



CABINET FOR HEALTH
AND FAMILY SERVICES

KY CMP Reinvestment Application Resource Guide

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TABLE OF CONTENTS

Table of Contents	1
Kentucky Civil Money Penalty Fund Overview	2
Resource Guide	3
Project and Applicant Requirements	3
CMP Fund Applicants	4
CMP Project Funding Limits	5
Guidelines to Complete the KY CMP Reinvestment Application	6
Applicant Contact and Background Information	6
Date of Application	6
Enter the date the application will be submitted to the OIG	6
Title of Project	6
Enter the title of the project	6
Funding	7
Project Details	9
Summary of Project and Benefit to Residents	10
Partnering Entities	11
Deliverables, Risks, Performance Evaluation, and Sustainability	11
Attestation	12
Application Attachments	12
Questions To Consider Before Submitting The CMP Application	13
Additional Information: Post Submission Process & Procedures	14
KY CMP FUND APPLICATION REVIEW (OIG)	14
KY CMP FUND APPLICATION REVIEW (CMS)	14
KY OIG CMP FUND CONTRACT PROCEDURES	15
References (OIG, 2022)	17

The Commonwealth of Kentucky does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy, or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information in accordance with state and federal laws.

KENTUCKY CIVIL MONEY PENALTY FUND OVERVIEW

A civil money penalty (CMP) is a monetary penalty the Centers for Medicare & Medicaid Services (CMS) may impose against nursing homes for either the number of days or for each instance a nursing home is not in substantial compliance with one or more Medicare and Medicaid participation requirements for long-term care facilities. CMP funds returned to the state must be reinvested to support projects that benefit nursing home residents and that protect or improve their quality of care or quality of life.

The Kentucky Cabinet for Health and Family Services, Office of the Inspector General (OIG), is the state agency (SA) responsible for the oversight and administration of the CMP Reinvestment Fund Program. Applicants shall submit an application request and a detailed line-item budget for the project to OIG for initial review and recommendation. OIG shall make an initial determination on the potential of the project to benefit certified nursing facility (CNF) residents and protect or improve their quality of care or quality of life. Once OIG determines the applications meets state requirements and CMS guidance, OIG shall then forward the application to the CMS Civil Money Penalty Reinvestment Program (CMRP) National Team for review and approval. After a determination by OIG and CMS, the applicant will be notified of the funding determination. Applicants may contact the OIG CMP Coordinator with questions regarding their CMP Reinvestment application.

A Note for CMP Extension Projects: 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). Applications that are an extension of an approved CMP reinvestment project to new CNF location(s) must submit include:

Applications for an extension project must include the following attachments:

- a. The approval letter for the previously approved, CMP-funded project
- b. Results of the previously approved CMP-funded project with confirmation by the state agency.
 - Results must show that an applicant met the project’s goals and objectives for an extension to be granted.
- c. A letter or email from the original state agency(ies) (SA) of the previously approved, CMP-funded 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.
- d. A project is considered a “continuation project” if it is similar in project details and CNF target population to a previously approved CMP project. Continuation projects cannot exceed the allowable 36-month limit.

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

RESOURCE GUIDE

This resource guide contains guidelines to help applicants to develop and submit applications to OIG for the use of CMP funds. The KY CMP Reinvestment Application is located on the KY OIG Civil Money Penalty Funds webpage at: <https://www.chfs.ky.gov/agencies/os/oig/Pages/cmpfunds.aspx>.

If you have questions about the KY CMP Reinvestment Application, please contact: CMPEApplication_OIG@ky.gov.

