

Civil Monetary Penalty Application – CMS Review Criteria

Does the application meet CMS eligibility criteria for funding?

CMS ELIGIBILITY CRITERIA	YES	NO	NOTES
All fields of the application are clear and complete, including signature	<input type="checkbox"/>	<input type="checkbox"/>	
All fields of the budget template are complete and fully described	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant is an eligible organization (CHECK ONE) <input type="checkbox"/> Consumer advocacy organization <input type="checkbox"/> Resident or family council <input type="checkbox"/> Professional or state nursing home association <input type="checkbox"/> CMS-certified nursing facility <input type="checkbox"/> Vendor <input type="checkbox"/> State agency <input type="checkbox"/> Academic institution <input type="checkbox"/> Quality improvement organization	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of support if <u>not</u> a nursing home applicant (from NHs that are interested in participating in the proposed project) and indication of commitment to participating in the project	<input type="checkbox"/>	<input type="checkbox"/>	
Project has a <u>direct</u> relationship to improving quality of life/care	<input type="checkbox"/>	<input type="checkbox"/>	
The project benefits Rhode Island nursing home residents	<input type="checkbox"/>	<input type="checkbox"/>	
Project meets an existing and demonstrated nursing home need	<input type="checkbox"/>	<input type="checkbox"/>	
Project is not focused on development of curriculums, toolkits, or research	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant is qualified and capable of carrying out the project	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant does not have a conflict of interest or appearance of a conflict of interest with the entity/entities that will benefit from the project	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant is not paid by a state or federal source to perform the same function as the CMP project. This includes items that are on the facility cost report which are included in the Medicaid nursing home reimbursement rate.	<input type="checkbox"/>	<input type="checkbox"/>	

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Applicant is not requesting to enhance an existing appropriation or fund a legislative directive	<input type="checkbox"/>	<input type="checkbox"/>	
Project does not exceed 3 years for the same nursing home or same target population	<input type="checkbox"/>	<input type="checkbox"/>	
Project has not previously been denied by CMS in another state	<input type="checkbox"/>	<input type="checkbox"/>	
If an extension project, the applicant provides the approval letter of the previous project, attests to the success of previous projects, and shares the results	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant does not request funding for capital expenses or improvements (replacing a boiler, redesign of the facility, landscaping, construction, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Applicant does not request funding for services and supplies that are the responsibility of the nursing facility to provide, such as: <ul style="list-style-type: none"> - Required staff training - Laundry services - Linens - Food - Heating - Staffing costs - Required medical equipment - Medical record software - Nursing home staff travel and lodging expenses 	<input type="checkbox"/>	<input type="checkbox"/>	
Requested budget is clear, itemized, and there are no excessive or unclear expenses	<input type="checkbox"/>	<input type="checkbox"/>	
Requested budget does not include refreshments	<input type="checkbox"/>	<input type="checkbox"/>	
Requested budget is consistent with the size and scope of the project	<input type="checkbox"/>	<input type="checkbox"/>	
There is no conflicting information within the application or between the application and the budget template	<input type="checkbox"/>	<input type="checkbox"/>	

If NO to any of these criteria, the application cannot be approved.