pennsylvania DEPARTMENT OF HEALTH | pennsylvania DEPARTMENT OF HUMAN SERVICES OFFICE OF LONG TERM LIVING | PDA pennsylvania DEPARTMENT OF AGING

Pennsylvania's Long-Term Care Grant Program
Application for CMP

Background Information	
Organization/Facility name:	
Address line 1:	
Address line 2:	
City, State, Zip code:	
Tax identification number:	
Long-Term Care Grant project manager name:	
Long-Term Care Grant project manager title:	
Email address:	
Phone:	
Website:	
Have other funding sources been applied for/and or granted for this proposal?	☐ Yes ☐ No
If yes, please explain and identify sources and amount	Source: Amount:
Date of Request:	
Amount of Request:	

Certified Nursing Facility benefitting from the use of CMP Funds **(attach additional sheets as necessary)**			
Administrator name:			
Phone number:			
CMS certification number:			
MA Provider ID Number:			
Date of last recertification survey:			
Highest scope and severity (A-L):			
Is the facility currently enrolled as a Special Focus Facility?		☐ Yes	☐ No
Do you owe money to any Commonwealth entity?		☐ Yes	☐ No
Does the facility have an outstanding Civil Money Penalty?		☐ Yes	☐ No
Is the facility in bankruptcy or receivership?		☐ Yes	☐ No
Number of licensed beds:			
Facility license status?	☐ Regular	☐ Provisional, if yes	Level_____

Project Title:

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NOTE: The entity is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are given or during the course of the project completion, the project leader shall notify CMS and the state 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 project supported by CMP funds shall be sent to CMS and the state.

Project Category

Place an "X" by the project category for which you are requesting CMP funding.

- ☐ Direct Improvement to Quality of Care
- ☐ Resident or Family Councils
- ☐ Culture Change / Quality of Life
- ☐ Consumer Information
- ☐ Training
- ☐ Other: Please specify _____

Project Purpose and Summary

Summarize your proposed project, introduce your organization and explain the purpose of the project, the population it will serve and the need it will help solve. (100 words or less)

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Expected Outcomes

Describe the project or program and provide information on how it will be implemented. Include information on what will be accomplished the desired outcomes, and how the project will be sustained beyond the scope of the grant. (One page or less)

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Results Measurements

Describe how the project results will be assessed (including specific measures).
For training, articulate how knowledge/skills learned will be shared among other long-term care employees and ultimately how the information will improve resident outcomes.
Note: Quarterly Reports will be required during the project and a final report at the end of the project.

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Benefits to Nursing Home Residents

How will your project improve the quality of life and quality of care for nursing home residents? Please provide comprehensive data. If no data, please list your measurable goals and outcomes.

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Consumer/Stakeholder Involvement

How will the residents and staff participate in the development of the project? How will the residents and staff participate in the implementation of the project? Describe how the governing body shall provide support to the project.

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Involved Organizations

List any organizations or sub-contractors 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. (Attach a separate sheet if necessary.)

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Funding/Project Time-line

Provide an itemized budget for the costs and how specific amounts of CMP funds will be used for the project and a clear time line of project duration. Also, include an estimate of any non-CMP funds that the state or other entity expects to contribute to the project.

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Non-Supplanting | Non-Duplicative Statement

A description of the manner in which the project will not supplant existing responsibilities of a nursing facility and that CMP funds will not be used to pay entities to perform functions for which they are already paid by state or federal sources. (100 words or less)

Signature of Applicant: Date: