

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. 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 Michigan Department of Health and Human Services (MDHHS). MDHHS shall make a determination based on the potential to benefit nursing home residents and improve their quality of life. The applicant will be notified about a funding decision. The funds will be provided through a gross adjustment, through your CHAMPS account, approximately two weeks after approval. Applicants must submit receipts by February 1, 2021. (Other grant opportunities are described on page 5.)

NOTE: This template can only be used for in-person visitation aids for nursing homes. One facility per application. Multiple facilities on one application will not be accepted. Email application to MDHHS-visitgrants@michigan.gov by December 1, 2020.

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.

• ¹ <https://www.cms.gov/files/document/qso-20-39-nh.pdf>

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

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.
- Comply with current visitation guidance issued by MDHHS and the Centers for Disease Control and Prevention.

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

- Name of facility to receive equipment
- CMS Certification Number (CCN)
- 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

Facility Name:	
CMS Certification Number (CCN):	
Facility NPI Number:	
Facility Contact Name:	
Phone:	
Email:	

