NEBRASKA MEDICAID CIVIL MONEY PENALTY (CMP) PROGRAM MANUAL
CMP PROGRAM MANUAL CONTENTS:

CMP PROGRAM INTRODUCTION ..................................................................................................................Page 3
CMP GRANT PROGRAM OVERVIEW ........................................................................................................Page 4
USE OF CMP FUNDS AND APPLICABLE ELIGIBILITY REQUIREMENTS ................................................Page 4 - 5
REQUESTING AND PAYMENT OF CMP GRANT FUNDS ............................................................................Pages 5 – 7
CMP GRANT BUDGET REVISIONS .............................................................................................................Page 7
EMERGENCY FUND PAYMENT PROGRAM ............................................................................................Pages 8 - 9
CMP PROGRAM CONTACTS ......................................................................................................................Page 10
NEBRASKA CMP PROGRAM INTRODUCTION:

The Nebraska Civil Money Penalty (CMP) Program was adopted by Medicaid & Long-Term Care (MLTC) as a result of mandated Federal and State legislation. The CMP program is funded through the collection of civil money penalties imposed against nursing facilities as a result of qualifying survey deficiencies. DHHS MLTC is responsible for the facilitation of CMP payments to eligible stakeholders. Payments from the CMP fund are broken down under two classifications – emergency payments and grants. Both payment classifications have their own set of qualifications/criteria that must be satisfied in order to warrant release of CMP funds, which are discussed in the following CMP Program Manual.

DHHS MLTC, in collaboration with DHHS Public Health and the Center for Medicare and Medicaid Services (CMS), work together in reviewing all CMP program emergency fund and grant application reimbursement requests in order to determine appropriate payment based on both State and Federal CMP rules and regulations.

Eligible stakeholders for CMP Grant funds include (but are not limited to):

- Nebraska nursing facilities and their residents
- Professional/state nursing facility associations/advocacy groups
- Consumer advocacy organizations
- Resident or family councils
- NF resident quality improvement organizations
- Private contractors, etc.

DHHS MLTC staff, in conjunction with DHHS Public Health and CMS, have developed the following manual content in accordance with State and Federal regulations.
CMP GRANT PROGRAM OVERVIEW:

CMP Grants are for improving the care and well-being of nursing facility residents. The purpose of the grants, which will be awarded once annually, is to promote and support projects that are aimed at improving the care and well-being of nursing facility residents.

Grant applications will be eligible for submission during the month of January each year and awarded on an annual basis to eligible entities for one-time or start-up projects. The Project must have a continuing and long term benefit on the quality of life of residents in nursing facilities. The project must be practical and stimulate resident quality of care. It also shall be continued or concluded without additional CMP funding. The minimum grant amount will be no less than $5,000 and the maximum amount shall not exceed $50,000. **DHHS will award a maximum of $50,000 annually for all collective CMP grant projects.**

The Project may also include the following (even though they have only an indirect effect on the quality of life of residents in nursing facilities):

- Consumer education to promote resident-centered care.
- Training and support for the state and local long-term health care ombudsman regarding resident-centered care
- Increase staff so residents have access to ombudsman services.

Use of CMP Funds and Applicable Eligibility Requirements:

**Option 1.** An individual nursing facility applies for CMP grant funds for training/education of its own staff and/or residents with the intent to improve their own performance or to develop new and/or innovative approaches to improve the quality of life or care for residents. Only nursing facilities that participate in Medicaid (whether certified for participation in Medicaid only or dually-certified to participate in both Medicaid and Medicare) are eligible to receive CMP grant funds.

The nursing facility may use the grant funds for training/education directed towards the facility's residents or for a program intended to improve resident quality of life.
Option 2. An outside agency (i.e. advocacy organization) applies for grant funds for staff training/education to benefit multiple nursing facilities (at no cost) with the intent to train on specific topics that would improve resident quality of life and/or quality of care.

**Requesting and Payment of CMP Grant Funds:**

During the annual application acceptance period, DHHS will announce to stakeholders and post a Request for Applications on the DHHS CMP Program website. Applications will be accepted throughout the month. Limited funds are available. DHHS must maintain a reserve amount for emergency funding requests (discussed in the Emergency Fund Payment Program section of this manual).

Grantees are paid three times throughout the life of the project using the following method:

- Start-up – 25% is advanced at the beginning of the project;
- Mid-year – 50% is reimbursed at the mid-year point;
- Final – up to 25% is available at the completion of the project. Final payment will be calculated according to the final grant expenditures. If documented expenditures do not equal/exceed the final 25% of the award sum, the final payment may not equal the remaining due grant amount.

