



2018

**Colorado Nursing Home
Innovations Board
Grant Application Request**

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Introduction and Instructions

CMS Advisory and Guidelines

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 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 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.

Applicants shall submit this application request to the applicable State agency (SA). State agencies shall make an initial determination on the ability of the project to benefit or protect nursing home residents. State agencies will then forward the application to the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO) for review and approval. CMS will respond to the SA within 45 days with approval, denial, or request for further information. After a determination by the SA and CMS RO, the applicant will be notified of the funding determination. Applicants may contact the applicable SA with questions regarding their CMP request. Periodic reports may be required by each SA, and the outcome of the project, including the metrics outlined in this application, must be reported at the completion of the project period. In order to maintain compliance with 42 CFR 488.433, at a minimum, States will make information about the use of CMP funds publicly available, including the dollar amount, recipients, and results of the project.

APPLICATION PROCESS

- Entities from which CMP requests originate shall submit the Colorado Nursing Home Innovations Grant Board Application Request to the Nursing Home Innovations Grant Board (the Board) for initial review and recommendation.
- The Board reviewers will assess the merit of each project and the ability of the project to improve resident outcomes and advance the care and services provided in nursing homes.
- Following the Board's review, the CMP requests approved and recommended for funding will be forwarded to Health Care Policy and Financing (HCPF) and the Colorado Department of Public Health and Environment (CDPHE) for approval, before being sent to the CMS Regional Office (RO) for approval. All Board, HCPF and CDPHE approved CMP requests will be sent to CMS in one group.
- 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.
- CMS will respond within 45 days with approval, denial or request for further information. After a determination by HCPF, CDPHE and CMS RO, the applicant will be notified of the funding determination.
- CMS RO has final authority to approve requests. HCPF has a statutory obligation to ensure that the PO issued through this process meets relevant state procurement requirements.
- CMP request forms that are denied are not subject to an appeal.
- If a request is approved, the organization or the entity from which the request originated is required to submit a monthly report on the status of the project to the Board. The progress of the project, including the metrics outlined in this application, must be reported at the completion of the project period.
- CMP request forms may be accepted from dually certified providers (SNF/NF) and nursing facilities (NF) and other organizations.
- Training materials, data, software, brochures and any tangible work products produced using CMP grant funds may be deemed intellectual property of the State of Colorado. All work products described herein shall be provided to the State in electronic format for public posting.

NOTE: The organization or entity will still be required to receive an approved Purchase Order (PO) before work can begin and funds are released. You will not receive funding for any work done prior to receiving the PO.

PROHIBITED USE

- Conflict of Interest – CMS, the Board, HCPF and CDPHE 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 build a nursing home or pay for capital improvements to a nursing home (such as, but not limited to: room additions; concrete walks; walls; fencing; replacing a boiler; and redesign of a nursing home).
- CMP funds may not be used to pay for nursing home services or supplies that the nursing home is obligated to provide (such as, but not limited to: laundry, linen, food, heat, staffing costs).
- CMP funds may not be used to recruit or provide Long Term Care Ombudsman certification training for staff or volunteers, or to investigate and work to resolve complaints.

The Board cannot recommend approval of the expenditure of CMP funds for the following:

- Rewards or enticements (such as gift certificates) for attending educational or informational classes or seminars.
- Travel money and housing costs for attendees at educational or informational classes or seminars.

Projects cannot:

- Exceed three years;
- Include funds for temporary manager salaries; or
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home;
- Include supplementary funding of federally required services.

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 or entities who will benefit from the intended project(s) or uses(s);
- Not be paid by a State or federal source to perform the same function as the CMP project(s) or use(s). For example, 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); and
- Not charge any individual, facility or other entity for any services, products or training that was funded by CMP funds.

INSTRUCTIONS

- Complete all sections of the CMP grant application request. Incomplete or incorrect forms will not be accepted.
- Applications must be received by 5:00 pm on or before April 15, 2018. Applications received after the closing time and date will not be accepted.
- All organizations or entities must include their Tax Identification Number (TIN).
- Nursing homes certified to participate in the Medicare program; or nursing homes certified to participate in the Medicaid program; or those dually certified must include the Certification Number (CNN) in the request.
- When CMP funds are used for educational purposes, the organization involved must also include the following: anticipated number of attendees; target audience; accrediting authorities; timeline for implementation; plan for sustainability; and letters of support.
- Download and complete the request. Assemble and submit the request as one PDF document.
- Use Tahoma, Twelve (12) point font, including appendices and the actual CMP request form.
- Include the entity name in the designated space at the top of each page.
- Limit request to no more than 20 pages. Number all pages.

**Email the completed application along with all required documents to
cdphe_nhib_grants@state.co.us**

All CMP requests shall be submitted electronically and sent to the Board utilizing the CMP Grant Application Request Form.

Requests will not be accepted via facsimile.

