



IMPROVING LIVES *by*
DELIVERING SOLUTIONS *for*
QUALITY CARE

Tips Toolkit for State Affiliates on Civil Money Penalty Reinvestment Program (CMPRP)

Background

On September 25, 2023, CMS released [QSO-23-23](#) which outlined the use of federally imposed civil money penalty (CMP) funds by states. In the memo, CMS described the background of the program, the reasons for the recent update, the approval process, content required within the proposals, information regarding who is qualified to receive CMP funds, and annual reporting requirements. The goals of this tool are as follows:

1. Assist state affiliates in their discussions with state survey agencies as they prepare their state plans for the CMPRP.
2. Provide ideas and tips for use of CMPRP funds for both state affiliates and for state affiliates to assist providers.

Tips for Completing the Application

- 1) The project needs to have a name. The name should make it clear what the intent of the project is.
- 2) If your state requires a cover letter, it is an opportunity to introduce yourself, your facility, and paint a picture of what your project will include. It is also an opportunity to draw the reader in and make them excited about the opportunity.
- 3) It is important to remember that the project must be sustainable after the grant period has ended. For example, if the grant pays for a subscription service, the facility would be responsible for paying for the subscription service after the grant period ends.
- 4) There must be a benefit to nursing home residents. Your SMART objectives/goals should outline how the project will benefit nursing home residents.
- 5) The grant period can only be for a three-year period, max.
- 6) Times included should not be date oriented since you are unsure when the contract period will begin. Instead of using references such as, within 30 days of the contract being signed, we will begin this task.
- 7) Extension projects are a great option, especially for State Affiliates. If a project has worked in other states, the application process is much easier to get approval.
- 8) If you need the support of nursing home letters an electronic option, like DocuSign, is an option to gather lots of signatures at one time.
- 9) Answer each question completely, address each component of each question.
- 10) Include a complete list of contractors and subcontractors you plan to use.

Approaches to Consider and Talking Points for States

What we Know

States must submit their CMPRP plans annually (usually October 31); however, in 2023, state plans are due on or before December 29, 2023, and should be available for viewing.

State Plans should include the following:

Plan Requirements	Considerations for States	State Association talking points/ask(s) & examples.
State Point of Contact	States must identify the primary point of contact. This information is listed on the CMPRP website , but many states do not have a point of contact. The information should also be listed on the states' individual websites so it is clear who providers should communicate with.	<p>Ask: state to list a point of contact on their website.</p> <p>The following states currently have a specific person as their point of contact on their individual websites: Idaho, Kentucky, Nebraska, and North Carolina.</p> <p>19 additional states have a contact person listed on the CMPRP website.</p>
Current CMP Balance	States must provide CMS with the CMP balance when creating their annual plan. However, this information must be publicly available according to the statute .	<p>Ask: State to share current CMP balance.</p> <p>Very few states provide this information to the public, on their website. North Carolina and Wyoming do provide the information, and it appears to be up to date. See Appendix A for an example.</p>
Public Posting of Funded CMP Projects	States should make information available on their website sharing what projects have been approved.	<p>Ask: examples of approved state CMP applications.</p> <p>Kansas provides a list of pending and approved applications. In addition, approved applications are provided on the website so future applicants may use them as reference.</p>
Solicitation Methods	CMS has directed states to provide information in their	<p>Ask: Encourage states to hold training sessions, either virtually or in-person, to teach providers about the application process.</p>