PROJECT AND APPLICANT REQUIREMENTS

Before completing the KY CMP Reinvestment application, review the requirements below. **Projects cannot:**

- Exceed three years (36 months).
- Include items or services that are not related to improving the quality of life and care of CNF residents or protecting such residents.
- Include research as a focus as the benefit to CNF residents is unknown or concentrated on the research entity, or a large portion of the budget does not directly benefit CNF residents.
- Duplicate existing requirements for the CNF or other federal or state services.
- Include funding for capital improvements to a CNF.
- Include funding for services or supplies that are already the responsibility of the CNF.
- Include funding for survey and certification operations or state expenses.
- Include funding for refreshments.
- Include funding for incentives (i.e., 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.
- 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, or a large portion of the budget set aside for evaluation).
- Include supplementary or duplicative federal or state funding (i.e., personnel performing the same duties as Ombudsman, nurse aide training programs).
- Include proposed conference dates that take place while the application is still under review.
- Be resubmitted after previous CMS denial.
- Additionally, OIG and CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict of interest with the entity(ies) who will benefit from the intended project(s) or use(s).

CMP FUND APPLICANTS

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). 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).
- Provide a letter of support from each participating CNF. If the organization applying for a CMP project is not a CNF, letters of support from all participating CNFs 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 CNFs must have letters of commitment from the CNFs that the project will be deployed in. The commitment letter must display the project title, time frame, the CNF's CMS certification number (CCN), and signed by an individual authorized to commit the CNF. In the instance of a corporation submitting a project request on behalf of its CNFs, 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 CNFs are invited to attend.

Examples of potential applicants include:

- Certified nursing facilities
- 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

CMP PROJECT FUNDING LIMITS

A. Resident or Family Councils: CMP funds may be used for projects by not-for-profit resident advocacy organizations that:

- Assist in the development of new independent family councils;
- Assist resident and family councils in effective advocacy on their family member's behalf;
- Develop materials and training sessions for resident and family councils on state implementation of new federal or state legislation.

Maximum project funding per nursing home-\$5,000 (one-time funding)

B. Consumer Information: CMP funds may be used to develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident.

Maximum project funding per nursing home-\$5,000 (one-time funding)

C. Activities to Improve Quality of Care: CMP funds may be considered for training in facility improvement initiatives that are open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, training for resident and/or family councils, LTC ombudsman or advocacy organizations and other activities approved by CMS.

Maximum Project Funding Per Nursing Home Per Year -\$5,000, (max of \$15,000 for a three-year project).

NOTE: The maximum allowable amount for training per year is the total allowed for any and all training during a year. Funding is dependent upon each state's balance of CMP funds available. CMS will also work with states separately on state-sponsored trainings, and these training will not impact each facility's maximum amount (e.g., a facility can attend a state-sponsored training and still apply for \$5,000 for training).

D. Activities to Improve Quality of Life: CMP funds can be used for projects to foster social interaction, movement, and minimize loneliness.

Maximum Project Funding Per Nursing Home Per Year for each topic -\$5,000, (max of \$15,000 for a three-year project)

GUIDELINES TO COMPLETE THE KY CMP REINVESTMENT APPLICATION

An effective CMP Reinvestment application should include the following information. The Resource Guide follows the structure of the KY CMP Reinvestment Application form.

Application Section	Description
Applicant Contact and Background Information	
Date of Application	Enter the date the application will be submitted to the OIG.
Title of Project	<p>Enter the title of the project.</p> <ul style="list-style-type: none"> Be Concise: Keep the title short but informative. Aim for 8-12 words. Include Keywords: Use terms that clearly describe the project’s focus, objectives, or field. Be Specific: Avoid vague terms. State the Outcome or Goal: If possible, reflect the main goal or benefit of the project Avoid Jargon: Use clear language that can be easily understood by a wide audience, especially reviewers.
1. Applicant Contact Information	<p>Provide the contact information for the individual completing the application:</p> <ul style="list-style-type: none"> Name, Phone Number, Email Mailing Address: Street, City, County, State/Territory, Zip Code
Primary Point of Contact (if different from above)	<p>The primary point of contact (POC) is the individual responsible for project implementation. If the primary POC is different from the person completing the application, please provide the primary POC’s name and contact information:</p> <ul style="list-style-type: none"> Name, Phone Number, Email Mailing Address: Street, City, County, State/Territory, Zip Code
2. Applicant Organization Information	<p>Provide the contact information for the organization requesting CMP funds:</p> <ul style="list-style-type: none"> Name Phone Number Email Mailing Address: Street, City, County, State/Territory, Zip Code Tax Identification Number (TIN) <p>Note: The organization or CNF that 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 project, the primary POC should notify OIG. Notice regarding the change in ownership and its impact on the CMP Reinvestment Application award must be sent to OIG. The primary POC shall also provide a signed attestation confirming the change of ownership to OIG. OIG will communicate the change to CMS.</p>

