



*DELAWARE HEALTH AND SOCIAL SERVICES*

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Division of Health Care Quality

Instructions to  
Request Approval for Use of

# CIVIL MONEY PENALTY FUNDS

FOR CERTIFIED NURSING HOMES

FROM THE

# LONG TERM CARE RESIDENTS'

# TRUST FUND

# DELAWARE

JUNE 2015

## INTRODUCTION

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.

CMP funds shall not be used for non-nursing home residents. An individual discharged from a nursing home is no longer a nursing home resident and CMP funds are not available for that individual except for the relocation or transport of such a person to another setting.

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](http://www.cms.hhs.gov).

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.

It is hoped that this CMP funds request process will promote consistency, transparency and best practices.

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 from which CMP requests originate shall submit the request to the Division of Long Term Care Residents Protection (DHCQ) for an initial review and recommendation.
- All CMP requests shall be submitted electronically and sent to the DHCQ utilizing the Application Form.
- Requests will not be accepted via facsimile.
- Requests shall include a cover letter addressed to the DHCQ Licensing Unit Manager. 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.
- Requests shall include an Excel spreadsheet with the budget expenses for 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.
- The font for all CMP requests is Times New Roman, 12 point, and shall include the entity name and page numbers on all documents. Documents from outside sources (i.e. letters of support) do not have to conform to the font requirements.
- Requests should be limited to no more than 20 pages, including appendices 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.

- DHCQ 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 DHCQ may request additional information.
- Applicants may contact the DHCQ with questions regarding their CMP request.

## COMPLETING SPECIFIC SECTIONS OF THE CMP REQUEST FORM

Part I Background Information

Fill in all applicable information. Do not leave any area blank. If the section does not apply, insert N/A.

Part I For use by certified nursing facilities applying for grant funding. All other entities, insert N/A for all information requested.

Part III Check the type of project for which funding is requested.

Part IV Specify amount of funding requested.

Part V Specify beginning and ending dates of project.

Attachments A through G - Beginning on page 5 of the request, through page 20 (maximum length), provide information for the items given below. Attachments A through F are required. Attachment G (Appendices) is to be included as needed.

A **Expected Outcomes (Project Abstract, Statement of Need; Program Description).** Provide an abstract summary of the project that is no longer than one page. Include the requester's background and qualifications, the need for the project, a brief description of the project and its goals and objectives. 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.

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.

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 in the appendices.

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.

B **Results Measurement.** Include a description of the methods by which the

results of the project will be assessed (including specific measures). Quarterly reports regarding the progress of the project shall be submitted to CMS and the DHCQ. Multi-year projects shall include a provision for submission of annual year-end progress reports and updates from the project leader to CMS and DHCQ. 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.

- C **Benefits to Nursing Home Residents.** Include a detailed description of the manner in which the project will directly benefit and enhance the well-being of nursing home residents.
- D **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.
- E **Involved Organization(s).** 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 DHCQ.
- F **Budget and Narrative.** Include an Excel spreadsheet with the budget expenses for 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. (**NOTE.** There are federal restrictions about funding meals/food with CMP funds. Contact DHCQ at (302) 577-6661 before including funds for food/meals in the budget.)
- G **Appendices.** Include any supporting documentation (i.e. letters of support, conflicts of interest, brochures, efficacy studies, peer-reviewed literature) as appendices to the request.

## POST DHCQ REVIEW

- Following DHCQ review, the CMP request form shall be forwarded by the DHCQ to the CMS Regional Office (RO) for a decision. **Only CMP request forms reviewed by the DHCQ will be reviewed by the CMS RO.**
- CMP requests are reviewed by the CMS RO in the order of receipt.
- The CMS RO may approve the CMP request, deny the CMP request or request additional information.
- CMP request forms that are denied by the CMS RO are not subject to an appeal.
- CMP requests approved by the CMS RO will be forwarded to the CMS Central Office (CO) for approval.
- CMP requests are reviewed by the CMS CO in the order of receipt.
- The CMS CO may approve the CMP request, deny the CMP request or request additional information.
- CMP request forms that are denied by the CMS CO are not subject to an appeal.
- Feedback to the DHCQ on the status of the CMP request form submitted to CMS shall normally be provided within 6 – 8 weeks of submission.
- The CMS CO 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 DHCQ and the CMS RO. Multi-year projects shall include a provision for submission of annual year-end progress reports and updates from the project leader to the CMS RO and DHCQ.
- A follow-up report at the conclusion of the project/proposal shall be submitted within five (5) calendar days to the DHCQ and the CMS RO.
- A second report monitoring the success of the project is to be submitted to the DHCQ and the CMS RO within six months of the project conclusion.

## PROHIBITED USES

- Conflict of Interest - CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict of interest exists.
- 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 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.



## TIPS FOR PREPARING THE CMP REQUEST FORM

- 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 proofread 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 request.
- Assemble and paginate the request, including any appendices, as one pdf document, and use approved Times New Roman, 12 point font. Documents from outside sources (i.e. letters of support) do not have to conform to the font requirements.
- Complete all sections of the request as instructed. Incomplete applications will be denied.
- Plan ahead and allow sufficient time for DHCQ and CMS review and approval of the request.

## QUESTIONS TO ANSWER BEFORE SUBMISSION OF THIS REQUEST

**NOTE:** Candidates should be able to confidently answer “yes” to each question below. This page is for requestor use only and should not be submitted to the DHCQ.

- | 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 have 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 biosketches for all personnel in the application?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does each biosketch 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?  |

**INTERNAL REVIEW PROCESS**

NOTE: This section of the application is completed by the DHCQ.

Date Request Received: \_\_\_\_\_  
MM/DD/YYYY

Date DHCQ completed Review: \_\_\_\_\_  
MM/DD/YYYY

Date Request Forwarded to the CMS RO: \_\_\_\_\_  
MM/DD/YYYY

The content of this request has been reviewed by:

State Agency Reviewer #1: \_\_\_\_\_

State Agency Reviewer #1 E-mail address: \_\_\_\_\_

State Agency Reviewer #2: \_\_\_\_\_

State Agency Reviewer #2 E-mail address: \_\_\_\_\_

NOTE: The State Agency will be responsible for providing timely notification to the applicant that the request has been received, and acted upon. As the first line reviewer, the DHCQ recommends:

- Meets criteria                       Does not meet criteria

Comments (Include the rationale for your recommendation

\_\_\_\_\_  
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\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YYYY

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_