

State of New Jersey Department of Health  
Division of Health Facility Survey & Field Operations (HFSFO)

**Application for Use of Civil Money Penalty Funds**

This application is to request funding for projects to benefit Nursing Home Residents using Civil Money Penalties collected by The Centers for Medicare and Medicaid Services. **YOU MUST USE ADOBE READER TO FILL OUT AND SUBMIT THIS FORM.**

**Date of Application:**

Applicants shall submit this application (limited to 20 pages total) to the State of NJ Department of Health

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Instructions on how to download pdf files can be found here:  
<http://www.nj.gov/health/forms/oas-f2.pdf>

1.

- a. Applicant Type (individual or company/organization)?
- b. Applicant Entity (if applicable):
- c. Applicant / Entity Contact:

(first)

(last)

**2. Provide the contact information for the applicant:**

- a. Address:
- b. City:
- c. County:
- d. State or Territory:
- e. Telephone Number:
- f. Email:
- g. Is any outstanding Civil Money Penalty (CMP) due?
- h. Is the Nursing Home in bankruptcy or receivership?

Yes No

Yes No

**3. Background of applicant (organization's/individual's history, capabilities, website, etc.):**

**4. Have other funding sources been applied for and/or granted for this proposal or project?**

**Yes      No**

**If yes, please explain and identify sources and amount.**

**5. Are you a certified nursing home?      Yes      No**

**If yes, please complete the following information.**

**a. CMS Certification Number:      or Not Applicable**

**b. Medicaid Provider Number:      or Not Applicable**

**c. Name of Management Company:**

**d. Chain Affiliation- Name and Address of Parent Organization:**

**e Is any outstanding Civil Money Penalty (CMP) due?      Yes      No**

**f. Is the nursing home in bankruptcy/receivership?      Yes      No**

*The project sponsor is accountable for all CMP funds. If ownership changes during the course of the project, the project leader shall notify CMS and the SA within five calendar days to disclose the new owner and how the project will be completed. The project sponsor shall send a letter regarding the change in ownership and its impact on the CMP project to the CMS RO and the SA.*

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## Project Details

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**6. Project Title:**

**7. Describe the problem or gap this project addresses:**

**8. List and describe all project goals and objectives. Note: CMP funds shall be used only for activities that benefit or protect nursing home residents.**

**9. Implementation steps and time line. Please ATTACH (use green button to right) an Excel Spreadsheet with one column for each month and one row for each implementation step. Indicate which project member does each step and how many months each step is expected to take to complete.**

**10. Describe how this project will:**

**a. Directly and measurably benefit nursing home residents**

**b. Sustain itself after the project ends**

**11. List all physical items / deliverables produced (e.g., electronics, training materials, curricula)**

**12. List how the project's performance will be monitored or evaluated. Include specific metrics, which shall be submitted at the completion of the project and/or periodically as required by the SA.**

*Example: A project funds technical assistance, training, and consultation to nursing homes for one year. Outcome metrics would include: At the end of the year, the project conducted 12 in-person trainings with 1,455 attendees. A satisfaction questionnaire found that 70% of attendees were satisfied with the trainings, 15% were unsure 15% were dissatisfied. Nursing homes that sent at least one staff member to the training saw improvements in influenza immunizations by 3 percent and pneumococcal immunizations by 10 percent.*



**13. Are there potential risks or barriers associated with implementing this project, and if so, what is your plan to address these concerns?**

**14. If applicable, list any other entities (e.g., individuals, organizations, associations, facilities, etc.) that will partner with the applicant on this project, whether or not the entity will be receiving funding (and how much funding), and what specific deliverables the entity is responsible for completing.**

15. Specify the amount requested for the entire project. Please ATTACH an Excel spreadsheet with a column for each year of the project and line items with costs of these items. Costs should be as detailed as possible. For example, travel should include the purpose, location, mileage rate, flight, and hotel costs. Personnel should include an hourly rate. Include any non-CMP funds received.

- a. Amount Requested Year 1: \_\_\_\_\_
- b. Amount Requested Year 2: \_\_\_\_\_
- c. Amount Requested Year 3: \_\_\_\_\_
- d. Total Amount Requested: \_\_\_\_\_
- e. Total non-CMP funds received for this project \_\_\_\_\_

16. Please specify the time period of the project

- a. Number of Months: \_\_\_\_\_
- b. Specific Dates Proposed for Project: \_\_\_\_\_ to \_\_\_\_\_

17. Please indicate a category for this project.

- ☐ a. **Culture Change** (*The National Movement for the Transformation of Older Adult Services based on person-directed values and practices when the voices of elders and those working with them are considered and respected.*)
- ☐ b. **Resident or Family Council**
- ☐ c. **Direct Improvements to Quality of Care**
- ☐ d. **Consumer Information** (*e.g., Information that is directly useful to nursing home residents and their representatives to become knowledgeable about their rights, nursing home care processes, and other information useful to a resident*)
- ☐ e. **Transition Preparation for a Nursing Home Resident**
- ☐ f. **Training**
- ☐ g. **Other, please specify:** \_\_\_\_\_

## **Project and Applicant Requirements**

### **Projects cannot:**

- Exceed three years;
- Include funds for capital improvements to a nursing home or to build a nursing home (e.g., replacing a boiler, redesign of a nursing home);
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, laundry services, linen, food);
- Include funds for temporary manager salaries; or
- Include supplementary funding of federally required services. For example, 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.

### **Applicants must:**

- Be qualified and capable of carrying out the project;
- Not have a conflict of interest with the entity(ies) that will benefit from the project;
- Not be paid by a State or federal source to perform the same function as the CMP project (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 project;
- Not charge any individual, facility or other entity for any services, products, or training that was funded by CMP funds.

### **Attestation Statement**

CMP funds are for 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 CMP funds solely for certified nursing homes and for the proposed project is prohibited by federal law. Failure to use 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. By signing below, you are confirming that everything stated in this application is truthful and that you are aware of the allowed uses of CMP funds.

**Name of the Responsible Applicant:**

**Signature of the Responsible Applicant:**

**Date of Signature:**

## **Appendix A**

**SAs or CMS ROs may request additional information from applicants based on the size, scope, duration, or amount of funding requested for a project. Below are suggested questions for SAs or ROs to consider:**

- **Provide a resume for the primary contacts of the proposal.**
- **Describe how the outcomes of the project will be sustained after CMP funding ends.**
- **If applicable, describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in development and implementation.**
- **If applicable, provide information and metrics on the project's previous performance and outcomes.**