

Civil Money Penalty (CMP) Reinvestment Application Template

Coronavirus Disease 2019 (COVID-19)

Communicative Technology Request

Instructions

The Centers for Medicare & Medicaid Services (CMS) has issued Guidance for Infection Control and Prevention of COVID-19.¹ This guidance directs nursing homes to significantly restrict visitors and nonessential personnel to protect nursing home residents. Recognizing that visitor restrictions may be difficult for residents and families, CMS has developed this application template for requests for the use of Civil Money Penalty (CMP) Reinvestment funds to provide residents with adaptive communicative technologies.

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 or 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 communicative technology and accessories for nursing homes.

Examples of allowable uses of CMP Funds for communicative technologies and accessories

Devices	Accessories
<ul style="list-style-type: none">• iPad or iPad Mini• Amazon Echo Show• Kindle Fire• Microsoft Surface• Samsung Galaxy Tablet	<ul style="list-style-type: none">• Protective covers that can be cleaned and disinfected• Assistive/adaptive equipment• Tripods (floor or table top)• Headphones• Tablet cleaning and disinfection products that are in accordance with recommendations of the device manufacturer
<ul style="list-style-type: none">• Facebook portal• Or any other device	

Prohibited expenses include but are not limited to:

- Travel
- Internet or software subscription fees
- Administrative fees

¹ <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

- Indirect Cost. For example: federally determined indirect (facilities and administrative-F&A) costs such as staff fringe benefits or facility maintenance.

1. Project and Applicant Requirements to use the Communicative Technology Application Template.

Projects must:

- Directly address the need for virtual visits as a replacement for in-person visits.
- Fall within the following parameters for use of funds:
 - Funds must only be used to purchase the types of devices and accessories described above.
 - Devices must enable residents to have virtual social and telehealth visits.
 - Devices can be shared among residents (e.g., 1 device per 7-10 residents). Facilities will not be permitted to purchase personal devices for each resident.
 - Maximum use of \$3,000 per facility with exceptions allowable on a case by case basis (e.g., for facilities with a large number of residents).

Applicants must:

- Provide the total number of facilities proposed to receive devices/accessories (if the application covers multiple nursing homes), total cost per facility, number of residents per facility, cost per unit/item, number of units/items, and the total cost of the project.
- Provide a line-item budget for any objects or services for which CMP funding is requested. Do not include prohibited items described above.
- Ensure appropriate infection prevention and control practices. Devices should not be shared between COVID-19 positive (or suspected) and other residents (i.e., COVID-19 negative or observation status). Prior to submitting an application, review the electronic device and/or wipeable cover manufacturer’s instructions for cleaning and disinfection to ensure this guidance exists and the facility can be compliant. Devices must be cleaned and disinfected between resident use. Review the EPA’s Disinfectant List for Use Against SARS-CoV-2 to determine if the disinfectant listed in the manufacturer’s instructions are listed.

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

Yes No

3. Applicant Contact and Background Information

Organization Contact Information	
Contact:	[REDACTED]
Name:	[REDACTED]
Phone:	[REDACTED]

Email:	[REDACTED]
Address:	[REDACTED]
State:	Washington

4. Total CMP Fund Request Amount

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 virtual communication by residents.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
XXX Care Center	xxx-xxx	54	ipad 7th gen.	329.00	8	2632
XXX Care Center	xxx-xxx	54	iPad 10.2 2019 Case	22.95	8	183.6
XXX Care Center	xxx-xxx	54	Elecder i39 Headphones	23.99	5	119.95
XXX Care Center	xxx-xxx	54	100Pcs White Non-Woven Sanitary Headphone Ear Co	14.99	5	74.95
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TOTAL PROJECT COST						3010.5

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. 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 Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
XXX Care Center	xxx-xxx	54	ipad 7th gen.			0
XXX Care Center	xxx-xxx	54	iPad 10.2 2019 Case			0
XXX Care Center	xxx-xxx	54	Elecder i39 Headphones			0
XXX Care Center	xxx-xxx	54	100Pcs White Non-Woven Sanitary Headphone Ear Co			0
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Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
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TOTAL PROJECT COST						0