	<p>plan about how they solicit applications for funding. State survey agencies should allow for training to be offered, in collaboration with the affiliate, to ensure all members are aware of the funding offered, and how to apply.</p>	<p>No current state examples. If you have any please contact regulatory @ahca.org</p>
<p>Review Methods</p>	<p>CMS has directed states to provide a plan for how they will review proposals to ensure they meet the acceptable criteria. States affiliates should encourage states to accept applications throughout the year, so the funds are accessible to facilities throughout the entire year. The review period should be one that is easy to understand and provides a quick turnaround.</p>	<p>Ask: Encourage states to accept applications all year, and not a specific time. Additionally, encourage states to have a short turnaround for reviews, that is easy for providers to understand.</p> <p>Indiana provides a detailed outline, on their website, for how long each phase of the review lasts.</p>
<p>Monitoring and Tracking</p>	<p>CMS has given states the ability to decide how they will monitor how funds are spent to ensure they are spent on items identified. State affiliates should encourage states to allow for decreased monitoring (some states require quarterly reporting) since the funds allowed are much lower than under the previous program. This</p>	<p>Ask: Encourage states to decrease the monitoring requirements to only annually, and only the information that would be necessary for states to monitor the effectiveness of the program. Lengthy reports are not necessary.</p> <p>No current state examples. If you have any please contact regulatory @ahca.org</p>

	decrease in the frequency of reporting will ensure that quarterly/more frequent reporting is not considered an administrative burden on facilities and states.	
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Training to Improve Quality of Care

Below are tables with categories CMS allows for funding requests and examples of projects that could be requested.

Tips

- Consider applying for CMP funds for training for multiple nursing homes.
- Encourage the state to consider applying for CMP funds to be used for joint trainings of facility staff and state surveyors.
- Remember, if the state provides the training, the cost of the training does not count towards the facility's \$5,000 cap.
- Consider applying for CMP funds for technical assistance for facilities implementing quality assurance programs.
- Explain the impact the training will have on residents and day-to-day life in the facility.

Below are examples of training opportunities some states have implemented. These can be used as a guide for implementing training related to quality of care in your state.

Examples of Training Opportunities (per CMS)	Description of Previous Project	State
Alzheimer's Disease and Dementia	Dementia Live- AGE-u-CATE created a learning program simulating cognitive and sensory impairments, giving participants a real-life experience of living with dementia.	<u>OH</u> <u>MN</u>
Alzheimer's Disease and Dementia	Managing Challenging Behaviors- Training sessions were provided to nursing home staff utilizing the Managing Challenging Behaviors: We all Hold the Keys Program.	<u>WI</u>
Wound Care	Wound Care Excellence- Several states used CMP funds to provide wound care certification to providers in the state.	<u>OH</u>
Culture Change	Certified Eden Association Training- Facility staff was trained on the Eden Associate Alternative philosophy.	<u>NJ</u>
Non-Pharmacological Solutions	Partnership to Improve Dementia Care and Reduce the Use of Antipsychotics- The California Culture Change Coalition worked to reduce unnecessary use of antipsychotic medication	<u>CA</u>

	in nursing homes by providing education and training to providers.	
Oral Health	Oral Care for Older Adults in Long-Term Care: The state, with a local dentistry school, put together a video and workbook to educate staff on oral care in the LTC population.	MN
Resident Care Areas	The Quality Staffing Project- Training was provided to underperforming, rural nursing homes by consultants on areas where nursing homes were currently not doing well regarding resident care areas.	KY
QAPI	QAPI Training to Certified Nursing Home Staff: The project's purpose was to review and teach facility staff how to develop an effective QAPI Program.	DE
QAPI	Advancing Quality Assurance and Performance Improvement (QAPI) in Maryland- The project aimed to provide training to QAPI coordinators and assisted them with coordinating, developing, and implementing QAPI plans in long-term care facilities in Maryland.	MD
QAPI/ Rehospitalizations	Reducing Preventable Rehospitalizations- The project's purpose was to train facility staff and implement INTERACT tools to improve care and decrease preventable rehospitalizations in the state. Results are pending.	VA

Baldrige Training and AHCA Quality Awards

Below are examples of opportunities to utilize CMPRP funds to implement Baldrige training and encourage continuous quality improvement in the facilities. While this is not specifically provided as an option for training, Quality Improvement is. Baldrige and the AHCA Quality Award program are both great opportunities for quality improvement within a facility.

