



Department of Health

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Commissioner

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Executive Deputy Commissioner

July 17, 2020

DAL: # 20-07
Subject: Civil Monetary Penalty Reinvestment
Funds: Communication Devices

Dear Nursing Home Administrator,

On March 13, 2020, the Centers for Medicare & Medicaid Services (CMS) and the New York State Department of Health (Department) issued guidance requiring skilled nursing facilities to restrict visitor access. Recognizing that visitor restrictions may be difficult for residents and families, CMS developed an application template for nursing homes to apply for Civil Monetary Penalty (CMP) Reinvestment funds for the purchase of communication devices to facilitate communication between residents and families.

According to the criteria set forth by CMS, grant awards must be used to directly address virtual visiting through the purchase of devices and accessories, such as protective screen covers, headphones, or tablet cleaning and disinfectant products. The Department is authorized to approve applications for CMP funding that meet the defined CMS parameters as outlined in the application without review by CMS as long as the requests do not exceed \$3,000 per facility. The Department will consider applications based on the applicant's demonstration of need and availability of existing resources. Facilities requesting to purchase equipment to enhance communication are advised that it is expected that devices will be shared among residents at a ratio of no more than one device per seven residents.

Facilities that are interested in applying for this opportunity must complete both the Civil Money Penalty (CMP) Reinvestment Application Template Communicative Technology Request **and** the New York State Department of Health CMP Reinvestment Addendum attached to this letter. Each facility must submit its own complete application and addendum to be considered for funding. Applicants will receive notification from the Department on the outcome of their request. Awarded applicants will receive a purchase order to confirm the Department's intent to reimburse for eligible expenses. Eligible expenses are those described in the CMP Reinvestment Application Template and incurred after July 1, 2020. All claims for reimbursement under this grant will be due no later than August 15, 2020.

Completed applications and information must be submitted to covidnursinghomeinfo@health.ny.gov **no later than 3 p.m. on July 24, 2020**. Any applications that were submitted prior to the date of this letter will need to be resubmitted following the instructions provided. Incomplete or late applications will not be reviewed. If you have any questions about the above information, please email covidnursinghomeinfo@health.ny.gov.

Sincerely,

Sheila McGarvey, Director
Division of Nursing Homes & ICF/IID
Surveillance
Center for Health Care Provider Services
and Oversight

Enclosures: Civil Money Penalty (CMP) Reinvestment Application Template
New York State Department of Health CMP Reinvestment Addendum

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: | |
| Name: | |
| Phone: | |

| | |
|----------|--|
| Email: | |
| Address: | |
| State: | |

4. Total CMP Fund Request Amount [TEXT BOX]

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 |
|---------------------------|--------------------------------|-----------------------------------|---------------------------------------|-----------------|-------------------|-------------------------|
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| TOTAL PROJECT COST | | | | | | |

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): [TEXT BOX]

Date of Signature: [TEXT BOX]

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 |
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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 | | | | | | |

New York State Department of Health CMP Reinvestment Addendum

Please refer to the Dear Administrator Letter #20-07 related to Civil Monetary Penalty Reinvestment Funds for Communication Devices prior to completing this Addendum.

Nursing homes that are interested in applying for Civil Monetary Penalty (CMP) Funding for the purchase of communication devices must complete both the Civil Money Penalty (CMP) Reinvestment Application Template Communicative Technology Request **and** this New York State Department of Health CMP Reinvestment Addendum.

Please provide the following information:

1. Applicant Federal ID #: _____
2. The applicant facility has the ability to connect the new devices to internet and WiFi?
_____ Yes _____ No
3. The applicant facility can access appropriate software (i.e., FaceTime, GoogleMeet) to install on new devices?
_____ Yes _____ No
4. What does the applicant facility plan to use the devices for? Please check all that apply.
_____ Virtual visits between residents and family members
_____ Telehealth
_____ Virtual visits between residents and the Long Term Care Ombudsman Program
5. How many devices does the applicant facility currently have in use for virtual visiting and/or telehealth? _____
6. What is the applicant facility's resident census at the time of application? _____
7. Attach your facility's infection control and prevention practices related to shared communication devices.

Attestation Statement

CMP funds are 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 addendum is true 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: _____