



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

March 24, 2022

Re: DAL NH 22-05 Civil Monetary Penalty
Reinvestment Funds: In-Person
Visitation Aids

Dear Nursing Home Administrator:

On November 12, 2021, the Centers for Medicare and Medicaid Services (CMS) issued release of [QSO-20-39-NH](#) and Memorandum QSO-20-39-NH FAQ (Revised February 2, 2022). According to the criteria set forth by CMS in QSO-20-39 NH Revised, facility may now request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality. When utilizing these items for visitation purposes, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

Expenses incurred on or after the release of Memorandum QSO-20-39-NH FAQ Revised February 2, 2022 are eligible for reimbursement.

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. For consideration of these funds, the applicant must demonstrate the following:

- number of residents who would benefit.
- facility plan to complete the project in 30 days or less
- facility has infection control policies in place and demonstrates the benefits to residents

Facilities that are interested in applying for this opportunity must complete both the Civil Money Penalty (CMP) Reinvestment Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids 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.

Nursing Homes will have 7 days from the date of this notice to submit a completed CMP COVID-19 In-Person Visitation Application as well as the NYSDOH CMP Application Addendum to NYS.CMP@health.ny.gov with the subject line: CMP-In-Person Visitation Aids, Facility Name and PFI #.

A completed application and information must be submitted **separately for each facility no later than 3 p.m. on April 1, 2022**. 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.

A complete application and addendum must be submitted for each facility 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. Additionally, if your facility operates under a Doing Business As (DBA) and/or was issued a NYS DOH Supplier number through prior CMP applications, please indicate the information on your application.

If you have any questions about the above information, please email NYS.CMP@health.ny.gov

Sincerely,

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

Civil Money Penalty (CMP) Reinvestment Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids Request Instructions

On 2/2/2022, the Centers for Medicare & Medicaid Services issued a revised FAQ guidance for Nursing Home Visitation – COVID 19 (Refer to <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>).

CMS is clarifying that CMPs can be used to purchase any of the following strictly for the purposes of in-person visitation:

A facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality. A maximum use of \$3,000 per facility including shipping costs may be requested. When utilizing these items for visitation purposes, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

Expenses incurred on or after the release of Memorandum QSO-20-39-NH FAQ Revised February 2, 2022 are eligible for reimbursement. (Refer to <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>).

In addition to the above revised guidance, the following guidance remains in effect:

On September 17, 2020, the Centers for Medicare & Medicaid Services (CMS) issued guidance for Nursing Home Visitation – COVID-19. By following a person-centered approach and adhering to the core principles of COVID-19 infection prevention, visitation can occur safely based on this guidance. Recognizing that considerations allowing for visitation in each phase of re-opening may be difficult for residents and their families, CMS has developed this application template for requests for the use of Civil Money Penalty (CMP) Reinvestment funds to provide nursing homes with in-person visitation aids.

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 and 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 in-person visitation aids for nursing homes.

CMS is clarifying that CMPs can be used to purchase any of the following strictly for the purposes of in-person visitation:

- tents or other shelter for outdoor visitation (purchase and/or rental); and/or
- clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in-person visits.

Funding is also limited to a maximum of **\$3,000 per facility** which can include installation, installation materials, and shipping costs for allowable items mentioned above. When installing any items for visitation purposes, facilities need to ensure appropriate life safety code

requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

Expenses incurred on or after the release of Memorandum QSO 20-39-NH (September 17, 2020) are eligible for reimbursement.