2a. Is the organization a CMS certified nursing facility?	Identify if the applicant is a certified nursing facility (CNF).
If Yes:	If the organization apply is a CNF: <ul style="list-style-type: none"> • Provide the facilities' 6-digit CMS Certification Number (CCN) • Indicate if the CNF has any outstanding CMPs due • Indicate if the CNF is currently in Bankruptcy or Receivership • Provide the facilities' National Provider Identifier number
2b. Number of Nursing Homes that will be supported by this application	Provide the number of CNFs to participate in the application. Note: There is no minimum or maximum number of CNFs that can participate in a project. A Letter of Support for each participating facility must be included with the application attachments.
3. Organization History	Describe the background and history of the applicant organization, including details such as the organization's mission and purpose, number of years in service, key milestones, and status.
4. Organization Capabilities	Describe the organization's capabilities, including products and services relevant to the proposed CMP project, and previous experience implementing a grant funded project, if any.
5. Organization Website	Provide the website address for the organization requesting CMP funds. If none, enter "Not Applicable."
6. Other Funding Sources	Indicate whether the applicant or their collaborative partners (if applicable) currently receive Federal or State funds. If yes, identify the sources and amounts. If none, enter "Not Applicable."
6a. Other Funding Sources	Indicate whether other funding sources, such as Federal or State funds, have been applied for and/or granted for the proposed CMP project. If yes, identify the sources and amounts. If none, enter "Not Applicable." Note: The amount of funds indicated should match the amount of non-CMP funds received (or anticipated) in question 7.
Funding	
7. Total CMP Fund Requested Amount	<ul style="list-style-type: none"> • Provide the amount requested for each year of the project. Enter 0 for years that are not applicable. • Provide the total amount of CMP funds requested for the entire project. This total will self-calculate in the Adobe version of the application. • Provide the total amount of non-CMP funds received (or anticipated) for the project. This amount should match the amount of other funds indicated in question 6a. Note: For example, if it is a three-year project and requires \$25,000 per year, then enter \$75,000 as the total project cost and \$25,000 as the annual cost. Annual costs may vary. If requesting \$25,000 for a one-year project, then enter \$25,000 as both the annual and total cost.

<p>8. Detailed Line-Item Budget</p>	<p>Applicants must provide a detailed line-item budget (using the CMP Reinvestment Budget Template or similar spreadsheet) to outline specific cost requirements within each of the following budget categories:</p> <ul style="list-style-type: none"> • Personnel: an employee of the organization whose work is tied to the proposed project. Provide estimated number of hours and their duties as they pertain to the project. • 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 the GSA must include justification. • Equipment purchases and rentals: equipment necessary for the implementation of the project. Include the item description, the number of items requested, and cost per unit. Explain why the item is necessary for the project. • 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 must be included in the budget. <ul style="list-style-type: none"> ✧ If the expense is a lump sum fee, a breakdown must be included in the budget narrative if not included on the quote for services. ✧ Quotes for contractual services must be included as an attachment(s) to the application. • Other direct costs: expenses not covered in any of the previous costs. Examples include office supplies, project materials, outreach costs, etc. • 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 if applicable. <p>Note: Indirect costs are reviewed for reasonableness on a case-by-case bases to ensure they align with industry standards and accurately reflect actual expenses incurred, as there is no fixed rate for CMP applications.</p> • Cost-sharing: total non-CMP funds received or anticipated for this project. Please note that the amount entered in the cost-sharing field of the CMP Reinvestment Budget Template will be automatically subtracted from the total project cost field. This amount should match the amount of other funds indicated in question 7. <p>Note: Applicants <u>must</u> include the separate line-item budget in an Excel spreadsheet with the application submission.</p>
<p>9. Budget Narrative</p>	<p>The budget narrative should justify all expenses in the CMP Fund Application Budget spreadsheet. Explain the costs calculation and methodology for each item.</p> <p>Note about exceeding funding limit: Exceptions can be made for requests exceeding the maximum funding limit; however, sufficient justification must</p>

