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Civil Monetary Penalty (CMP) Reinvestment Program Funding Opportunity

CIVIL MONETARY PENALTY FUND - REINVESTMENT PROGRAM SCHEDULE FOR PROJECTS THAT WILL START DURING STATE FISCAL YEAR 2022

The Civil Monetary Penalty (CMP) reinvestment funds help improve the quality of life for individuals residing in nursing facilities within the Commonwealth. This bulletin outlines this year's timeline and process for projects applying for CMP reinvestment funds and reminds potential applicants of requirements, exclusions, and frequently asked questions.

The CMP reinvestment fund is a collection of monetary penalties the U.S. Centers for Medicare & Medicaid Services (CMS) may impose on skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified SNF/NF for either the number of days or for each instance a facility is not in substantial compliance with one or more Medicare and Medicaid participation requirements for Long-Term Care Facilities (LTC) (42 CFR 488.430). The requirements for participation with Medicare and Medicaid for (LTC) facilities may be found at 42 CFR 483.

In Virginia, CMP reinvestment funds are used for projects that directly benefit individuals residing in a nursing facility in the Commonwealth and must be reviewed by DMAS and approved by CMS. The goal of the CMP reinvestment funds is to help protect and improve the quality of care for individuals residing in nursing facilities. Utilizing CMP reinvestment funds provides a unique opportunity to improve the lives of many individuals across the Commonwealth. DMAS has been given the responsibility for administering these funds and providing direct oversight in accepting proposals.

USE OF FUNDS

Virginia will maintain a core amount of CMP reinvestment funds in reserve for emergencies, such as relocation of residents pursuant to an involuntary termination from Medicare or Medicaid. In addition, these funds provide assistance, support, and protection for individuals in the event that a nursing facility in Virginia:

1. Closes voluntarily;
2. Closes involuntarily;
3. Loses Medicare or Medicaid certification and individuals require relocation; or
4. Experiences an emergency or natural disaster, including when individuals must be evacuated or transferred to alternative locations.

Emergency funding is not guaranteed in every instance. Nursing facilities should NOT rely on this source of funding in planning or implementing the above-listed scenarios. In some cases, funds may be used to cover the cost of transferring individuals from their current nursing facility to an approved alternate temporary site when a nursing facility experiences an emergency or evacuation. Providers must demonstrate how and why the Long-Term Care Mutual Aid Plan (LTC-MAP), or other comparable agreements, and other avenues for resources will not suffice as funding



to support the needs of the individuals within their facility.

SPECIAL PROJECTS

The Virginia General Assembly continues to appropriate CMP reinvestment funds for DMAS and CMS-approved projects that protect or improve the quality of life and care of individuals in nursing facilities. Through an annual proposal submission and review process, DMAS will continue to ensure that CMP guidelines and policies are followed. Once a determination is made that the proposal is complete, DMAS will forward projects for review and final approval by CMS. If approved by CMS, DMAS will oversee project progress by way of reviewing obligatory quarterly and final program and financial reports.

Information concerning awarded projects, including dollar amounts, recipients, project results, and other relevant information, can be found using this link:

<http://www.dmas.virginia.gov/#/longtermprograms>, click on Civil Monetary Penalties in the banner.

APPLICATION PROCESS

The application process, as in past years, involves the submission of a Request for Funding Cover Sheet and a formal Project Application. It is strongly encouraged that applicants use the Application Guidelines and information from the website above when completing a Project Application.

The timeline for submitting Cover Sheets for the state fiscal year 2022 CMP Cycle will be February 1, 2021 to February 26, 2021.

The timeline for submitting Project Applications for projects beginning July 1, 2021 will be March 1, 2021 to March 31, 2021.

The full details on the proposal submission and review process, including how to submit proposals and requirements for proposals, continues to be found at <http://www.dmas.virginia.gov/#/longtermprograms>, click on Civil Monetary Penalties in the banner.

If you would like to confirm your organization's eligibility to apply, please contact the Virginia CMP Reinvestment Program Team (CMPFunds@dmas.virginia.gov).

