

Long-Term Care Grant Application Addendum

Background Information	
Organization/Facility Name:	
Address line 1:	
Address line 2:	
City, State, Zip Code:	
Tax Identification Number:	
Email Address:	
Phone:	
Have other funding sources been applied for and/or granted for this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and identify sources and amount	
Date of LTC Grant Request:	
Amount of LTC Grant Request:	

Certified Nursing Facility benefiting from the use of CMP Funds (attach additional sheets if necessary if the grant will benefit multiple facilities)	
Administrator Name:	
Phone Number:	
CMS Certification Number:	
PROMISe™ MA Provider ID Number:	
Date of last recertification survey:	
Highest scope and severity (A-L):	
Is the facility currently enrolled as a Special Focus Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe money to any Commonwealth entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility have an outstanding Civil Money Penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Facility in bankruptcy or receivership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of licensed beds:	
Facility license status?	<input type="checkbox"/> Regular <input type="checkbox"/> Provisional, if yes Level _____

Review Method: The Long-Term Care Grant (LTC) Committee is comprised of representatives from the Department of Human Services, Department of Health, and the Department of Aging's Long-Term Care Ombudsman. Each project submitted is evaluated by the LTC Committee and scores are based on 100 points total for each application. All applications submitted will go through an initial screening process by the Office of Long-Term Living (OLTL) project lead. If follow-up is needed, the project lead will reach out to the contact listed on the application. Applications that are ready for review are distributed to the LTC Grant committee via email and a scoring meeting is scheduled within two to three weeks of the date the application is sent for review. If after review of the application the LTC Grant Committee agrees that the application submitted should be recommended to the Centers for Medicare and Medicaid Services (CMS) the project lead will begin the internal Executive Review Process. Once approval is received from the Executive Review Process, the project lead will submit the application to the CMPRP team for consideration and complete any requested follow-up to obtain a decision. All applicants will be notified of the decision by letter issued via email and mail.

The following are the areas of the application that are scored, and the maximum number of points allowed for each area:

1. Project Purpose and Summary: 5 points
2. Expected Outcomes: 20 points
3. Results Measurement: 20 points
4. Benefits to Nursing Home Residents: 20 points
5. Consumer/Stakeholder Involvement: 5 points
6. Funding/Project Time-line: 30 points

Applications should include the following documents:

1. Coversheet
2. CMP Reinvestment Application
3. Letters of Support (LOS) - Starting October 1, 2024, all applications submitted to State Agencies (SAs) must include LOS with an acknowledgement that the proposed project funding will count against the nursing home's allocated budget for that project category.
4. Itemized Excel budget sheet
5. Proposal if not within application