	<p>be provided for such a request. Contact the CMP Coordinator at CMPEApplication_OIG@ky.gov for more information.</p> <p>Note about cost-sharing: Cost-sharing is the portion of the project costs not covered by CMP funds. In general, applications that include in-kind and/or cash contributions demonstrate a commitment to the project and greater cost effectiveness.</p> <p>If cost-sharing is included, it should be listed for each year of the project. If the proposed project is a component of a larger program, identify other funding sources for the proposal, and indicate the specific funding amount to be provided by those sources.</p> <p>Other federal funding does not qualify as cost-sharing for the purposes of the CMP program.</p>
Project Details	
10. Extension Projects	<p>Indicate whether the application is for a project that has previously been approved and is therefore considered an extension project.</p> <p>If No, skip to question 11.</p> <p>If Yes, complete the remainder of Item 10 to ensure the required information and documentation is included with the application. answer Question 10a.</p>
10a. Previous Unique Identifier	<p>Provide the CMS unique identifier (UID), start and end dates, and the state where the previously approved CMP project(s) were implemented. This information should match the required documentation that is to be included in the attachments.</p>
11. Project Time Period	<p>Provide the number of years and the specific dates relevant to the current project. Project cannot exceed three years (36 months).</p> <p>Note: The start date should be a minimum of 90 days after the date of the application to allow sufficient time for application review and determination.</p>
12. Project Category	<p>Identify <u>ONE</u> appropriate category that best describes the focus of the proposed project:</p> <ul style="list-style-type: none"> • <u>Consumer Information:</u> Projects that share information about resident and resident representative rights, the nursing home care process, and generally anything useful that ensures quality care in nursing homes. • <u>Resident or Family Council:</u> Projects that focus on resident and family council development or improvement in resident centered services. • <u>Activities to Improve to Quality of Care:</u> Projects that directly improve care for nursing home residents. <p>Note: Proposed education/training projects need to include the following information within the appropriate application sections:</p> <ul style="list-style-type: none"> ✧ Target audience and anticipated number of attendees ✧ Accrediting authorities

	<ul style="list-style-type: none"> ✧ Provision for review of agenda, curriculum or curriculum description, and materials by OIG ✧ Provision for electronic submission to OIG of the following: <ul style="list-style-type: none"> a. Attendee registration listing b. Special session presentation & handouts c. Summary compilation of training evaluations and attendee comments. • <u>Activities to Improve Quality of Life</u>: Projects that enhance a resident’s self-esteem and dignity. • <u>Training</u>: Training that covers material that directly benefits nursing home residents. • <u>Other</u>, please specify.
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Summary of Project and Benefit to Residents