NOTE: The organization or entity will still be required to receive an approved Purchase Order (PO) before work can begin and funds are released. You will not receive funding for any work done prior to receiving the PO.

Fillable PDF Instructions

- **Do not complete the application online within your web browser using a built-in PDF viewer.** The form has to be opened and filled out with Adobe Reader or Acrobat Pro to enable saving of the form fields. Free versions of Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- **Before starting the application, save the application form to your computer in PDF format.** The Save button will open a Save As dialog box, which will allow you to save the application to a desired location on your computer. Save as type must be set to Adobe Acrobat Document (*.pdf).
- **Once you have saved the application to your computer, you are ready to complete the form.** Please be advised that the fillable PDF forms will not automatically save. It is strongly recommended that you periodically save data entered into a form by using the Save button on the form, or by clicking File > Save (or Save As) on the Adobe Reader menu bar.
- **Once you have completed the application, save a final version of the file to your computer.**
- **After you have completed the form and saved a final version of the file to your computer, you can then email the PDF file as an attachment.**

TIPS FOR PREPARING THE INNOVATION GRANT FORM

- **Make sure that all sections of the CMP request are complete.** If the section does not apply, write N/A. If any required information is missing, explain why.
- **Each section of the application has detailed instructions.** The instructions explain what information is being requested and if there are additional documents that need to be included for that section (such as, but not limited to: spreadsheets, letters of recommendation, timelines). Note - Not all sections of the application require additional documents.
- **Provide accurate information.** Make sure the information provided in any table, chart, attachment or other document is consistent with the purpose and summary in other tables.
- **Ensure your request description is as clear to the reviewer as possible.**
- **Be brief, organized and logical.** Write as though you are addressing a colleague knowledgeable in the general area but does not know the details of the project.
- **Limit the use of abbreviations and acronyms.** Define each one the first time it is used and periodically throughout the request. Using abbreviations, acronyms and industry specific language makes it more difficult for the reviewer.
- **Carefully proofread the request.** Misspellings and grammatical errors will make it harder for the reviewer to understand the CMP request.
- **Make sure that your request is 20 pages or less including the grant application request.** The grant application request is 13 pages (numbered 1-13). The request will allow 1 full page of text in sections V - VIII. The required Excel spreadsheet counts as 1 page. This allows 6 pages for attachments such as documents, letters or spreadsheets.
- **Use approved Tahoma, 12 point font for any appendices.**
Note: The grant application is set to Tahoma, 12 pt. font.
- **Make sure pages are numbered, including appendices.**
- **Download the request as a PDF and type directly into the document.**
- **Plan ahead and allow sufficient time for the Board and CMS review, approval of the request and for the issuance of the Purchase Order (PO) prior to beginning work.**
The organization or entity is required to receive an approved Purchase Order (PO) before work can begin and funds are released. You will not receive funding for any work done prior to receiving the PO.

**Applicants may contact the Board members with questions regarding their CMP request.
Send all inquiries to cdphe_nhib_grants@state.co.us.**

2018
Colorado Nursing Home
Innovations Board

Grant Application Request

Applicant Name

PART I:

REQUEST

Date of Application:

MM / DD / YYYY

Background Information

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:

E-mail Address:

Telephone Number:

Cell Number:

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

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

If yes, please explain/identify reason for sources and amount.

BACKGROUND INFORMATION CONTINUED

Date of Last Recertification/Licensing Survey: _____
MM / DD / YYYY

Highest Scope and Severity Determination: (A-L)

Date of Last Complaint Survey: _____
MM / DD / YYYY

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

Participating in a Systems Improvement Agreement? Y N

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:

Outstanding Civil Money Penalty: Y N

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? Y N

If an organization is represented by various partners and stakeholders, list below.

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 the Board 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 the Board.

PART II:

PROJECT CATEGORY

Please place an X by the project category for which you are seeking CMP funding.

Culture Change (e.g., "Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected.)

Resident or Family Councils

Person-Centered Care/Quality of Life

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)

Training

Other: Please specify

PART III:

FUNDING CATEGORY

Amount Requested: \$

Please specify the amount and place an X by the funding category.

\$2,500 or less

\$10,001 - \$25,000

\$2,501 - \$5,000

\$25,001 - \$50,000

\$5,001 - \$10,000

Over \$50,000

PART IV:

PROPOSED PERIOD OF SUPPORT

From:

MM / DD / YYYY

To:

MM / DD / YYYY

PART V:

PURPOSE AND SUMMARY

PROJECT TITLE

Introduce your organization, *explain* the purpose of the project and *include* a summary of your proposal. *Include* the amount of funding that you are requesting, the population it will serve, and the need it will help address. Make a concerted effort to bring your project to life and actively engage the reader.

PART VI:

EXPECTED OUTCOMES

PROJECT EVALUATION

Include a description of the methods by which the project's performance will be monitored or evaluated to include specific metrics. Staff attending training shall outline how knowledge learned will be shared among other long term care employees and ultimately how the information will improve resident outcomes. Monthly reports regarding the progress of the project shall be submitted to the Board. Multi-year projects shall provide a provision for submission of interim progress reports and updates from the project leader to the Board. Upon grant completion or as frequently as required by the State or territorial agency, a summary of the results will be presented to the Board. *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.

Example: A project may include funding for technical assistance, training, and consultation to nursing homes over a one- year period. Example outcome metrics include the following: At the end of the one-year period, the applicant organization had conducted 12 in-person trainings with 1,455 attendees. A satisfaction questionnaire found that 70% of attendees were very satisfied with the trainings they received, 15% were satisfied, 3% were unsure, 10% were dissatisfied, and 2% were very dissatisfied. Nursing homes who sent at least one staff member to the training saw an improvement in influenza immunization rates by 3 percent and pneumococcal immunizations rates by 10 percent.

PROJECT EVALUATION Continued

STATEMENT OF NEED

The *statement of need* should *describe* the problem or present state vs. envisioned state. Also, *describe* any potential risks or barriers associated with implementing this project. *Explain* how you plan to address these issues.

PROGRAM IMPLEMENTATION

*Describe the project or program and provide information on how it will be implemented. List any physical items that will be deliverables as a result of funding this project such as, but not limited to electronics, training materials and curricula. A *timeline* shall accompany all proposals which outlines benchmarks, deliverables and dates. *Attach* supplemental materials such as brochures, efficacy studies and peer-reviewed literature. Keep in mind that CMP funds shall only be used for activities that benefit or protect nursing home residents.*

PART VII:

FUNDING

Complete the project deliverables Excel worksheet.

PART VIII:

INVOLVED ORGANIZATIONS

Related parties - Cost applicable to services, facilities and supplies furnished by organizations related to the applicant by common ownership or control shall not exceed the cost to the related organizations or open market price whichever is less.

Example: NH X is related to Dual Medical Equipment Company and the cost of the goods and services reflected in the application must be the actual cost, not the cost of mark up.

List contact names, addresses, e-mail addresses and telephone numbers 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 Board.

INVOLVED ORGANIZATIONS Continued

CONFLICT OF INTEREST PROHIBITION STATEMENT

The Board, CMS, HCPF and CDPHE will not approve projects for which a conflict of interest or the appearance of a conflict of interest exists. Similarly, projects greater than three years will not generally be approved. By obliging the Board to fund a long and large multi-year expense such projects will rise to the appearance of a conflict of interest. Each project will, however, be considered in light of the specifics of each individual case.

Signature:

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.

Signature:

QUESTIONS TO ANSWER BEFORE SUBMISSION OF THIS REQUEST:

NOTE: Candidates should be able to confidently answer "yes" to each question below:

Yes No

1. Does my project have a central focus and coherent direction, with good synergy and integration among components?
2. Does my project clearly state the benefits to residents?
3. Do I have sufficient preliminary data to support my project?
4. Is my project plan well developed?
5. Does the project have sufficient details and focused approaches?
6. Did I address problems that may be encountered, propose alternative approaches and describe contingency plans?
7. Have I explained the significance of the overall program goals?
8. Have I listed all of the sites where my work will take place and listed which facilities are completing which parts of the project?
9. Have I fully coordinated among them?
10. Have I made provisions for data management and coordination?
11. Have I labeled all materials clearly so reviewers can easily find information?
12. Did I put all items in the correct section?
13. Have I explained how my corporation can give me the support that I need to do the project?
14. Is there sufficient expertise for the work proposed?
15. Are benchmarks and time phased deliverables clearly stated?
16. Are there clear and measurable processes in place for evaluation?
17. Did I include completed deliverables and requested funds for each?
18. Am I able to fund this project prior to completion and reimbursement for that deliverable?

LEVEL 1 – INTERNAL REVIEW PROCESS

NOTE: THIS SECTION OF THE APPLICATION IS COMPLETED BY THE NURSING HOME
INNOVATIONS GRANT BOARD

THE CONTENT OF THIS REQUEST HAS BEEN REVIEWED:

Date Request Received:

Assigned Board Reviewer:

Date Reviewed by Board:

Discussion:

Meets Criteria: Y N

Comments:

Signature:

Date:

LEVEL II – CMS REVIEW AND APPROVAL

NOTE: THIS SECTION IS COMPLETED BY THE CMS DENVER REGIONAL OFFICE

THE CONTENT OF THIS REQUEST HAS BEEN REVIEWED BY:

CMS REGIONAL OFFICE REVIEWER #1

CMS REGIONAL OFFICE REVIEWER #2

CMP TRACKING NUMBER: - 08 - -
 YYYY State MMDD

CMS Recommends:

Approval

Denial

Request for more information; see comments below

Date of e-mail to Board:

Application

Comments:

Applicant Name

CMS REVIEW:

SIGNATURE(S):

DATE:

DISPOSITION:

Organization notified of application results:

Date:

Signature of Board Member: