Civil Money Penalty (CMP) Reinvestment Application

Commonwealth of Kentucky

Cabinet for Health and Family Services

Office of Inspector General

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Andy Beshear
Governor

275 East Main Street, 5E-A
Frankfort, KY 40621
(502) 564-2888
Fax: (502) 564-6546
https://chfs.ky.gov/agencies/os/oig

Eric C. Friedlander
Secretary

Adam Mather
Inspector General

Dear Applicant,

Thank you for your interest in submitting a proposal to utilize Civil Money Penalty (CMP) funds to support activities that benefit nursing home residents in Kentucky. In accordance with Survey & Certification transmittal 12-13 NH dated December 16, 2011, States must obtain approval from the Centers for Medicare & Medicaid Services (CMS) for the use of federally imposed CMP funds. Entities from which CMP request originate shall submit the request to the applicable State Agency (SA) for an initial review and recommendation. In Kentucky, the Office of the Inspector General (OIG) is the State Agency. All CMP fund applications shall be submitted electronically and sent to the OIG utilizing the attached Kentucky Civil Money Penalty (CMP) Reinvestment Application form. Please submit all applications for CMP funds to the following electronic mailbox: CMPAPPLICATION_OIG@KY.GOV.

Thank you for your commitment to the citizens of Kentucky. If you have any questions about the application process, please contact the Kentucky OIG Grants Administrator, Lena Mullins-Datko, at lena.mullinsdatko@ky.gov.

Sincerely,

Adam Mather
Inspector General

INTRODUCTION

Applicants shall submit this CMP Reinvestment Application request to the Kentucky Cabinet for Health and Family Services Office of Inspector General for initial review. The Office of Inspector General (OIG) shall make an initial determination on the potential of the project to benefit certified home residents and protect or improve their quality of care or quality of life. If OIG determines the application meets state requirements and CMS guidance, OIG will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Region IV Branch Office for review and approval. Applications for funds over $500,000 are subject to review by the National CMPRP Team. After a determination by the OIG and CMS Region IV, the applicant will be notified of the funding determination. Applicants may contact the CMP Grant Administrator at OIG with questions regarding their CMP Reinvestment application.

If a project is approved, quarterly progress reports are required by OIG. Project outcomes, including the metrics set out in this application, must be reported at the completion of the project period. In order to maintain compliance with 42 CFR 488.433, OIG will make information about the use of CMP funds publicly available, including, at a minimum, the dollar amount, recipients, and results of the project.

Extension Project Applications
Note: Applications that are an extension of an approved CMP reinvestment project to new nursing home location(s) must submit results of the previously approved and completed project (if applicable), with confirmation by the State Survey Agency. **A project is considered an "extension project" if it is identical in project details to a project approved after April 1, 2018** (Same applicant, same project focus, but to a new nursing home population).

Results must show that an applicant met the project's goals and objectives for an extension to be granted. An applicant submitting application for an extension project must include 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.

Project and Applicant Requirements
Projects cannot:

- Exceed three (3) years;

- Include items or services that are not related to improving the quality of life and care of certified 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 certified 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;

- Include funding for capital improvements to a nursing home (e.g., replacing a boiler, redesign of 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);

- 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);

- 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.

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).

Additional Instructions for preparing the CMP Application
- All nursing homes dually certified to participate in the Medicare program or nursing homes certified to participate in the Medicaid program shall include the CMS Certification Number (CCN) in the request.

- All organizations or entities shall include the Tax Identification Number (TIN).

- Assemble and paginate the request as one pdf document, and use approved Times New Roman, 12-point font, for any appendices.

- Complete all sections of the request as instructed. Incomplete applications will be returned to the applicant and not considered for funding.

  o Additional pages may be included if extra space is required.

- Plan ahead and allow sufficient time for KY OIG and CMS review and approval of the request.

- If the use of CMP funds is approved, the organization or entity receiving funds will still be required to complete a state contract before the funds are released. Please note that after approval of the project, the state contracting process can take a month or longer to complete.

APPLICANT CONTACT AND BACKGROUND INFORMATION

1. **Date of Application:**

2. **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

Name:

Phone:

Email:

Address:

Primary Point of Contact (if different from above)

Name:

Phone:

Email:

Address:

3. **Applicant Organization Information**

Provide the contact information for the organization requesting CMP funds. The organization or nursing home 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 course of the project, the primary POC should notify the OIG. Notice regarding the change in ownership and its impact on the CMP Reinvestment Application award should be sent to the OIG.

Organization Contact Information

Name:

Phone:

Email:

Address:

Tax Identification Number:

Website:

3a. Is the organization a nursing home?

Nursing Home-Specific Questions

Name of the Facility:

Address:

Telephone Number:

CMS Certification Number:

Medicaid Provider Number:

Date of Last Recertification Survey:

Highest Scope and Severity Determination: (A-L)

Date of Last Complaint Survey:

    Highest Scope and Severity Determination: (A-L)

Currently Enrolled in the Special Focus Facility (SFF) Initiative?

Previously Designated as a Special Focus Facility?

Administrator's Name:

Owner of the Nursing Home:

CEO Telephone Number:

    CEO Email Address:

Name of the Management Company:

        If Chain Affiliation, please specify Name and Address of Parent Organization:

Outstanding Civil Money Penalty?

Nursing Home Compare Star Rating (can be 1, 2, 3, 4 or 5 starts):

    Date of Nursing Home Compare Rating:

Is the Nursing Home in Bankruptcy or Receivership?

4. 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.

5. Organization Capabilities

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

6. Other Funding Sources

Have other funding sources 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.

Note: The entity or nursing home that 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 completion, the project leader shall notify CMS and the Kentucky Office of Inspector General within five (5) calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

PROJECT DETAILS

7. Project Title:

Is this project an extension of a CMP reinvestment project approved after April 1, 2018 to a new nursing home location?

If Yes:

Have the results of the previously approved project been reported to the state agency?

Provide the unique identifier (UID) of the original CMP project:

Provide the dates of execution of the original CMP project: To

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

9. Number of Nursing Homes:

Number of certified nursing homes that will be supported by this application:

10. Project Time Period

From: To:

11. Project Category

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

☐ Direct Improvement to Quality of Care

☐ Resident or Family Councils

☐ Culture Change/Direct Improvements to quality of Life

☐ Consumer Information

☐ Transition Preparation

☐ Training

☐ Resident Transition due to Facility Closure or Downsizing

☐ Other: Please Specify

SUMMARY OF PROJECT AND BENEFIT TO RESIDENTS

12. 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.

13. 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

14. 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.

15. 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, AND SUSTAINABILITY

16. Project Deliverables

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

17. Performance Monitoring and Evaluation
Describe how the project's performance will be monitored or evaluated, including specific outcome metrics, and the intended outcomes.

18. Duplication of Effort

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

19. Risks

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

20. Sustainability

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

FUNDING

21. 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. 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:

22. 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 purchases 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?

> 2022 CMP Fund Application Budget is available as an attachment to the application form.

23. 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.

ATTESTATION

24. 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 civil money penalty funds solely for certified nursing homes and for the intended purpose of the grant 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. The applicant shall disclose any conflicts of interest, including family relationships. 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.

Signature of the Applicant:

Name of the Applicant:

Date of Signature:

25. Application Attachments

List application attachments below. Attachments should include letters of support, project staff bios, and so forth.