<p>13. Summary of the Project and its Purpose</p>	<ul style="list-style-type: none"> a. Describe the problem, gap, or CNF need the project is aiming to address. When using data or statistics, please site the original sources to ensure accuracy and transparency. b. Describe realistic, actionable project goals relevant to the project’s objective. Note: A goal is a desired result you want to achieve and is typically broad and long-term. Example: To provide person-centered care to improve the quality of life of residents living with dementia. c. Describe the project’s quantifiable objectives, including the specific metrics that will be used to measure actions the CNF must take to achieve the overall goal. Note: An objective defines the specific, measurable actions the CNF must take to achieve the overall goal. <ul style="list-style-type: none"> - It is suggested the project use the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) method or a similar method to define and measure specific objectives. - Please see the Tips for Writing Clear Goals and Quantifiable Objectives on the CMP Reinvestment Resource website for further information d. Describe the plan to implement the project, including project timeline and project personnel. Bio-sketches or resumes for relevant personnel must be included in the application’s attachments.
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<p>14. Benefit to Nursing Home Residents</p>	<p>Describe how the project will directly benefit CNF residents. Benefits may be qualitative and/or quantitative.</p> <p>Note: CMP funds shall only be used for activities that directly benefit CNF residents, that project or improve their quality of care or quality of life, and that go above and beyond what is already required of the CNF(s).</p> <p>All project application submissions must be in alignment with CMS’ Non-Allowable and Allowable criteria. Please refer to the Allowable and Non-Allowable document for activities and funding limits for proposed projects.</p>
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This document can be accessed at: [Allowable and Non-Allowable Uses of CMP Funds](#)

Partnering Entities

15. Nursing Home and Community Involvement	<p>Provide a brief description of how the CNF community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.</p> <p>Note: If the organization applying is not a CNF, letters of support from all participating CNFs are required with the application submission.</p>
16. Other Partnering Entities	<p>If applicable, list any other collaborating entity(ies) that will be partnering with the applicant on this project (i.e., individuals, organizations, associations, facilities).</p> <ul style="list-style-type: none"> • Include specific deliverables for which the partnering entity(ies) will be responsible. • If applicable, include how much funding partnering entity(ies) will receive and if the entity(ies) has submitted previously for CMP funding.

Deliverables, Risks, Performance Evaluation, and Sustainability

17. Project Deliverables	<p>List any physical items that will be deliverables because of funding the project. Examples include training materials, equipment, programs manuals, reports, etc.</p>
18. Performance Monitoring and Evaluation	<p>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.</p> <p>Example outcome metrics:</p> <ul style="list-style-type: none"> • 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 training they received, 15% satisfied, 3% unsure, 10% dissatisfied, and 2% very dissatisfied. • Nursing homes that sent at least one staff member to the training saw an improvement in influenza immunization rates by 15% and pneumococcal immunization rates by 100% in the year following the training. <p>Note: These metrics shall be submitted in Quarterly Reports to OIG, throughout the project, and included in the Final Report upon completion of the project. Metrics should be tied to the project’s objectives.</p>
19. Duplication of Effort	<p>Provide information that demonstrates the project will not duplicate or overlap with the responsibility of the CNF to meet existing Medicare and Medicaid requirements and other applicable statutory and regulatory requirements, nor duplicate federal or state services.</p> <p>If the project does duplicate a responsibility, explain how the project goes “above and beyond” what is required. For example, a CMP project to provide</p>

	abuse, neglect and exploitation training must explain how the training goes “above and beyond” what is required to be covered for such training.
20. Risks	<p>Describe the potential risks or barriers associated with implementing the project and the plan to address these concerns.</p> <p>Note: The applicant should the include the following potential risks/barriers to be addressed:</p> <ul style="list-style-type: none"> • CNF staff turnover • CNF Administration turnover • Infection control measures
21. Sustainability	<ul style="list-style-type: none"> • Provide a sustainability plan outlining how the project will continue or maintain its impact following the conclusion of CMP funding. If the applicant will be seeking other funding sources, please provide further detail.
Attestation	
22. Attestation Statement	<ul style="list-style-type: none"> • Provide the name of the signer. • Provide the signature of the applicant. • Provide the date of signature
Application Attachments	
<ul style="list-style-type: none"> • Applicants must include a list of all attachments included with the Kentucky CMP Fund Application. This ensures attachments submitted in separate files are not missed by the reviewers. • Attachments include the following, as appropriate: <ul style="list-style-type: none"> - List of participating CNFs (facility name, CCN#, # of beds) - Letters of Support from all participating CNFs - Copy of most recent federal approved IDC rate agreement - Brochures/pictures of specialized equipment - Sample training agenda(s) - Extension project documentation (CMS approval letter, SA recommendation letter/email, Progress/Final report) - Contractual quote(s) 	

