

State Request for Approval of Use of
Civil Money Penalty Funds
Certified Nursing Homes



Illinois Department of Public Health
Office of Health Care Regulation

Introduction

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. A copy of this transmittal is available on the CMS website at www.cms.hhs.gov.

The Social Security Act specifies that civil money penalty (CMP) funds paid by nursing homes may only be used to enhance the quality of care and quality of life of the residents of nursing homes certified to participate in Titles 18 & 19 of the Social Security Act.

Effective January 1, 2012, CMS has established a process for reviewing applications that seek funding to improve resident outcomes in certified nursing homes. Only CMP fund applications that meet the statutory intent of the regulations, Federal law and policy will be considered.

Requests to use CMP funds may be made by various organizations and entities. Applications may be submitted by certified nursing homes, academic or research institutions, state, local or tribal governments, profit or not-for-profit, or other types of organizations.

CMP Request Process

- Entities requesting approval of use of Civil Money Penalty Funds for certified nursing homes must submit completed application to IDPH mailbox DPH.HCR.CMPGRANT@illinois.gov
- All CMP requests must be submitted electronically to the IDPH mailbox for an initial review and recommendation.
- Requests will not be accepted via facsimile or mail.
- Requests shall include a cover letter addressed to the Deputy Director, Office of Health Care Regulation (OHCR).
- Requests shall include a detailed Excel spreadsheet with the budget expenses for the length of the project, along with a narrative explanation of the costs. Mention any co-funding that you are planning to use from other sources. The narrative shall include the specific amount of CMP funds to be used for the project, the time period for such use, and an estimate of any non-CMP funds that will be contributed to the project.
- CMP request forms will only be accepted if the project described will improve the quality of care or quality of life of residents residing in federally certified nursing homes.
- Requests should be limited to relevant information and the actual CMP request form.
- All sections of the request form shall be completed or the CMP request may be denied.
- When CMP funds are requested for educational purposes, the organization involved must also include the following: anticipated number of attendees; target audience; accrediting authorities; and timeline for implementation and plan for sustainability.
- Provide letters of support as deemed appropriate. Representatives from any group requesting funding, or representatives who are in situations where a conflict of interest exists, must disqualify themselves from making recommendations or providing letters of support.
- OHCR reviewers shall first assess the merit of each project and the ability of the project to improve resident outcomes and advance the care and services provided in certified long term care facilities.
- The OHCR may request additional information.
- Applicants may contact the OHCR with questions regarding their CMP request.
- Following OHCR review, the CMP request form shall be forwarded to the CMS electronic mail box for a decision.
- Only CMP request forms reviewed by the OHCR will be forwarded to CMS.
- Upon receipt by CMS, CMP request forms shall be assigned a tracking number. The tracking number consists of the year, CMS regional code, state prefix, date code, application number and entity name. For example: 2012-04-AL-12-19-01-John Doe Nursing Center. Tracking codes shall be utilized in the annual transparency report beginning in 2013.
- CMP requests are reviewed by CMS in the order of receipt.
- CMS may approve the CMP request, deny the CMP request or request additional information.
- CMP request forms that are denied are not subject to an appeal.
- Feedback to the OHCR on the status of the CMP request form submitted to CMS shall be provided within 45 calendar days of receipt.

- If the OHCR has not received a response from CMS within 45 calendar days of receipt of a completed request, the OHCR may send a request for priority processing to CMS Regional Office for a status update.
- CMS Regional Office has final authority to approve requests. If a request is approved, the organization or entity from which the request originated shall be required to submit a quarterly report on the status of the project to the CMS Regional Office and the OHCR.
- A follow-up report at the conclusion of the project/proposal shall be submitted within five (5) calendar days to the OHCR. A second report monitoring the success of the project shall be submitted to the OHCR within six (6) months of the project conclusion.

Tips for Preparing the CMP Request 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 SNFs, SNFs/NFs and NFs shall include the CMS Certification Number (CCN) in the request.
- All organizations or entities shall include the Tax Identification Number (TIN).
- Be brief, concise and clear. Provide accurate information, including candid accounts of problems and realistic plans to address them. If any required information is omitted, explain why. Make sure the information provided in any table, chart, attachment, etc. is consistent with the proposed narrative and information in other tables.
- Be organized and logical. Reviewers should be able to readily follow the coherent and logical thought process of the applicant
- Carefully proof read the request. Misspellings and grammatical errors will impede reviewers' ability to understand the CMP request. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout the request.
- 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 denied.
- Plan ahead and allow sufficient time for OHCR and CMS review and approval of the request.
- NOTE: IF THE USE OF CMP FUNDS IS APPROVED, THE ORGANIZATION OR ENTITY RECEIVING FUNDS MAY STILL BE REQUIRED TO COMPLETE A STATE CONTRACT BEFORE THE FUNDS ARE RELEASED.

Purpose and Summary

The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

Expected Outcomes

Provide an abstract summary of the project that is no longer than one page. Include a short description of intended outcomes, deliverables and sustainability. Information such as the requester's background and qualifications, the need for the project, a brief description of the project and its goals and objectives should be included. Of the utmost importance is information regarding how the project will be evaluated to measure the success of the programs. Specify the person(s) who will be accountable for the project evaluation.

Statement of Need

The statement of need should describe the problem that the project will attempt to address. Also describe any problems that may be encountered in the implementation of this project. Articulate the contingency plan to address these issues.

