal or project?

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

Funding

7. **Total CMP Fund Requested 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. The annual project cost may vary. 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 and provide estimated number of man hours and related duties.
   - Travel: provide a breakdown of mileage/airfare, per diem, and hotel rates (as applicable). Travel expenses must be reasonable. Examples of reasonable rates include but are not limited to the published U.S. government allowance rates (available from the www.gsa.gov website). Rates that exceed GSA should include justification.
   - Equipment purchases and rentals: materials necessary for the implementation of the project. Include the item description, the number of items requested, and cost per unit.
   - Contractual: any cost associated with project activities that are undertaken by a sub-contractor or third-party contractor. A detailed line-item breakdown of each sub-contractor's expenses should be included in the budget.
   - Other direct costs: expenses not covered in any of the previous costs.
   - Total indirect costs: overhead costs allocable to the project, such as a federal negotiated rate with a university. Submit a copy of the federally negotiated rate agreement with the application. *Indirect costs (i.e., Indirect costs include costs which are frequently referred to as overhead expenses, rent, utilities, general and administrative expenses, such as accounting department costs, personnel department costs and agency insurance) must not conflict with approved or non-allowable uses of CMP funds. All indirect costs should be directly related to project activities.*
   - 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? [ ]

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 *cost* calculation and methodology for each line item.

10. Project Title:

10a.

Has the CMP Reinvestment Project been previously approved (same applicant and/or same collaborating partner, similar project focus, but a different nursing home population)?	Yes	◯	No	◯
Have the results of the previously approved CMP Reinvestment Project been submitted to the State Agency?	Yes	◯	No	◯
If the CMP Reinvestment Project is currently in progress, has three months elapsed for the State Agency and the CMS location to make an informed decision regarding duplication of this project?	Yes	◯	No	◯

Note: If the answer to the first question in the aforementioned box is yes, the applicant submitting a CMP Reinvestment Extension Project shall provide and ensure the following information:

☐ *The project is similar (e.g., similar project details) to an in progress or completed project.* A project is considered an "extension project" if it is similar in project details to an in progress or completed project approved after April 1, 2018 (e.g., same applicant and/or same collaborating partner, similar project focus, but to a different nursing home population). Extension projects cannot exceed the allowable 36-month limit.

☐ *The project is an expansion to a new nursing home(s) location. A project is considered a "continuation project" if it is similar in project details and nursing home target population to a previously approved CMP project. Continuation projects cannot exceed the allowable 36-month limit.*

☐ *A list of the Project deliverables along with a written report with details of the project results, challenges and opportunities for improvement has been forwarded to the SA. Of importance is the inclusion of specific information on how the project contributed to helping each resident achieve their highest practical well-being and enhanced quality of life and the provision of quality health care services. **Please note:** The frequency that the applicant submits CMP project results for review by the SA, is at the discretion of the SA and can be as early as 3 months on a 12-month project. Results must show that an applicant met the project's goals and objectives prior to duplication of the project in another nursing home population or state.*

☐ *A letter or email from the State Agency of the previously approved, CMP-funded in progress or completed project. In the letter or email, the SA needs to state whether the previous applicant met or is meeting project goals and objectives, and whether the SA recommends expanding the project to additional nursing homes.*

☐ *The following sections of the application are complete: Applicant Contact and Background Information (sections 1-2a, and 6); Funding (sections 7-9); Project Title (section 10), Number of Nursing Homes (section 10b), Previous Unique Identifier (section 10c - if applicable); Project Time Period (section 11); Partnering Entities (section 15 for non-nursing home applicants and section 16 for all applicants, if appropriate); and Attestation (section 22).*

10b. Number of Nursing Homes:
    Please enter the number of nursing homes that will be supported by this application.

    Number of Nursing Homes:

10c. Previous Unique Identifier:
    Please provide the unique identifier (UID) of the original or previously approved CMP project and the dates
    of execution, if applicable (Arbitrary UID for reference: TX-0121-AAA-111).
    UID:
    Dates:
    A list of state(s) where the CMP reinvestment project has been implemented to benefit residents:

11. Project Time Period
    Number of Years:
    Specific Dates Relevant to the Current Project:

12. Project Category
    Please indicate one 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, gap, or the nursing home need this project is aiming to address.

Describe (b) realistic, actionable project goals relevant to the project's objective. A goal is a desired result you want to achieve and is typically broad and long-term. Describe (c) the project's quantifiable objectives, including the specific metrics that will be used to measure actions the nursing home must take to achieve the overall goal.

Describe (d) 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 directly benefit nursing home residents, that protect or improve their quality of care or quality of life. *All project application submissions must be in alignment with CMS' Non-Allowable and Allowable criteria.*

Please refer to the Allowable and Non-Allowable documents for activities and funding limits for proposed projects. You can access these documents at the following: Allowable and Non-Allowable Uses of CMP Funds

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, letters of support from all participating nursing homes are required in the application submission.

16. Other Partnering Entities

If applicable, list any other collaborating 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), if the entity has submitted previously for CMP funding, 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., training materials, *project evaluation report*).

18. Performance Monitoring and Evaluation

Describe how the project's ongoing performance will be monitored and evaluated throughout the term of the project, including specific outcome metrics, and the intended outcomes. These metrics shall be submitted as required by the applicable SA, throughout the course of project, and upon completion of the project. The submitted metrics and outcomes will be published annually in the CMP Project Tracking Sheet on the CMP website.

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

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

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21. Sustainability

If applicable, provide a plan on how the project or outcomes will be sustained following the conclusion of CMP funding. If the applicant will be seeking other funding sources, please provide further detail.
*Please note, ALL project materials – such as curriculum, websites, toolkits – should be developed prior to submission of an application

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: