DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality

Ref: QSO-23-23-NHs

DATE: September 25, 2023
TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations
                   Group (SOG)

SUBJECT: Civil Money Penalty Reinvestment Program (CMPRP) Revisions

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Memorandum Summary

CMS is committed to reinvesting civil money penalty (CMP) funds for projects to support
the quality of care and life for nursing home residents in a consistent and equitable
manner. Therefore, we are revising the structure of the CMP Reinvestment Program
(CMPRP), including:

- **Allowable Uses of CMP projects –** CMS is updating the criteria for categories of
  allowable uses by adding maximum funding limits (i.e., caps) for projects. The new
  criteria is effective immediately and applies to all new and pending applications.
- **Non-Allowable Uses of CMP Funds –** CMS is providing an updated comprehensive list
  of non-allowable uses of CMP funds.
- **Ensuring Internet Access for Residents** – CMS is soliciting information from facilities
  that do not have facility-wide wireless internet access for residents, to explore the reasons
  and possible solutions.

The **CMPRP Website** has also been updated with this information.

Background:

Nursing homes are inspected by state surveyors for compliance with federal requirements for
participation with Medicare and/or Medicaid (42 CFR 483 Subpart B). When noncompliance is
identified, the Centers for Medicare and Medicaid Services (CMS) may impose a civil money
penalty (CMP) to incentivize swift correction of the noncompliance, and to deter future
noncompliance to protect the health and safety of residents. CMPs collected from nursing homes
can be reinvested to improve the quality of care and quality of life of nursing home residents (per
42 CFR 488.433). Over the last several years, CMS has approved a wide range of CMP-funded
projects to benefit residents. As the program has grown, we have seen projects grow significantly
in costs and scope, causing inconsistent availability and inequity in access to these interventions
throughout the country. Therefore, CMS is revising the structure of the Civil Money Penalty
Reinvestment Program (CMPRP) to better define the application criteria, clarify allowable and
non-allowable uses of CMP funds, and establish funding maximums.

The goals for the revised structure of the CMPRP program, include:
- Providing a detailed listing of allowable uses of CMP funding, so all applicants have a clear understanding of what types of projects will be approved;
- Funding projects to benefit residents that can be implemented in all nursing homes by a variety of different organizations (i.e., not only available through a limited number of sources that may not be accessible to all nursing homes); and
- Strive to enable all nursing homes have access to the similar, basic capabilities, reflective of those typically found in a traditional household (e.g., wireless internet access).

Allowable Uses of CMP Reinvestment Funds:
The items in Attachment A are categories of projects that CMS will approve for CMP funding. There are various types of projects that can be implemented under each category by applicants from any state. CMS is also setting maximum funding amounts (i.e., caps) for these projects to ensure the costs of the projects are reasonable, and that the projects can be available to any nursing home in the country.

CMS will not automatically approve the maximum amount allowable for a project. Applicants must continue to clearly demonstrate the need and reasonableness for any funds requested. CMS will consider adjusting the dollar amounts over time (e.g., for inflation).

State agencies may propose additional categories of projects for CMS to evaluate approving projects under. The categories must meet the goals of the program stated above. To evaluate new categories or projects, CMS has the discretion to approve new projects to a limited number of facilities or areas to evaluate the project's effectiveness before approving nationally.

Letters of Nursing Home Support for a CMP Project:
CMS is committed to ensuring that CMP funds approved for projects are used in a manner consistent with the approved intent of each application. If the organization applying for a CMP project is not a nursing home, letters of support from all participating nursing homes are required to be submitted with the application. For example, CMS will not approve projects indicating that the applicant will approach nursing homes to participate in their project *after* funds are granted. Therefore, applications to implement projects in individual nursing homes must have letters of commitment from the nursing homes that the project will be deployed in. The commitment letter must display the project title, time frame, the nursing home's CMS certification number (CCN), and the signature of an individual authorized to commit the nursing home. In the instance of a corporation submitting a project request on behalf of its nursing homes, the above criteria on one letter listing all participant facilities will suffice. CMS may make exceptions in rare cases to reduce or eliminate the need for letters of commitment, such as state-based conferences where all nursing homes are invited to attend.

Facility-wide Wireless Internet Access (Wi-Fi):
CMS believes that all nursing home residents should have access to the same comforts or conveniences that exist in a typical household. One of these standards is broadband, wireless internet access. We are assessing if there are nursing homes without broadband, facility-wide, wireless internet (Wi-Fi) access for residents. We request that any nursing home that does not have facility-wide Wi-Fi accessible to all residents complete attachment C and submit the form to CMP-info@cms.hhs.gov no later than December 22, 2023. We will then assess the number of facilities without this capability and the reasons for the lack of access to determine if CMP funds can be used for a project to help address these issues.

Workforce:
CMS is committed to improving the nursing home workforce. As announced on September 1, 2023, CMS plans to launch a national campaign to help increase the nursing workforce in nursing homes. More information on this campaign will be released in the future, and there will be opportunities for states to partner with CMS on this program. To avoid duplication, CMS will no longer accept Nursing Workforce applications for CMP funding.

Non-Allowable Uses of CMP Reinvestment Funds:
CMS is providing an updated list of non-allowable uses of CMP funds for projects. Notably, we will no longer approve CMP funding for complex or highly-sophisticated technology projects, such as telemedicine, virtual reality, or artificial intelligence. These types of projects typically have high costs that, if adopted broadly, would quickly exceed the available amount of CMP funds, preventing access to all nursing homes and resulting in inequity. While some of these projects may have merit, we want to ensure all nursing home residents have access to basic services and beneficial projects before funding more sophisticated services in only a few nursing homes, creating inequity. These and other non-allowable uses of CMP funds are listed in Attachment B. Applications that include components of non-allowable uses of CMP funds will not be approved.

Applications submitted for funding projects similar to previous applications that have been denied will also be considered non-allowable and denied. Types of projects that have been previously denied are included in the descriptions of non-allowable uses of CMP funds in Attachment B. Therefore, stakeholders should not submit applications for projects that are described in Attachment B.

Mental and Behavioral Health CMPRP Applications:
CMS is committed to improving the quality of care for residents with underlying serious mental illness (SMI) and/or substance use disorder (SUD). CMS has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to launch a national Center of Excellence, which provides technical support and training to nursing homes to help care for individuals with SMI and/or SUD. Nursing homes are encouraged to pursue accessing SAMHSA's training and technical assistance. To avoid duplicative funding, CMS will not accept applications for similar projects. We note dementia care may continue to be funded as it does not fall under this initiative. To obtain information and access to this program, visit www.nursinghomebehavioralhealth.org.

Applications For Funding:
New Applications:
All stakeholders interested in applying for CMP funds should review the information in this memorandum, all attachments, and the CMPRP website. All fields on the application must be complete (or state "not applicable"), and the application must be signed and dated before submission. During the CMPRP review process, applicants will have two (2) attempts to provide all required corrections and information. Failure to provide the requested information will result in the application not being considered for approval.

<u>Previously Submitted Applications:</u>
If you have previously submitted an application for CMP funds and have not received approval, denial, or any other feedback, you should take one of the following actions **after** reviewing the information included in this memorandum and all of the attachments:
1. If you believe your original application still meets ALL of the new criteria for CMP funding, you may resubmit your application with no changes to the proposed project to the State CMPRP Liaison.
2. If your original application does not meet ALL of the new criteria for CMP funding, you may revise your application to meet the criteria, and resubmit your application.
3. If your original application does not meet ALL of the new criteria for CMP funding and cannot be revised to meet the criteria (e.g., the original application was for a project that is now listed as non-allowable (Attachment B), do not resubmit an application for CMP funding.

CMS encourages applicants to review all application documentation, including the Frequently Ask Questions Documents on the CMP Reinvestment Resources file weblink: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/cmp-reinvestment-application-resources.zip prior to submitting an application.

CMS will upload the revised allowable and non-allowable resources to the Allowable and Non-Allowable Uses of CMP funds weblink: https://www.cms.gov/files/zip/allowable-and-non-allowable-uses-cmp-funds.zip on the CMPRP webpage: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/civil-money-penalty-reinvestment-program.

As these new policies may impact State Plans for CMP use and Project Trackers, CMS will work with states on revising their plans and trackers and the timeline for these revisions.

Contact:
For questions or concerns relating to this memorandum, please contact the CMPRP team: CMP-info@cms.hhs.gov.

Effective Date:
Immediately. Please communicate to all appropriate staff immediately.

/s/
Karen L. Tritz   David R. Wright
Director, Survey & Operations Group   Director, Quality, Safety & Oversight Group

Attachment(s)- Appendix A – Allowable Uses of CMP Reinvestment Funds
                Appendix B – Non-Allowable Uses of CMP Reinvestment Funds
                Appendix C – CMS CMP High Speed or Broadband Internet Nursing Facility
                Questionnaire

__Resources to Improve Quality of Care:__
Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus

Examples of Allowable Uses of Civil Money Penalty (CMP) Reinvestment Funds

1. **Resident or Family Councils:** CMP funds may be used for projects by not-for-profit resident advocacy organizations that:

   - Assist in the development of new independent family councils;

   - Assist resident and family councils in effective advocacy on their family member's behalf;

   - Develop materials and training sessions for resident and family councils on state implementation of new federal or state legislation.

   Maximum project funding per nursing home-$5,000 (one-time funding)

2. **Consumer Information:** CMP funds may be used to develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident. For example, developing educational materials (e.g., flyers, brochures, booklets, web-based materials, etc.) to promote awareness of the unnecessary use of psychotropic medications, facility requirements or residents' rights related to discharge, advance care planning, etc. The goal of these materials is to help consumers understand the risks associated with administering these medications, raise awareness of their rights to consent to treatments, and promote the use of nonpharmacological interventions to improve the quality of life and care for residents diagnosed with dementia.

   Maximum project funding per nursing home-$5,000 (one-time funding)

3. **Training to Improve Quality of Care**: CMP funds may be considered for training in facility improvement initiatives that are open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, training for resident and/or family councils, LTC ombudsman or advocacy organizations and other activities approved by CMS. Training topics include, but are not limited to:

- Alzheimer's Disease and Dementia,

- Wound Care,

- Patient Safety,

- Trauma Centered Care,

- Pain Management,

- Cultural Sensitivity,

- Culture Change

- Person-Centered Care

- Safe Medication Management

- Oral Health

- Non-Pharmaceutical Solutions

- Falls Education

Maximum Project Funding Per Nursing Home Per Year -$5,000, (max of $15,000 for a three-year project).

NOTE: The maximum allowable amount for training per year is the total allowed for any and all training during a year. Funding is dependent upon each state's balance of CMP funds available. CMS will also work with states separately on state-sponsored trainings, and these training <u>will not</u> impact each facility's maximum amount (e.g., a facility can attend a state-sponsored training and still apply for $5,000 for training).

Mental and Behavioral Health Support
CMS is committed to improving the quality of care for residents with underlying serious mental illness (SMI) and/or substance use disorder (SUD). CMS has partnered with SAMHSA to launch a national Center of Excellence which provides technical support and training to nursing homes to help care for individuals with SMI and/or SUD. Nursing homes are encouraged to pursue accessing SAMHSA's training and technical assistance, as CMS <u>will not accept</u> applications for these topics. To obtain information and access to this program, visit www.nursinghomebehavioralhealth.org.

4. **Activities to Improve Quality of Life:** CMP funds can be used for projects to foster social interaction, movement, and minimize loneliness. Projects include, but are not limited to:

- Horticulture/Gardening

- Music Therapy

- Animal Therapy Including Robotic Pets

- Activities and games fostering movement and function- This may include activities (e.g., Tai Chi), group games (e.g., bingo with movement components), or technology-assisted

games (e.g., Nintendo Wii movement games). Note, CMS will not fund complex, high-cost technology, such as virtual reality, artificial intelligence, or simulation projects.

- Reading and Memory Interventions
- Crafting

Maximum Project Funding Per Nursing Home Per Year for each topic -$5,000, (max of $15,000 for a three-year project)

5. **CMS Developed Global Public Health Emergency (PHE) applications:** CMS developed three applications to facilitate visitation and prevent the spread of Coronavirus Disease 2019 (COVID-19) infection. These applications will continue beyond the PHE to allow all Medicare and Medicaid participating nursing homes access to the products. Nursing Homes approved for these specific application funds are being tracked. The three applications are:

- **Communicative Technology:** CMP funds are allowed to purchase tablets and accessories such as screen protectors, headphones, etc. Note: Items listed on the application cannot be placed on the standard CMP application for a home that has received funding through this special application.
Maximum project funding per nursing home-$3,000 (one-time funding)

- **Visitation I:** CMP funds are allowed to purchase funding for tents and plexiglass (or similar product).
Maximum project funding per nursing home-$3,000 (one-time funding)

- **Visitation II:** CMP funds are allowed 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. However, replacement filters cannot be purchased with these funds, as they are a prohibited expense.
Maximum project funding per nursing home-$3,000 (one-time funding)

For the list of nursing homes receiving funding for the above applications, please review the CMP Projects funded by Calendar Year folder located at this link on the CMS Civil Money Penalty Reinvestment web page: https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/state-cmp-reinvestment-projects-funded-by-calendar-year.zip.

6. **Emergency Use for States:** States can use CMP funds for assistance to support and protect residents of a facility that closes (voluntarily or involuntarily) or is decertified. Funding cannot be used for meeting regulatory requirements (e.g., see 42 CFR §483.73 Emergency preparedness). Other allowable uses for emergency funds include, but are not limited to:

- Resident expenses such as food, supplies, medical equipment, or medications necessary during the transfer and relocation process;
- Expenses for seeking resident guardianship for the purpose of transfer, if required;
- State insurance expenditures, workmen's compensation, general liability insurance;
- Resident and family interactions to discuss transfer;

- Facility tours
- Information for residents about facilities and working with facilities to discuss residents who may be transferring;
- Staff salaries;
- Receivership costs;
- Future vendor payments;
- Medical records copying; and,
- Transportation expenses if needed for residents and families to visit other facilities.

Other requested expenses not listed above must be reviewed by the CMS Location to determine if they are appropriate and allowable or prohibited. Please see the Civil Money Penalty Reinvestment State Plans section (§7535.2) for further detail. States must obtain approval from their respective CMS Locations in order to use Emergency Use funds.

7. **Administrative Use for States:** CMP funds can be requested by the state for certain costs of administering the CMP program as part of the annual CMP State Plan process. For example, states may request funds for personnel required to solicit and review CMP Applications. The request should include adequate detail and justification for the requested amount including position descriptions and the breakdown of salary and benefits for each position.

8. **Travel Costs**

Travel costs are permitted when it is required to implement the project and must not exceed the maximum funding per category. Travel expenses must be reasonable. Examples of reasonable rates include but are not limited to the published U.S. government allowance rates (available from the www.gsa.gov website) for mileage and per diem; and standard commercial rates for airfare. Nursing Homes staff are not able to apply for travel costs. Travel for state staff will be evaluated with each application.

Examples of Non-Allowable Uses
of CMP Reinvestment Funds

Please note: The following criteria are not all-inclusive. Activities and items beyond what are listed in the following resource will require further CMPRP review. Please refer to the SOM Appendix PP and SOM Chapter 7 for further information.

1. **Conflict of Interest Prohibitions:** CMS will not approve projects for which a conflict of interest exists or the appearance of a conflict of interest. Similarly, we will generally not approve uses that commit CMP funding to very long-term projects (greater than 3 years). By obliging the State to fund a long and large multi-year expense, we consider such projects to raise the appearance of a conflict of interest where the levy of future CMPs could be construed to be done for the purpose of raising revenue rather than for the statutory purpose of deterring or sanctioning poor quality.

2. **Duplication:** States may not use CMP funds to pay entities to perform functions for which they are already paid by State or Federal sources. CMP funds, for example, may not be used to enlarge an existing appropriation or statutory purpose that is substantially the same as the CMP project. Also, CMP funds may not be used to fund State legislative directives for which no or inadequate state funds have been appropriated.

3. **Capital Improvements:** CMP funds may not be used to pay for capital improvements (a durable upgrade, adaptation, or enhancement of a property that increases its value, often involving a structural change or restoration to a nursing home, or building a nursing home, as the value of such capital improvement accrues to a private party (the owner). Federal and State payments also already acknowledge the expense of capital costs, so the use of CMP funds for such a purpose is prohibited. Capital Improvements include replacing a boiler, redesigning a nursing home, landscaping, parking lot or sidewalk construction, adding a concrete patio, etc.

4. **Nursing Home Services or Supplies:** CMP funds may not be used to pay for nursing home services, or supplies that are already the responsibility of the nursing home, such as laundry, linen, food, heat, staffing costs, medical equipment, resident transportation, resident beds, etc. would duplicate an existing responsibility of the nursing home. **Please consult the State Operations Manual (SOM) Appendix PP.**

5. **Supplementary Funding of Federally Required Services:** For example, CMP funds may not be used to recruit or provide Long-Term Care Ombudsman certification training for staff or volunteers or investigate and work to resolve complaints as these are among the responsibilities of Long-Term Care Ombudsman programs under the federal Older Americans Act (OAA), regardless of whether funding is adequate to the purpose. On the other hand, there is no prohibition to an Ombudsman program receiving CMP funds to conduct or participate in

approved projects, or to carry out other quality improvement projects that are not within the Ombudsman program's existing set of responsibilities under the OAA. Nor is there any prohibition to Ombudsman program staff or volunteers to participate in training that is paid by CMP funds but open to a broad audience, such as nursing home staff, surveyors, consumers, or others**.**