QUESTIONS TO CONSIDER BEFORE SUBMITTING THE CMP APPLICATION

NOTE: Applicants should be able to confidently answer “yes” to each question below:

	Yes	No
Eligibility		
Does the proposed project align with the goals and eligibility criteria set for the CMP Reinvestment program?	<input type="checkbox"/>	<input type="checkbox"/>
Project Description		
Did I present a compelling need for the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient preliminary data to support the project?	<input type="checkbox"/>	<input type="checkbox"/>
Did I clearly define the project’s goal(s) and objectives? Are they specific and measurable?	<input type="checkbox"/>	<input type="checkbox"/>
Did I provide a timeline for implementation of the project that is feasible given the project’s goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>
Did I clearly state the benefits to residents?	<input type="checkbox"/>	<input type="checkbox"/>
Budget		
Are all expenditures necessary, reasonable, and allowable and did I provide a justification for each?	<input type="checkbox"/>	<input type="checkbox"/>
Does the budget narrative match the budget spreadsheet?	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships and Resources		
Have I identified key partners and stakeholders, and clarified their roles and responsibilities in the project?	<input type="checkbox"/>	<input type="checkbox"/>
Do I have the necessary resources (e.g., personnel, facilities, equipment) to successfully complete the project?	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and Outcomes		
Have I defined measurable outcomes and how they will assess the project’s effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Have I made provisions for data collection/management and coordination?	<input type="checkbox"/>	<input type="checkbox"/>
General		
Did I complete all sections of the application form, including entering “Not Applicable” where necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Have I proofread the application for grammar, misspellings, and typing errors?	<input type="checkbox"/>	<input type="checkbox"/>
Have I labeled and included all application attachments?	<input type="checkbox"/>	<input type="checkbox"/>
Did I include a letter of support from each participating CNF?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION: POST SUBMISSION PROCESS & PROCEDURES

KY CMP FUND APPLICATION REVIEW (OIG)

The Kentucky Office of Inspector General (OIG) will review the submitted application for completeness and consistency with federal requirements. The OIG Grants Administrator will conduct an initial review which will not exceed thirty (30) working days. Upon completion of the initial review process, the proposal will be reviewed by the OIG Internal CMP Committee. The CMP committee meets once a month and will complete the review process in an additional sixty (60) calendar days. Upon completion of the review process, The CMP Committee will determine whether to submit the proposal to CMS for approval, deny the application, or request additional information.

1. The initial review includes completed application requirements and considers if the project meets federal CMS requirements included in 42 C.F.R. § 488.433 Civil money penalties: Uses and approval of civil money penalties imposed by CMS.
2. The initial review will follow a consistent process and use standard templates for every application review. During the review, the OIG Grants Administrator will work with the applicant's point of contact (POC) directly to address any missing information or deficiencies in the application.
3. If a submitted application contains any deficiencies or requires additional information to complete the review, the OIG Grants Administrator begins the corrective action process. When an application is returned to the applicant's POC, with identified application deficiencies or request for additional information, the applicant's POC will have fifteen (15) calendar days (unless otherwise indicated) to complete revisions and re-submit to the OIG Grants Administrator.
4. Projects that are determined to meet criteria for CMP fund use will be presented to the OIG Internal CMP Committee for discussion and recommendations. The CMP Committee is responsible for reviewing and providing any feedback regarding the submitted application and corresponding proposal.
5. Some applications may require additional information before a final determination regarding approval can be made. When an application is returned to the applicant with recommendation(s) for a revision, the applicant will have fifteen (15) calendar days (unless otherwise indicated) to complete revisions and re-submit to the CMP Committee.
6. After any additional information requested has been received and the OIG internal CMP Committee review process has been completed, the CMP Committee will determine whether to deny the application or recommend approval and forward the application to the CMPRP Team for consideration. The CMS review process would generally not exceed forty-five (45) calendar days. However, some applications may require additional information before CMS decides regarding approval.

