

New Jersey Department of Health

INFORMATION ON CIVIL MONEY PENALTY (CMP) FUNDING REQUESTS

Welcome!

In accordance with Survey and Certification Transmittal 12-13-NH dated December 16, 2011, States must obtain approval from the Centers for Medicare and Medicaid Services (CMS) for the use of federally imposed Civil Money Penalty (CMP) funds. A copy of this transmittal is available on the CMS website at 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.

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.



INSTRUCTIONS

Application Process

Entities from which CMP requests originate shall submit the request to the New Jersey Department of Health, the State Agency responsible for initial review and recommendation.

- All CMP requests shall be submitted electronically and sent to the applicable State Agency (SA) utilizing the New Jersey Department of Health Civil Money Penalty (CMP) Funding Request form.
- Requests will not be accepted via facsimile.
- Requests shall include a cover letter addressed to:
 - Joanne Maxwell (joanne.maxwell@doh.state.nj.us),
Program Manager, Health Facility Survey and Field Operations;
 - Jeanette Bergeron (jeanette.bergeron@doh.state.nj.us),
Fiscal Manager; and
 - cc: Stefanie Mozgai (stefanie.mozgai@doh.state.nj.us),
Director, Health Facility Survey and Field Operations.
- Participants in the projects shall be federally certified nursing homes only, although any entity may propose/manage the project.
- The font for all CMP requests is Arial, twelve point, and shall include the entity name and page numbers on all documents.
- Requests should be limited to no more than twenty (20) pages, including appendices and the actual CMP request form.

When CMP funds are requested for educational purposes, include the following as applicable: anticipated maximum number of attendees; target audience; accrediting authorities; timeline for implementation evaluation tool/method and plan for sustainability.

State Agency reviewers shall first assess the merit of each project and the ability of the project to benefit residents in certified long term care facilities. Applicants may contact the applicable state survey agency with questions regarding their CMP request.

Following State Agency review, the CMP request form shall be forwarded to the CMS Region II Office.

- CMS may approve the CMP request, deny the CMP request or request additional information.
- CMP request forms that are denied are not subject to appeal.
- 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 deliverables as outlined in timeline or project on a quarterly basis at a minimum. The deliverables will report on the status of the project to the State Agency.

Prohibited Uses

Please be mindful that 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.
- States may not use CMP funds to pay entities to perform functions for which they are already paid by State or Federal sources, such as salary for staff or management.
- 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.
- CMP funds may not be used to pay 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.

New Jersey Department of Health
REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES

Date of Application (MM/DD/YYYY): / /

Part I: Background Information

Name of Organization: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

County: _____

Tax Identification Number: _____

CMS Certification Number (if applicable): -

Medicaid Provider Number (if applicable): -

Name of Project Leader: _____

Address: _____

City, State, Zip Code: _____

County: _____

Internet Email 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. Include estimates of in-kind support or donations.

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

Part II: Applicable to Certified Nursing Home Applicants

Name of Facility: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip Code: _____

County: _____

Telephone Number: _____ - _____ - _____

CMS Certification Number: _____ - _____

Medicaid Provider Number: _____ - _____

Date of Last Recertification Survey (MM/DD/YYYY): _____ / _____ / _____

Highest Scope and Severity Determination (A-L): _____

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

Yes No

Previously designated as a Special Focus Facility?

Yes No

Participating in a Systems Improvement Agreement?

Yes No

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

Name of Administrator: _____

Owner of the Nursing Home: _____

CEO Telephone Number: _____ - _____ - _____

CEO Email Address: _____

Name of Management Company: _____

Chain Affiliation (*specify*): _____

Name and Address of Parent Organization:

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

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which 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 State Agency within five 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.

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

Part III: Proposed Period of Support

From (MM/DD/YYYY): _____ / / _____ To (MM/DD/YYYY): _____ / / _____
(e.g., 01/01/2014)

Or Number of Months (if a rolling start date): _____

Part IV: Purpose and Summary

PROJECT TITLE

Include a cover letter to the State Agency Director with the application. 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.

Part V: Expected Outcomes

PROJECT ABSTRACT

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.

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.

REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES (CONTINUED)

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.

Part VI: 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 the NJDOH. 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 NJDOH.

Part VII: Benefits to Nursing Home Residents

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

Part VIII: 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.

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

Part IX: Funding

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 the State or other entity expects to be contributed to the project.

Part X: Involved Organizations

List a contact name, address, Internet email address, CMS Certification number for any nursing homes that participate 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.

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 constructed 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.

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

QUESTIONS TO ANSWER BEFORE SUBMISSION OF THIS REQUEST:

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

- Yes No Does my project clearly state the benefits to residents?
- Yes No Is there a clear timeline with associated milestones to indicate progress toward implementation and evaluation?
- Yes No Is there a clear budget that coordinates with the timeline and milestones/deliverables and explains purpose of/justifies each cost?
- Yes No Does my project include CVs for personnel?
- Yes No Have I discussed potential problems and alternatives?
- Yes No Have I included specific measures to evaluate the success of the project?

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

REVIEW

INTERNAL REVIEW PROCESS:

NOTE: This section of the application is completed by the State Survey Agency.

Date Request Received (MM/DD/YYYY): _____ / ____ / ____

Date State Agency Reviewed (MM/DD/YYYY): _____ / ____ / ____

State Agency Reviewer #1: _____

State Agency Reviewer #1 Email Address: _____

State Agency Reviewer #2: _____

State Agency Reviewer #2 Email Address: _____

This project: Meets criteria Does not meet criteria.

Explain below:

**REQUEST FOR FUNDING FROM CIVIL MONETARY PENALTIES
(CONTINUED)**

REVIEW

Date Forwarded to CMS (MM/DD/YYYY): _____ / / _____

Date Approved or Denied by CMS (MM/DD/YYYY): _____ / / _____
(Attach email or letter)

Start Date of Project (MM/DD/YYYY): _____ / / _____