A grant award signed by the grantee representative requesting CMP funds is required. Additionally, required reports/documentation must be submitted by the due dates **before** funds will be disbursed.
The table below illustrates the process for grant fund disbursement and required documentation to be submitted:

<table>
<thead>
<tr>
<th>Payment Period</th>
<th>Eligible Amount</th>
<th>Required Documentation</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start-up</td>
<td>25% of Grant</td>
<td>1. Application</td>
<td>Prior to project start</td>
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<tr>
<td></td>
<td></td>
<td>2. Forecast Expenditures Report</td>
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<td></td>
<td></td>
<td>3. Milestone Tracking Report</td>
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<td>4. Satisfaction Survey</td>
<td></td>
</tr>
<tr>
<td>Mid-year</td>
<td>50% of Grant</td>
<td>1. Expenditure Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Milestone Tracking Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 25% of Grant based on final reporting expenditures</td>
<td>1. Expenditure Report</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>2. Satisfaction Survey Summary</strong></td>
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<td></td>
<td>*3. Summary Report</td>
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<td>*4. Milestone Tracking Report</td>
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<td><strong>5. Follow-up Report</strong></td>
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15th of the month following the sixth month of grant cycle. Mid-year funds will not be disbursed until the required documentation is received. Documentation is due within 15 calendar days and must be submitted to the State Medicaid Agency.

Final funds will not be disbursed until the required documentation is received. The report is due within 15 calendar days and must be submitted to CMS AND the State Medicaid Agency.

* = **Send as part of Final Report documentation**

In addition, a follow-up report monitoring the outcome of the project milestones (including the results from the satisfaction surveys) is to be submitted to CMS AND to the State Medicaid Agency within 90 days of the project conclusion.

** = **Send as part of Follow-up Report documentation**

**NOTE:** The begin date of the project is considered as the date that the initial project payment (25% of total grant) payment is issued. Required subsequent report due dates are determined from the initial payment issue date. For example, a CMP Grant payment initially issued (25% of total Grant) 1/1/16 would require reports to be received by 4/15/16, 7/15/16, 10/15/16.
and 1/15/17. The CMP project follow-up report and satisfaction survey would be due no later than 3/31/17. Subsequent grant payments will not be issued until required reports are received.

**Budget Revisions:**

There are circumstances for grantees to make line-item budget revisions after the budget has been approved by the Nebraska Department of Health and Human Services (DHHS). Should the following occur, the DHHS prior approval is NOT required:

1. The cumulative change of all items is less than 10 percent of the total grant budget; AND
2. A change would neither add nor eliminate a line item; AND
3. A change in the budget does NOT change the goals and objectives of the project.

If any of these three (3) requirements are not met, a written request must be made to DHHS. To ensure reimbursement, such requests must be made before making budget changes. The grantee shall notify DHHS Medicaid staff of budget changes when the above criteria is met.
EMERGENCY FUND PAYMENT PROGRAM (EFPP):

The Emergency Fund Payment Program is a part of the CMP Program and is intended to provide emergency financial assistance (per instance) as defined below:

- Provide financial assistance to Medicaid/dually-certified nursing facilities in the event of facility closure (voluntary/involuntary) to ensure for adequate care, safety, and discharge/relocation of residents
- Loss of resident property in the event of a qualifying disaster

A **qualifying disaster** is defined as any of the following events:

- Flood
- Fire/explosion
- Tornado
- Other storm damage (i.e. wind, hail, lightning)

In addition to satisfying the qualifying disaster criteria, reimbursement from the EFPP for resident property loss is covered only in the following circumstances:

- Nursing facility/other applicable insurance policy(ies) do not cover the resident property loss
- Nursing facility insurance policy(ies)/other applicable insurance policy(ies) do not cover the entirety of the resident property loss (underinsured)

If the preceding condition criteria is satisfied, the following items are required to be submitted for review:

- EFPP request for assistance with concise explanation of the reason(s) for the financial assistance request (must include one of the reasons cited above)
- Nursing facility/other applicable insurance policy documentation that substantiates denial of coverage and/or underinsured coverage for qualifying disaster defined above
EFPP financial assistance requests/documentation may be sent to either of the following for review:

DHHS Medicaid & Long-Term Care
Attention: Joette Novak
PO BOX 95026
Lincoln, NE 68509-5026
DHSS.MLTCInstitutionalServices@nebraska.gov

DHHS Licensure Unit: Long-Term Care Facilities
Attention: Eve Lewis
PO BOX 94986
Lincoln, NE 68509-4986
eve.lewis@nebraska.gov

**DHHS must maintain a reserve CMP fund amount in the event of a qualifying emergency. DHHS cannot guarantee payment in all qualifying cases.**
CMP PROGRAM CONTACT INFORMATION:

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