

# Application for the Use of Civil Money Penalty Funds

Date of Application:

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## Instructions

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Applicants shall submit this application request to the applicable State agency (SA) for initial review and recommendation. State agencies shall make an initial determination on the ability of the project to benefit or protect nursing home residents. State agencies will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO) for review and approval. CMS will respond to the SA within 45 days with approval, denial, or request for further information. 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 request.

Periodic reports may be required by each SA, and the outcome of the project, including the metrics outlined 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, States will make information about the use of CMP funds publicly available, including the dollar amount, recipients, and results of the project.

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## Background

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Please complete the following fields below.

**1. Applicant Name (e.g., individual or entity):**

**Address:**

**City:**

**County:**

**State or Territory:**

**Zip Code:**

**Tax Identification Number:**

**2. If different from above, please provide the name and information for the primary contact of the project (i.e., telephone number, address, email):**

**3. Background of applicant (organization's/individual's history, capabilities, website, etc.):**

**4. Have other funding sources been applied for and/or granted for this proposal or project?**

Yes  No

If yes, please explain and identify sources and amount.

**5. Are you a certified nursing home?**  Yes  No. If yes, please complete the following information.

**CMS Certification Number:** or not applicable

**Medicaid Provider Number:** or not applicable

**Name of Management Company:**

**Chain Affiliation- Name and Address of Parent Organization:**

**Outstanding Civil Money Penalty (CMP) due?**       Yes     No

**Is the Nursing Home in bankruptcy or receivership?**     Yes     No

**The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project, the project leader shall notify CMS and the State or territory agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project will be completed. A written letter regarding the change in ownership and its impact on the CMP application award shall be sent to the CMS RO and the State or territory agency.**

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**Project Details**

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**Please complete the followings fields below.**

**6. Project Title:**

**7. Summary of the Project and its Purpose: list a) the problem or gap this project is aiming to address, b) goals and/or objectives, and b) a plan to implement the project to include a timeline. Keep in mind that CMP funds shall only be used for activities that benefit or protect nursing home residents.**



**8. Describe how this project will directly benefit nursing home residents.**

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

**10. List how the project's performance will be monitored or evaluated to include specific metrics. These metrics shall be submitted as part of the completion of the project or as frequently as required by the State or territorial agency.**

Example: A project may include funding for technical assistance, training, and consultation to nursing homes over a one-year period. Example outcome metrics include the following: At the end of the one-year period, the applicant organization had conducted 12 in-person trainings with 1,455 attendees. A satisfaction questionnaire found that 70% of attendees were very satisfied with the trainings they received, 15% were satisfied, 3% were unsure, 10% were dissatisfied, and 2% were very dissatisfied. Nursing homes who sent at least one staff member to the training saw an improvement in influenza immunization rates by 3 percent and pneumococcal immunizations rates by 10 percent.

**11. Are there potential risks or barriers associated with implementing this project, and if so, what is your plan to address these concerns?**

**12. If applicable, list any other entities (e.g., individuals, organizations, associations, facilities, etc.) that will be partnering with the applicant on this project, whether or not the entity will be receiving funding (and how much funding), and what specific deliverables the entity is responsible for.**

**13. Specify the amount requested for the entire project. If it is a three-year project and requires \$25,000 per year, then enter \$75,000 in the second entry. If you are requesting \$25,000 for a one-year project, then enter \$25,000 in both entries. Please include an Excel spreadsheet with line items and costs of these items. Costs should be as detailed as possible. For example, travel should include the purpose, location, mileage rate, flight, and hotel costs. Personnel should include an hourly rate. Include a tab for each year of the project. Please include a description of costs and any non-CMP funds received for this project.**

**Amount Requested Per Year: \$**

**Total Amount Requested: \$**

**Total non-CMP funds received for this project:\$**

**14. Please list the time period of the project.**

**Number of Years:**

**Specific Dates Proposed for the Project: \_\_\_\_\_ to \_\_\_\_\_**

15. Please indicate which category this project should be considered.

- Culture Change (e.g., "Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected.)
- Resident or Family Council
- Direct Improvements to Quality of Care
- Consumer Information (e.g., information that is directly useful to nursing home residents and their representatives to become knowledgeable about their rights, nursing home care processes, and other information useful to a resident)
- Transition Preparation for a Nursing Home Resident
- Training
- Other, please specify.

**Project and Applicant Requirements**

**Projects cannot:**

- Exceed three years;
- Include funds for capital improvements to a nursing home or to build 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, laundry services, linen, food);
- Include funds for temporary manager salaries; or
- Include supplementary funding of federally required services. For example, CMP funds may not be used to recruit or provide Long-Term Care Ombudsman certification training for staff or volunteers or investigate and work to resolve complaints.

**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 uses(s);



- **Not be paid by a State or federal source to perform the same function as the CMP 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**
- **Not charge any individual, facility or other entity for any services, products, or training that was funded by CMP funds.**

**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. Failure to use CMP funds solely for certified nursing homes and for the intended purpose of the project proposal is prohibited by federal law. Failure to use the CMP funds as specified will result in denial of future grant applications and referral to the appropriate entity for Medicare/Medicaid fraud and program integrity. By signing below, you are confirming that everything stated in this application is truthful and are aware of the allowed uses of CMP funds.**

**Name of the Responsible Applicant:**

**Signature of the Responsible Applicant:**

**Date of Signature:**

## **Appendix A**

**SAs or CMS ROs may request additional information from applicants based on the size, scope, duration, or amount of funding requested for a project. Below are suggested questions for SAs or ROs to consider:**

- **Provide a biosketch or resume for the primary contacts of the applicant.**
- **Describe how the outcomes of the project will be sustained after the CMP funding has ended.**
- **If applicable, describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in development and implementation.**
- **If applicable, provide information and metrics on the project's previous performance and outcomes.**