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Civil Money Penalty (CMP) Reinvestment Program Funding Opportunity and New Standardized Application Requirements

UPCOMING CIVIL MONEY PENALTY REINVESTMENT PROGRAM APPLICATION SOLICITATION SCHEDULE (PROJECTS STARTING FY27)

The Civil Money Penalty (CMP) reinvestment fund helps improve the quality of life for individuals residing in nursing facilities within the Commonwealth. This bulletin outlines the upcoming funding opportunity timeline and the process for projects applying for CMP reinvestment funding. The bulletin also reminds potential applicants of requirements, exclusions, and program contact information.

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) (Code of Federal Regulations (CFR) 42 Part 488.430). The requirements for participation with Medicare and Medicaid for (LTC) facilities may be found in CFR 42 Part 483. A portion of the final CMP amount collected is returned to the state where the facility is located. In accordance with 42 CFR 488.433(a)-(b), these CMP funds must be reinvested in activities that improve the quality of care and the quality of life for nursing home residents. DMAS has the responsibility for administering these funds and providing direct oversight of the solicitation and acceptance of proposals. In Virginia, project applications must be reviewed by DMAS and approved by CMS. In Virginia, project applications must be reviewed by DMAS and approved by CMS.

Any entity may be granted funds for proper use of Centers for Medicare & Medicaid Services (CMS) approved CMP reinvestment projects to protect or improve the quality of life or quality of care for long-term care (LTC) facility residents - provided the responsible receiving entity is: qualified and capable of carrying out the intended project or use; not in any conflict-of-interest relationship (*or the appearance of conflict-of-interest*) 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 reinvestment project or use. CMP reinvestment funds may not be used to enlarge or enhance existing appropriation or statutory purposes.

In September 2023, CMS revised the structure of the federal CMP Reinvestment Program (CMRP). The initial revisions included defining application criteria, clarifying allowable and non-allowable uses of CMP reinvestment funds, and establishing funding maximums. Building



on that foundation, CMS has since implemented additional structural enhancements with the intent to improve efficiency, expand funding opportunities, and increase transparency. More information about these updates can be found on the CMS website at: <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/civil-money-penalty-reinvestment-program>.

CMP REINVESTMENT PROGRAM 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 continues to ensure that CMS guidelines and policies are followed. Upon review by the Commonwealth to ensure the application is complete and compliant, DMAS will forward applications for review and final approval to CMS. If approved by CMS, a contract will be issued and 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: <https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/long-term-care/programs-and-initiatives/civil-money-penalty-reinvestment-program/>

APPLICATION PROCESS

In accordance with CMS Memorandum QSO-25-26-NH, Virginia has updated its solicitation process to ensure alignment with new federal efficiency and transparency standards. Projects with a workforce focus as well as those with a focus on behavioral health support may now be considered to receive funding.

Applicants must submit a project application via Virginia's electronic procurement system, eVA to be eligible for consideration. Submission through eVA requires an active supplier account. It is strongly encouraged that potential applicants create or update their account well in advance of the submission deadline as the verification process may take time. This may be done on the eVA website: <https://eva.virginia.gov>. Only applications on the CMS-approved standardized Application Form will be considered. It is strongly encouraged that applicants use the CMPRP Application Handbook when completing a project application. The application form template and accompanying handbook will be posted with the eVA opportunity and are currently available on the CMS website: <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/civil-money-penalty-reinvestment-program>.

Applications for projects beginning on or near 07/1/2026 will be accepted 02/02/2026 through 02/27/2026.



The full details on the proposal submission and review process, including how to submit proposals and requirements of proposals will be found on eVA. New eVA vendors: Factor in time for setting up your eVA account when coordinating your application submission, as there is a verification process.

CMP Reinvestment Program Current RFA Timeline

Applications Accepted	No later than 5:00 p.m., E.T., February 27, 2026
DMAS Review	March 2026
CMS Review	April 2026 - May 2026
Contracting	June 2026
Project Start Date	July 1, 2026

ADDITIONAL INFORMATION

Descriptions of the program guidelines and a list of frequently asked questions compiled by the Center for Medicare and Medicaid Services (CMS) can be found on the CMS website at: <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/civil-money-penalty-reinvestment-program>.

The Virginia DMAS CMPRP Team can be reached by email at: CMPFunds@dmas.virginia.gov.

During the application acceptance window, please direct all questions specific to the solicitation to the designated single point of contact, Ms. Brenda Keeton: Brenda.Keeton@dmas.virginia.gov.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid

Web Portal

Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. <https://vamedicaid.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

Provider Appeals

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal. <https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

Cardinal Care Managed Care 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.

Cardinal Care Managed Care PACE

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program of All-inclusive Care \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program%20of%20All-inclusive%20Care%20(virginia.gov))

In-State: 804-270-5105
Out of State Toll Free: 888-829-5373
Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider Enrollment

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

<https://www.aetnabetterhealth.com/virginia/providers/index.html>
1-800-279-1878

Anthem HealthKeepers Plus

<http://www.anthem.com/>
1-800-901-0020

Humana Healthy Horizons

Provider Services Call Center 1-844-881-4482 (TTY: 711) <https://provider.humana.com/medicaid/virginia-medicaid>

Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

United Healthcare

www.uhcprovider.com/
1-844-284-0146

Acentra Health

Behavioral Health and Medical Service Authorizations <https://vamedicaid.dmas.virginia.gov/sa>

1-804-622-8900

Dental Provider

DentaQuest 1-888-912-3456

Fee-for-Service (POS)

Prime Therapeutics <https://www.virginiamedicaidpharmacyservices.com/>

1-800-932-6648