

## Date of Request

### Background Information

Organization Name	
Address Line 1	
Address Line 2	
City, ST, ZIP Code	
Tax Identification Number	
CMS Certification Number	
Name of Project Leader	
Address	
City, ST, ZIP Code	
Internet E-mail Address	
Work Phone	
Have other funding sources been applied for/and or granted for this proposal?	Yes      No
If yes, please explain and identify sources and amount	

### Certified Nursing Home Requesting Use of CMP Funds

Name of Facility	
Address Line 1	
Address Line 2	
CMS Certification Number	
Date of Last Recertification Survey	
Highest Scope and Severity (A-L)	
Is the facility currently enrolled as a Special Focus Facility?	Yes      No
Is the facility currently participating in a Systems Improvement Agreement?	Yes      No
Does the facility have an outstanding Civil Money Penalty?	Yes      No
Is the facility in bankruptcy or receivership?	Yes      No
Administrator's Name	
Owner of the Provider Agreement	

# Application for CMP Funds

# CMS Region VI

Name of Management Company
Chain Affiliation – Name
Chain Affiliation – Address

**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 (5) 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
- Transition Preparation
- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify

## Project Title – Aging Sensitivity Training Program

### Purpose and Summary

Summarize your proposal, introducing your organization and explaining the purpose of the project. Include the amount of funding you are requesting, the population it will serve and the need it will help solve.

## Expected Outcomes

## **Project Abstract**

Summarize the proposed project. The summary should describe the problem the project will attempt to address and any problems that might be encountered in the implementation of the project. Articulate the contingency plan to address the issues.

## **Program Description**

Describe the project or program and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcomes. A timeline shall accompany all proposals which outline benchmarks, deliverables and dates. Attach supplemental materials such as brochures, efficacy studies and peer review literature.

## **Results Measurements**

Include a description of the methods by which the project results will be assessed (including specific measures). Multi-year projects shall include a provision for submission of interim progress reports and updates from the project leader. Staff attending training shall articulate how knowledge/skills learned will be shared among other long term care employees and ultimately how the information will improve resident outcomes. Quarterly reports regarding the progress of the project shall be submitted to CMS and the State.

## **Benefits to Nursing Home Residents**

Include a detailed description of the manner in which the project will directly benefit and enhance the well-being of nursing home residents.

## **Non-Supplanting/Non-Duplicative Statement**

Describe how the project will not supplant existing responsibilities of the nursing home to meet Medicare/Medicaid requirements or other statutory and regulatory requirements.

CMP funds may not be used to pay entities to perform functions for which they are already paid by State or Federal sources.

## **Consumer/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. Describe how the governing body shall lead support to the project.

**Funding**

Provide a narrative explanation of the costs, including the specific amount of CMP funds to be used for the project, the time period for such use, and an estimate of any non-CMP funds that the State or other entity expects to contribute to the project.

**Involved Organizations**

List a contact name, address, internet e-mail address and telephone number of all organizations that will receive funds through this project. List any sub-contractors and organizations 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.