6. **Complex Technology:** CMP funds cannot be used to purchase high-dollar, complex, or sophisticated technologies, such as telemedicine, alert systems, virtual reality, artificial intelligence, etc. **Please review the accompanying list of non-allowed Technology.**

7. **Research:** Conducting descriptive, analytical, experimental, or integrative research studies on nursing home residents/staff, often consists of projects where the benefit to nursing home residents is unknown or concentrated on the research entity, or a large portion of the budget does not directly benefit nursing home residents. Additionally, research often uses a large portion of the project budget for the development and testing of an intervention or activity, rather than the implementation of the project.

8. **Quality Innovation Network-Quality Improvement Organization (QIN/QIO) Approved Projects:** CMP funds cannot be used to fund activities for which QIN-QIOs are already receiving federal funding to complete. Check with the State or CMS Location regarding active QIN/QIO projects and activities.

9. **Charging for Nursing Home Employee Salary:** An application to implement a training program to improve staff engagement contained a request for funds to pay the salary of the training coordinator, who was an existing employee of the nursing home applicant. This application is inappropriate because CMP funds cannot be used to pay for the salary of a nursing home employee.

10. **Palliative Care Services:** CMP funds cannot be used for palliative care services. Palliative care services are billable medical services consistent with general medical care; therefore, all services are potentially billable to Medicare, Medicaid, private insurance, and private payer systems.

11. **Dental, Vision, and Hearing Services:** CMP funds are not intended to bridge the gap in coverage for services Medicare does not currently provide. Note: Some dental projects may be allowable, such as training, or based on the extent of the state's current dental coverage.

12. **Incentives:** CMP funds cannot be used for monetary and non-monetary gifts to motivate or encourage individuals to do something, including but not limited to providing monetary incentives for attending trainings or for completing surveys.

13. **Overlap with State Functions:** CMP funds cannot be used to pay for state salaries and for functions that states are required to perform. This category also includes funding for survey and certification operations**.** The exception is the administrative use of CMP funds by the State Agency necessary to administer, monitor, or evaluate the effectiveness of CMP projects.

14. **Previously Denied CMRP Projects:** CMP funds cannot be used to reactivate denied projects.

15. **Telemedicine Services and Equipment:** Telemedicine services and telemedicine equipment are not an appropriate use of CMP funds, as States may not use CMP funds to pay entities to perform functions for which they are already paid by State or Federal sources.

16. **Prohibited Budget Items:** CMP funds should not be used to include items or services that are not related to directly improving the quality of life and/or care of nursing home residents.

Budget items should not contain excessive costs, items already considered a nursing home responsibility, or services/items being paid for by a state or federal agency. Please see the accompanying list for further clarification.

17. **Mental and Behavioral Health Support CMP Applications:** CMS is committed to improving the quality of care for residents with underlying serious mental illness (SMI) and/or substance use disorder (SUD). CMS has partnered with SAMHSA to launch a national Center of Excellence which provides technical support and training to nursing homes to help care for individuals with SMI and/or SUD. Nursing homes are encouraged to pursue accessing SAMHSA's training and technical assistance, as CMS will not accept applications for these topics. Dementia training is excluded. To obtain information and access to this program, visit www.nursinghomebehavioralhealth.org.

Prohibited Budget Items

This list is not all-inclusive, and some items may require further CMPRP review.

- Infection control supplies
- Personal Protective Equipment (PPE)
- Any equipment required to perform a medical service/procedure
- Any equipment required to monitor patient health
- Outdoor furniture
- Permanent fixtures (lighting, bathtubs etc.)
- Standard resident beds
- Food
- Drink
- Background checks
- Patient assistive devices (hearing aids, prescription glasses etc.)
- Resident assessment instruments (RAI)
- Installed projection systems
- Curtains
- Patio
- Massage chairs
- Water fountain
- Any renovations to the physical layout of the building
- Patient fall detectors
- Nurse alert systems
- Tracking systems
- Incentives
- Laptops for nursing home staff
- Surround sound systems
- Telecom systems
- Nursing home staff salaries
- Telemedicine services or equipment
- