

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

Please refer to the Allowable and Non-Allowable document for activities and funding limits for proposed projects. You can access this document at the following: [Civil Money Penalty Reinvestment Program | CMS](#) (download the complete ZIP files for all CMPRP application resources)

### Projects cannot:

- Exceed three years (36 months)
- CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict-of-interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s).
- Include items or services that are not related to improving the quality of life and care of nursing home residents or to protecting such residents.
- Include research as a focus if the benefit to nursing home residents is unknown or concentrated on the research entity, or a large portion of the budget does not directly benefit nursing home residents.
- Duplicate existing requirements for the nursing home or other federal or state services.
- Include funding for capital improvements to a nursing home (e.g., a durable upgrade, adaptation, or enhancement of a property that increases its value, often involving a structural change or restoration to a nursing home or building a nursing home.)
- Include funding for nursing home services or supplies that are already the responsibility of the nursing home (e.g., staff, staff travel, and lodging expenses, required staff training, required medical equipment, food, telemedicine services). Please note, travel for state staff will be evaluated with each application.
- Include funding for survey and certification operations or state expenses.
- Include funding for refreshments.
- Include funding for incentives (e.g., for attending training or completing a survey—this includes items such as payments or gift cards).
- Include excessive indirect costs.
- Include funding for the development of project curriculums or toolkits. Include high-dollar, complex technology, such as but not limited to engagement technology, alert systems, virtual reality, artificial intelligence, etc. we will no longer approve CMP funding for complex or highly sophisticated technology projects, such as telemedicine, virtual reality, or artificial intelligence.
- Include unclear or excessive expenses (e.g., budget items that are not clearly detailed or itemized, unreasonably high project staff salaries or travel expenses, excessive staff to implement a project, unreasonable marketing of projects, high indirect costs, or a large portion of the budget set aside for evaluation), CMP funds cannot be used for Nursing Home staff/employees' travel expenses.
- Include supplementary or duplicative federal or state funding (e.g., personnel performing the same duties as Ombudsman, nurse aide training programs).
- Be resubmitted after CMS disapproval/denial.
- Include proposed conference dates that take place while the application is still under CMP Review. It is recommended that applications relating to conferences/training be submitted to the CMPRP Team at least 90 days in advance of the proposed conference dates to allow adequate time for review.

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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(ies) who will benefit from the intended project(s) or use(s);
- Not be a recipient of a contract or grant or other payment from Federal or State sources for the same project(s) or use(s);
- Not be paid by a state or federal source to perform the same function as the project(s) or use(s) (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 intended project(s) or use(s)); and
- Provide a letter of support from each participating nursing home. If the organization applying for a CMP project is not a nursing home, letters of support from all participating nursing homes are required to be submitted with the application. For example, CMS will not approve applications indicating that the applicant will approach nursing homes to participate in their project after funds are granted. Therefore, applications to implement projects in individual nursing homes must have letters of commitment from the nursing homes that the project will be deployed in. The commitment letter must display the project title, time frame, the nursing home's CMS certification number (CCN), and signed by an individual authorized to commit the nursing home. In the instance of a corporation submitting a project request on behalf of its nursing homes, the above criteria on one letter listing all participating nursing homes will suffice. CMS may make exceptions in rare cases to reduce or eliminate the need for letters of commitment, such as state-based conferences where all nursing homes are invited to attend.

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<b>Background Information</b>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and identify sources and amount	Source: Amount:
Date of LTC Grant Request:	
Amount of LTC Grant Request:	

<b>Certified Nursing Facility benefitting from the use of CMP Funds</b> (attach additional sheets as necessary if the grant will benefit multiple facilities)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe money to any Commonwealth entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have an outstanding Civil Money Penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the facility in bankruptcy or receivership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of licensed beds:	
Facility license status?	<input type="checkbox"/> Regular <input type="checkbox"/> Provisional, if yes    Level _____

<b>Project Title:</b>
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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.

- Consumer Information
- Resident or Family Council
- Direct Improvements to Quality of Care
- Culture Change/Direct Improvements to Quality-of-Life
- 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 Goals and Outcomes**

Describe realistic, actionable goals and outcomes relevant to the project's objective and how it will be implemented. Include information on what will be accomplished with the desired goals and 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 throughout the course of the project and a final report will be due within 30 days of project completion.**

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### **Benefits to Nursing Home Residents**

Describe how this project will directly benefit nursing home residents. CMP funds shall only be used for activities that directly benefit nursing home residents, that protect or improve their quality of life or quality of care. All project application submissions must be in alignment with CMS' Non-Allowable and Allowable criteria.

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**Resident/Stakeholder Involvement**

Describe 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.



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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. Please indicate whether the entity(ies) shall be receiving funding. Include funding amount and the specific deliverables to be included. 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

The following information must be included below and on the CMP Reinvestment Budget Template:

- Clear timeline of project duration.
- Provide an Excel spreadsheet with line item cost as well as an itemized budget for the costs and how specific amounts of CMP funds will be used for the project.
- Indicate on the Excel sheet if other funding sources, such as Federal or State funds that have been applied for and/or granted for this project/purpose will be utilized. If this does not apply, zero should be entered on the line item. Also, please submit a statement to include that zero additional Federal and State funding sources have been granted or applied, for the purpose of this project.
- Include any physical items that will be deliverable because of this project (e.g., electronics, training materials, curricula, etc.).
- Please indicate in the budget line item if non-CMP funds will be utilized for this project. If this does not apply, zero should be entered on the line item. Also, please submit a statement to include that zero non-CMP funds will be utilized for this project.
- Specific project cost categories must be outlined:
  - Personnel - an employee of the organization whose work is tied to the proposed project and provide estimated number of man hours and related duties.
  - Travel: provide a breakdown of mileage/airfare, per diem, and hotel rates (as applicable). Travel expenses must be reasonable. Examples of reasonable rates include but are not limited to the published U.S. government allowance rates (available at [www.gsa.gov](http://www.gsa.gov) website). Rates that exceed GSA should include justification.
  - Equipment purchases and rentals: materials necessary for the implementation of the project. Include the item description, the number of items requested, and cost per unit.
  - Contractual: any cost associated with project activities that are undertaken by a sub-contractor or third-party contractor. A detailed line-item breakdown of each sub-contractor's expenses should be included in the budget.
  - Other direct costs: expenses not covered in any of the previous costs.
  - Total indirect costs: overhead costs allocable to the project, such as a federal negotiated rate with a university. Submit a copy of the federally negotiated rate agreement with the application. Indirect costs (i.e., Indirect costs include costs which are frequently referred to as overhead expenses, rent, utilities, general and administrative expenses, such as accounting department costs, personnel department costs and agency insurance) must not conflict with approved or non-allowable uses of CMP funds. All indirect costs should be directly related to project activities.
  - Cost-sharing: total non-CMP funds received or anticipated for this 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:

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