Activity	Example/Best Practices
Baldrige Training	<ul style="list-style-type: none"> • Since Quality Improvement is mentioned in the guidelines, this would be an area that funding for training could be applied for.
AHCA Quality Award Program	<ul style="list-style-type: none"> • If facilities are interested in more assistance moving from Bronze to Silver, or Silver to Gold, and would like to make a further impact on their quality improvement processes, funding could be utilized for training specific to the facility on Baldrige principles that directly impact the facilities commitment to quality. • Consultants could work alongside facilities to tailor their training to their personalized needs to make the lasting commitment to quality within the facility.

Activities to Improve Quality of Life

Below are examples of opportunities to utilize CMPRP funds to implement Activities to Improve Quality of Life, as outlined in the memo as an option for use of funds.

Activity	Example/Best Practices
Horticulture/Gardening	<ul style="list-style-type: none"> • Pots for plants within a courtyard or on the outside of the facility. • Wheelchair accessible garden boxes that are not affixed to the ground for vegetables. • Consider both indoor and outdoor components for gardening. • Provide tools and supplies to residents. • Allow residents to be a part of the purchasing decisions for gardening tools. • Keep the garden simple, and manageable. • Include play places to encourage inter-generational activities within the facility. • Plant a sensory garden that encourages multiple sensory stimulation including smell, sight, and touch. Planting plants the encourage butterflies will add to the sensory stimulation.
Music Therapy	<ul style="list-style-type: none"> • Musicians in the area can provide bedside music or virtual music for residents who are no longer mobile. • Music and Memory Certification Training <ul style="list-style-type: none"> ○ Training cost is on a sliding scale (\$500-1,250 depending on the number of residents) membership is \$200 per year, and devices are \$50-\$100 per person (they encourage facilities to start with five devices). • Facilities could use the funds to pay for performers throughout the year that can provide music genres that accommodate all residents' interests. • Keyboards or other instruments could be purchased with the funds for church groups, residents, or staff to play. <ul style="list-style-type: none"> ○ This is a wonderful opportunity to have the Resident Council or other residents provide feedback about what instruments they would be interested in playing. ○ Bells could be purchased so residents can play along to a song together.
Animal Therapy Including Robotic Pets	<ul style="list-style-type: none"> • Most pet therapy providers bring animals in as volunteers; however, other animals such as horses or other farm animals usually have a fee associated with their visits. The funds could be used to pay for those services. • The funds could also be used for a trip to the zoo or a local farm for the residents.

	<ul style="list-style-type: none"> • Robotic animals are also a great option for residents who had pets at home. It is important to purchase multiple pets for multiple residents related to the inability to sanitize it between residents. • Facilities can purchase an aviary and birds. Residents will have endless entertainment watching the birds eat, play, and bathe. Facilities can also purchase an aquarium and fish for the lobby or activity area.
<p>Activities and games to foster movement</p>	<ul style="list-style-type: none"> • Facilities could hire a contractor to provide dance/movement to residents. Contractors can be found at local dance schools. • Supplies could be purchased to improve the activity program. Examples include jumbo toss games, traditional toss games such as bean bags or basketball, therapy balls, conversation starting balls, tabletop activities, indoor outdoor games such as a putting green or bocce ball. • Always include residents, the resident council, and the family council in decisions about what should be purchased. • Funds could be used to purchase electronic movement games as well. An example of this would be a Wii for use with games such as Wii Fit, Wii Sports, etc. • Funds could also be used for a special event such as a facility-wide Olympics or a Carnival. Recently, a facility held an in-house Olympics, and the residents provided a great testimony of how great the experience was for them.
<p>Reading and Memory Interventions</p>	<ul style="list-style-type: none"> • Facilities could establish a book club by purchasing multiple copies, either e-books or hard copy books, for residents to read/listen to and discuss throughout the year. • Facilities could use the funds to purchase shadow boxes for display outside of each resident's room. Within the shadow boxes families can bring pictures and mementos from the residents' lives to remind the residents of their past, as well as provide a reminder for finding their rooms. • There are several different memory games that can be purchased for residents. Memory books are also great additions to activity programs as they can provide endless conversation starters for residents with dementia. • Several reminiscing boxes/memory boxes can be purchased or put together with items from different time periods, when residents were children and/or adults. The memory boxes can also include specific items that relate to a holiday or theme the group is discussing, for example beach days as kids. • Sensory stimulation is also a great option for residents who have cognitive impairments. This could be achieved through aromatherapy. For example, a diffuser in the activity room to emit calming scents into the air, like lavender or peppermint. Or a bread machine or cookie machine could be set up in the

	<p>activity area to promote sensory stimulation through the smell of aromatic foods. Residents could also play with putty or clay to improve dexterity, while also receiving the benefits of sensory stimulation if scents are applied to the putty or clay. Tactile sensory stimulation can be achieved through hand massages, fidget toys, activity pillows or aprons, and sensory mats or sensory gel pads.</p> <ul style="list-style-type: none"> • Residents can dream of days past by developing an area, in the facility, to reminisce. For example, a soda shop. The soda shop could be decorated to remind residents of soda shops they went to in high school. The activities director, or other staff, can routinely serve floats to residents in the soda shop. Another option for this would be an ice cream parlor with a soft-serve machine. Some portions of this may be considered a capital improvement so facilities would need to ensure none of the updates are affixed to the building. • Some residents with cognitive impairment also enjoy areas in the facility where they can reminisce of their past of being mothers, fathers, homemakers, or career-people. Facilities can create a space, based upon the interests and pasts of residents in the facility. Some examples of this would be clothes sorting, child caretaking, safe woodworking, and other trades, etc.
<p>Crafting</p>	<ul style="list-style-type: none"> • As with the music criteria, facilities can hire contractors to come into the facility to teach art classes or assist with a wine and design class. • The funds available can be applied annually so facilities can offset the cost of activity supplies. • Facilities can easily spend the \$5,000 max on crafting supplies annually. • Host a wine and design class for residents and families to participate in at various times throughout the year to paint canvases for different holidays or special occasions. • Some examples of craft supply that residents enjoy including, but are not limited to, adult coloring books, paper crafts, paint on canvas, pottery, tie-dying supplies, rock painting, painting birdhouses for the exterior of the facility, holiday specific crafts, jewelry making supplies, inter-generational projects, painting pots for an outdoor space for residents, knitting supplies, and easels to display residents' artwork.

CMS Developed PHE Applications

CMS still allows funds to be used for the items established throughout the PHE. There are currently three application opportunities available for each facility. Those include:

1. Communicative Technology: CMP funds are allowed to purchase tablets and accessories such as screen protectors, headphones, charging stations, etc. Facilities may purchase each resident a tablet for the purpose of communicating with their families. Facilities are allowed to receive a **one-time** maximum of \$3,000 per facility.
2. Visitation I: CMP funds are allowed to purchase tents and plexiglass for visitation purposes. This is also a **one-time** maximum of \$3,000 per facility.
3. Visitation II: CMP funds are allowed to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13, or -14) filters to increase or improve air quality. However, replacement filters cannot be purchased with CMPRP funds. This is also a one-time maximum of \$3,000 per facility.

States may use the attached [link](#) to see what facilities have used the maximum funds, and/or to provide outreach or reminders to those facilities that have not used the funding option.

- Open the attached [link](#).
- Locate the excel spreadsheet available with the annual reporting for funds spent.
- If no applications are available, use this information to coordinate with the state.

Tip

State affiliates can apply for the CMS PHE funding for all member facilities (that did not already receive funding for this). This is especially helpful for the communicative technology funding.