Prohibited expenses include but are not limited to:

- Ventilation systems
- Personal Protective Equipment (PPE)
- Portable fire extinguishers of approved types
- Disinfectant and Cleaning Supplies (Disinfectantwipes, hand sanitizer, etc.)
- COVID-19 testing and testing equipment
- No-Smoking signage
- Administrative fees
 - o i.e., payment of individuals to help administer the program
- Indirect Cost. For example: federally determined indirect (facilities and administrative-F&A or overhead) costs such as staff fringe benefits, facility maintenance, rent, or utilities.
- Travel expenses

1. Project and Applicant Requirements to use the In-Person Visitation Aids Application Template.

Projects must:

- Directly address the need to facilitate in-person visits for residents.
- Fall within the following parameters for use of funds:
 - Funds must only be used to purchase the types of visitation aids described above.
 - Tent or other shelter must allow for social distancing to be observed.
 - Maximum allowance of \$3,000 per facility for tents or other shelter for outdoor visitation and/or clear dividers
 - Maximum allowance of \$3,000 per facility for indoor portable fans and/or indoor portable air cleaners.
- Ensure appropriate LSC requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.
- Ensure core principles of infection prevention and control practices. Surfaces must be cleaned and disinfected between resident use.
- Work with state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC (e.g., limiting the number of individuals visiting with any one resident).

To be considered for funding, each application must include the following information:

- Name(s) of facility(ies) to receive visitation aids (and CMS Certification Numbers (CCNs)).
- Number of certified facility beds.
- Type(s) of visitation aids.
- Cost per visitation aid.
- Total number of visitation aids requested.
- Total funds requested.

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

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 in-person visitation aids.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Visitation Aids (e.g., tents, clear dividers, installation, installation materials, shipping costs, and/or indoor portable fans, indoor portable air cleaners, shipping costs)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
						0
						0
						0
						0
						0
						0
						0
TOTAL PROJECT COST						0

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. **Applicants cannot use the standard CMP application process to supplement their visitation aid request to obtain additional in-person visitation aids in excess of the \$3,000 maximum limit for tents and clear dividers, and/or \$3,000 maximum limit for indoor portable fans and/or indoor portable air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to increase or improve air quality.** 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):	
Date of Signature:	
Signature of the Applicant:	



New York State Department of Health CMP Reinvestment Addendum

Please refer to the Dear Administrator Letter NH 22-05 related to Civil Monetary Penalty Reinvestment Funds to provide funds to provide nursing homes with in-person visitation aides.

Nursing homes that are interested in applying for up to \$3,000 of Civil Monetary Penalty (CMP) Funding for qualifying visitation aides must complete both the Civil Money Penalty (CMP) Reinvestment Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids Request **and** this New York State Department of Health CMP Reinvestment Addendum. Please note that portable fans and portable room air cleaners with HEPA filters to increase or improve air quality are *now qualified expenditures*.

Each nursing home may qualify for a reimbursement of up to \$3,000, including installation and/or shipping costs of qualifying expenses, even if they have already received a previous CMP award for visitation aides. **Please submit one application and addendum for each nursing home.**

Please provide the following information:

1. Facility Name noted in Health Facilities Information System (FICS) _____
2. Facility Identification Number (PFI) _____
3. Applicant six-digit CMS Certification Number (CCN) _____
4. The applicant facility has the ability to promote in-person outdoor visits.
_____Yes _____No
 - a. The applicant facility can install tents (purchase and/or rental).
_____Yes _____No
 - b. The applicant can install clear dividers (e.g., Plexiglass or similar product).
_____Yes _____No
 - c. The applicant can purchase portable fans and portable room air cleaners with HEPA filters to increase or improve air quality?
_____ Yes _____No
5. Will the purchases made using CMP funds allow for social distancing during visitation?
_____Yes _____No

6. Does your facility meet all LSC requirements found at 42 CFR 483.90 (unless waived under the PHE declaration with the used for on-site visitation?)
_____Yes _____No
7. Do you have an infection prevention and control practice policy in place to address cleaning and disinfecting infecting surfaces between resident use?
_____Yes _____No
- Attach your facility's infection control and prevention practices related to environmental cleaning of the tent space and/or clear dividers

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 and Title of Applicant (print): _____

Date of Signature: _____

Signature of the Applicant: _____

Phone Contact: _____

Email Contact: _____

Facility Name: _____

Facility Legal Name/DBA: _____

Facility physical address: _____

Facility mainline phone number: _____

Operating Certificate: _____

If the facility had been approved for prior CMP funding, please indicate the NYS DOH issued Supplier #: _____

Questions may be sent by email to: NYS.CMP@health.ny.gov