Civil Money Penalty (CMP) Reinvestment Application Template

Coronavirus Disease 2019 (COVID-19)

In-Person Visitation Aids Request

Instructions

The Centers for Medicare & Medicaid Services (CMS) has issued guidance for Nursing Home Visitation – COVID-19.[1] By following a person-centered approach and adhering to the core principles of COVID-19 infection prevention, visitation can occur safely based on this guidance. Recognizing that considerations allowing for visitation in each phase of re-opening may be difficult for residents and their families, CMS has developed this application template for requests for the use of Civil Money Penalty (CMP) Reinvestment funds to provide nursing homes with in-person visitation aids.

Funding for tents and plexiglass (or similar product), **are limited to a maximum of $3,000 per facility.** Note, when installing tents, facilities must ensure appropriate Life Safety Code (LSC) requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

Applicants shall submit this CMP Reinvestment Application to the applicable state agency (SA). The SA shall make a determination on the potential of the project to benefit nursing home residents and improve their quality of care and quality of life. The applicant will be notified by the SA about a funding decision, and applicants may contact the applicable SA with questions about their CMP Reinvestment Application.

NOTE: This template can only be used for in-person visitation aids for nursing homes.

Examples of allowable uses of CMP Funds for in-person visitation aids:

- Tents including installation (purchase and/or rental)
- Clear dividers (e.g., plexiglass or similar product) including installation

Prohibited expenses include but are not limited to:

- Outdoor furniture (chairs, tables, etc.)
- Portable heating units
- Fans
- Ventilation systems
- Lighting system
- Personal Protective Equipment (PPE)
- Portable fire extinguishers of approved types
- Disinfectant and Cleaning Supplies (Disinfectant wipes, hand sanitizer, etc.)
- No-Smoking signage
- Administrative fees
- Indirect Cost. For example: federally determined indirect (facilities and administrative-F&A) costs such as staff fringe benefits or facility maintenance.
- Travel expenses

[1] https://www.cms.gov/files/document/qso-20-39-nh.pdf

- Infrared temperature scanners
- COVID-19 testing and testing equipment

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1. **Project and Applicant Requirements to use the In-Person Visitation Aids Application Template.**

Projects must:

- Directly address the need to facilitate in-person visits for residents.
- Fall within the following parameters for use of funds:
    - Funds must only be used to purchase the types of visitation aids described above.
    - Tent size must allow for social distancing to be observed.
    - Maximum allowance of $3,000 per facility.
- Ensure appropriate LSC requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.
- Ensure core principles of infection prevention and control practices. Surfaces must be cleaned and disinfected between resident use. Review the EPA's List N: Disinfectants for Use Against SARS-CoV-2 to determine if the disinfectant identified in the manufacturer's instructions meet EPA's criteria.
- Work with state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC (e.g., limiting the number of individuals visiting with any one resident).

To be considered for funding, each application must include the following information:

- Name(s) of facility(ies) to receive equipment (and CMS Certification Numbers (CCNs)).
- Number of certified facility beds.
- Type(s) of equipment (brand and model).
- Cost per equipment item.
- Total number of items (equipment) requested.
- Total funds requested.

2. **Eligibility Guidelines –** confirm this project meets criteria outlined in Section 1.

☐ Yes ☐ No

3. **Applicant Contact and Background Information**

Contact:	
Name:	
Phone:	

Email:	
Address:	
State:	

4. Total CMP Fund Request Amount 0

Note: this amount should match the total cost of the items in section 5 below, in addition to items in the addendum (section 7).

5. Budget

Applicants must provide a line-item budget for all items, broken down per facility, for which CMP funding is requested. All items must directly relate to in-person visitation aids.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Visitation Aids (e.g. tents, clear dividers)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
						0
						0
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						0
TOTAL PROJECT COST:						0

If the project includes more items than will fit in the table above or the addendum section below, please provide a complete record in an Appendix.

6. 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. **Applicants cannot use the standard CMP application process to supplement their visitation aid request to obtain additional in-person visitation aids in excess of the $3,000 maximum limit.** By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of the Applicant (print):

Date of Signature:

Signature of the Applicant:

7. Optional Addendum to Application Template Budget

Applicants must provide a line-item budget for all items, broken down per facility, for which CMP funding is requested. All items must directly relate to virtual communication by residents.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Visitation Aids (e.g. tents, clear dividers)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
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TOTAL PROJECT COST						0