Program Description

Describe the project or program and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcomes. A timeline shall accompany all proposals which outline benchmarks, deliverables and dates. Attach supplemental materials such as brochures, efficacy studies and peer reviewed literature.

Results Measurement

Include a description of the methods by which the results of the project will be assessed (including specific measures). Multi-year projects shall provide a provision for submission of interim progress reports and updates from the project leader to CMS. Staff attending training shall articulate how knowledge learned will be shared among other long term care employees and ultimately how the information will improve resident outcomes. Quarterly reports regarding the progress of the project shall be submitted to CMS and the State Agency.

Benefits to Nursing Home (NH) Residents

A detailed description of the manner in which, the project will directly benefit and enhance the well- being of nursing home residents.

Non-Supplanting/ Non-Duplicative Statement

Describe how the project will not supplant existing responsibilities of the nursing home to meet Medicare/Medicaid requirements.

Consumer Stakeholder Involvement

Include a brief description of 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. Describe how the governing body of the nursing home or organization shall lend support to the project.

Funding

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

Involved Organizations

List a contact name, address, Internet e-mail address and telephone number of all organizations that will receive funds through this project. List any sub-contractors and organizations that are expected to carry out and be responsible for components of the project. Copies of contracts and subcontracts shall be available upon request to CMS and the State.

Prohibited Uses

CMS is not able to approve projects in certain circumstances, such as:

- Conflict of Interest- CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict of interest.
- CMP funds may not be used to pay entities to perform functions for which they are already paid by State or Federal sources.
- CMP funds may not be used to pay for capital improvements to a nursing home, or to build a nursing home.
- CMP funds may not be used to pay for nursing home services or supplies that are already the responsibility of the nursing home, such as laundry, linen, food, heat, staffing costs, etc.
- CMP funds may not be used to pay the salaries of temporary managers who are actively managing a nursing home.
- 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.

Conflict of Interest Prohibition Statement

CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict of interest. Similarly, we will generally not approve uses that commit CMS funding to very long term projects (greater than three years). By obliging the State to fund a long and large multi-year expense, we consider such projects to raise the appearance of a conflict of interest where the levy of future CMPs could be construed to be done for the purpose of raising revenue rather than for the statutory purpose of deterring or sanctioning poor quality. We will, however, consider each project in light of the specifics of each individual case.

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 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, you are confirming that everything stated in this application is truthful and are aware of the allowed uses of CMP funds.

General Information

Date of Application: ____ / ____ / ____
MM DD YYYY

Name of the Organization:

Address Line 1:

Address Line 2:

City, County, State, Zip Code:

Tax Identification Number:

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader:

Address:

City, County, State, Zip Code:

Internet E-mail Address:

Telephone Number: - -

Mobile Number: - -

Have other funding sources been applied for and/or granted for this proposal? ☐ ☐

Yes No

If yes, please explain/identify sources and amount.

Applicable to Certified Nursing Home Applicants

Name of the Facility:

Address Line 1:

Address Line 2:

City, County, State, Zip Code:

Telephone Number: - -

CMS Certification Number: -

Medicaid Provider Number: -

Administrator's Name:

Owner of the Nursing Home:

CEO Telephone Number: _____ - _____ - _____

CEO Email Address: _____

Name of the Management Company: _____

Chain Affiliation (please specify) Name and Address of Parent Organization:

Is there outstanding Civil Money Penalty?

Yes No

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

Date of Nursing Home Compare Rating: ____ / ____ / ____

MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership?

Yes No

Funding Category

Specify the amount and indicate the funding category:

Amount Requested: \$_____

☐ \$2,500 or less ☐ \$10,001 – \$25,000☐ \$2,501 – \$5,000 ☐ \$25,001 – \$50,000☐ \$5,001 – \$10,000 ☐ over \$50,000Specify Time Period of Project

From: ____/____/____ (e.g. 06/01/2010) **To:** ____/____/____ (e.g. 12/01/2010)
MM DD YYYY MM DD YYYY

Project Category

Indicate the category for which you are seeking CMP funding:

Direct Improvement to Quality of Care

Culture Change/Quality of Life

Training

Resident or Family Council

Consumer Information

Resident Transition Preparation

Other: Please specify

QUESTIONS TO ANSWER BEFORE SUBMISSION OF THIS REQUEST

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

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does my project have a central focus and coherent direction, with good synergy and integration among components? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does my project clearly state the benefits to residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have sufficient preliminary data to support my project? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is my project plan well developed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the project has sufficient details, and focused approaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did I address problems that may be encountered, propose alternative approaches, and describe contingency plans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the project planning committee consider the potential difficulties and limitations of the proposed approaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I explained the significance of the overall program goals? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I listed all of the sites where my work will take place and listed which facilities are completing which parts of the project? Have I fully coordinated among them? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I made provisions for data management and coordination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I labeled all materials clearly so reviewers can easily find information? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did I put all items in the correct section? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have bio-sketches for all personnel in the application? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does each bio-sketch include all required sections such as positions and honors, selected peer reviewed publications or manuscripts in press, and research support? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I explained how my corporation can give me the support that I need to do the project? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there sufficient expertise for the work proposed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are benchmarks and deliverables clearly stated? |

Name of Responsible Applicant and Title

Signature of Responsible Applicant

____ / ____ / _____ (e.g. 12/01/2010)

MM DD YYYY