

CMP Fund Application Process

Requests to use CMP funds may be made by a variety of capable organizations and entities, provided that the responsible entity is qualified and capable of carrying out the intended project or use, is not in any conflict of interest relationship with the entity who will benefit from the intended project or use, is not a recipient of a contract or grant or other payment from Federal or State sources for the same project or use, and is not paid by a State or Federal Source to perform the same function as the CMP project or use. Examples of potential applicants include:

- Certified nursing homes
- Consumer advocacy organizations
- State Long-Term Care Ombudsman programs
- Quality Improvement Organizations
- Private Contractors
- Resident or family councils
- Professional, or state nursing home associations
- Academic or research institutions
- State, local, or tribal governments
- Profit, not-for-profit, or other types of organizations

Entities from which CMP applications originate shall submit their request to the applicable State Agency. In Kentucky, the Office of Inspector General (OIG) is the State Agency. The process for submitting, reviewing, and recommending projects to CMS for approval is as follows:

1. All requests for use of CMP funds must be made electronically, to the OIG, using the CMS Region IV Application. Interested parties may access the application by visiting the OIG's website at: <http://www.chfs.ky.gov/os/oig/default.htm>.
2. Within 10 working days of receipt of the application the OIG will review the application to determine whether it meets the criteria for CMP fund use. To meet criteria, applications must demonstrate the following:
 - a. The ability of the project to improve resident outcomes and advance the care and services provided in long-term care facilities; and,
 - b. The ability of the project to support activities that benefit residents.
3. Projects that are determined to meet criteria for CMP fund use will be presented at the subsequent Elder Abuse Committee Meeting for discussion and recommendations.
4. The Elder Abuse Committee will review project applications and make initial recommendations to the OIG regarding whether the projects should be forwarded for additional consideration.
5. Based upon the feedback received from the Elder Abuse Committee, the OIG will make initial CMP project support recommendations to the Cabinet for Health and Family Services (CHFS) Secretary.
6. The Secretary will determine which projects to forward to CMS for review and final approval.
7. Upon receipt of an application by CMS, a tracking number will be assigned. Requests are reviewed by CMS in the order of receipt.
8. CMS may approve the CMP request, deny the CMP request, or request additional information.

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9. CMP request forms that are denied are not subject to an appeal.
10. Feedback to the OIG regarding the status of the CMP application shall be provided within 45 calendar days of receipt.
11. The OIG will notify the applicants in writing once a response is received from CMS as to the status of the project (approval, denial, more information needed).
12. For approved requests, the organization or entity from which the request originated is required to submit a quarterly report to CMS and the OIG regarding the status of the project.
13. At the conclusion of the project, a follow-up report shall be submitted within five (5) calendar days to CMS and the OIG. A second report, monitoring the success of the project is to be submitted to CMS and the OIG within six months of the project conclusion.

***Please note prior approval from CMS for CMP fund expenditures must be obtained except for temporary use in the case of sudden nursing home relocations, natural disasters, or similar emergencies. In such emergency cases, the OIG must seek CMS approval within 10 working days of the emergency use. Members of the Elder Abuse Committee will be notified by e-mail within 5 working days of such an instance.**

For additional information, please refer to CMS S&C Memo 12-13-NH at:

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter12_13.pdf.