CMP Reinvestment Program Timeline

CMP Milestone	Due Date
Medicaid Bulletin	Released December 2020
Cover Sheet	Accepted February 1, 2021 - February 26, 2021 (no later than 2:00 p.m., E.T.)
Application	Accepted March 1, 2021 - March 31, 2021 (no later than 2:00 p.m., E.T.)
DMAS Review	Reviewed April 1, 2021 - April 30, 2021
CMS Review	Reviewed May 3, 2021 - June 2021
Contracting	Completed June 2021
Project Start Date	July 1, 2021



APPLICATIONS FROM STATE FISCAL YEAR (SFY) 2021

As stated in the Medicaid Bulletin dated May 19, 2020, the CMP procurement cycle for SFY 2021 was postponed due to the COVID-19 crisis. All Request for Funding Cover Sheets and formal Full Applications received and corresponding addendum have been held for review by DMAS until the SFY 2022 procurement cycle. DMAS will reach out to applicants in January of 2021 to ensure that the applications are still valid, and there is a desire to move forward.

FREQUENTLY ASKED QUESTIONS

Below is a list of frequently asked questions compiled by the Center for Medicare and Medicaid Services (CMS). These questions are available using the following link: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/CMP-FAQs.pdf>.

Q1: What are CMP reinvestment funds?

A: CMP stands for civil money penalty. It is a monetary penalty the Centers for Medicare & Medicaid Services (CMS) may impose on skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified SNF/NF for either the number of days or for each instance a facility is not in substantial compliance with one or more Medicare and Medicaid participation requirements for Long-Term Care Facilities (Code of Federal Regulations (CFR) 42 Part 488.430). The requirements for participation with Medicare and Medicaid for Long-Term Care (LTC) facilities can be found at 42 CFR Part 483 subpart B.

Q2: Are there prohibited uses of CMP reinvestment funds?

A: CMP reinvestment funds may not be used for uses prohibited by law, regulation, or CMS policy. These include and are not limited to:

- Projects disapproved by CMS;
- Survey and certification operations or State expenses;
- Capital expenses of a facility;
- Nursing facility services or supplies that are the responsibility of nursing facilities (such as laundry, linen, food, heat, staffing costs, etc.);
- Funding projects, items or services that are not directly related to improving the quality of life and care of individuals who are residents of nursing facilities;
- Projects for which a conflict of interest or the appearance of a conflict of interest exists;
- Long-term projects (greater than 3 years);
- Temporary manager salaries;
- Nurse aide training; and
- Supplementary funding of federally required services (e.g., Quality Improvement Organization-Quality Improvement Network Initiatives).

Q3: Who may apply for the use of CMP reinvestment funds?

A: Funds may be granted to any entity for proper use of CMS-approved projects to protect or improve the quality of life for individuals in nursing facilities provided that the responsible receiving



entity is:

- Qualified and capable of carrying out the intended project or use;
- Not in any conflict of interest relationship with the entity or entities that will benefit from the intended project or use; and
- Not paid by a State or federal source to perform the same function as the CMP project or use. CMP reinvestment funds may not be used to enlarge or enhance an existing appropriation or statutory purpose.

Examples of eligible organizations include, and are not limited to:

- Consumer advocacy organizations
- Individual or family councils
- Professional or state nursing facility associations
- Certified LTC facilities (SNF, NF, SNF/NF)
- Private contractors
- Universities
- Licensed and Medicaid-certified nursing facilities
- Healthcare systems
- State agencies
- For-profit or non-profit organization
- Provider associations

Q4: Is there a time limit on projects?

A: Projects cannot exceed three years, but there is no minimum requirement for project length.

Q5: Where can additional application information be found?

A: Additional information, application, and guidelines may be found here:

<http://www.dmas.virginia.gov/#/longtermprograms>, click on Civil Monetary Penalties in the banner.

Q6: Who should I contact with additional questions?

A: Virginia CMP Reinvestment Program Team

CMPFunds@dmas.virginia.gov

(804) 225-4218

PROVIDER CONTACT INFORMATION & RESOURCES



MEDICAID BULLETIN

Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



MEDICAID BULLETIN

Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711),