KY CMP FUND APPLICATION REVIEW (CMS)

1. Upon receipt of an application by CMS, a tracking number will be assigned. Requests are reviewed by CMS in the order of receipt.
2. CMS may approve the CMP request, deny the CMP request, or request additional information.

3. If a submitted application contains any deficiencies or requires additional information to complete the review, the CMPRP team begins a corrective action process.
4. If CMS requests additional information on the application the OIG Grants Administrator shall notify the applicant Point of Contact (POC) of any action taken on the application via e-mail with written correspondence. When an application is returned to the applicant POC with recommendation(s) for a revision, the applicant will have ten (10) calendar days (unless otherwise indicated) to complete revision(s) and re-submit to the OIG Grants Administrator.

If the CMPRP team does not hear back from the OIG POC within the ten (10) calendar day period, or if they receive a revised application containing deficiencies, or if it is missing information, the CMPRP team will send a second corrective action request to the OIG POC. At this time the state will have five (5) calendar days (unless otherwise indicated) to respond.

5. Once information is received with corrections it will be returned to CMPRP team from OIG for a final determination. CMS will notify both the applicant and OIG of application approval, partial approval, or denial.
6. Neither OIG nor CMS are obligated to approve any fund requests or extensions. If the request is denied there is no right to appeal the decision.
7. Any cost is the responsibility of the applicant.
8. When OIG receives notice from CMS that the CMP Fund application has been approved, OIG will notify the applicant with instructions for entering into a contract with OIG to allow for the release of CMP funds.
9. For approved requests, the successful applicant is required to submit quarterly reports to OIG and CMS regarding the status of the project and progress toward the project objectives.
10. At the conclusion of the project, a Final Report describing the results of the project is to be submitted to OIG and CMS within sixty (60) calendar days of the project conclusion.

KY OIG CMP FUND CONTRACT PROCEDURES

1. When OIG receives notice from CMS that a CMP Fund application has been approved, OIG will notify the applicant with instructions for entering into a contract with OIG to allow for the release of CMP funds.
2. OIG will coordinate and promulgate the state contract process for all CMP projects.
3. OIG will serve as policy lead concerning the development, implementation, monitoring, and other aspects to ensure appropriate standards of practice.
4. OIG will complete the CMP fund contract process to ensure compliance with state and federal laws.
5. Final contract signatures will be obtained from the OIG Inspector General and the applicant after final reviews have taken place by CHFS Office of Administration and Technology Services (OATS), Division of Procurement and Grant Oversight and the OIG.
6. Prior to the start of the project, OIG will inform the contractor of required reporting and invoicing procedures as well as issue a Notice to Proceed indicating the start date of the project.

7. OIG will administer contractual payments for the CMP fund after reviewing invoices.
8. OIG will track and evaluate ongoing projects and project outcomes through project quarterly reports to ensure grantees are compliant and adhering to the project goals and objectives.
9. OIG will track ongoing project outcomes through quarterly reports as well as analyze and evaluate program outcomes and attend project events. The evaluation can include on-site visits at selected CNF project partners, surveying training or conference attendees, attending trainings or conferences, as well as a desk review of required reporting.
10. The website (<https://chfs.ky.gov/agencies/os/oig/Pages/cmpfunds.aspx>) is maintained by OIG. The website includes information on the approved and awarded CMP projects with the dollaramount, a brief description of the project, the grantee/contract recipients and other key information that Kentucky has submitted to CMS for the annual transparency report. The website is also used to develop requests for interests and requests for proposals.

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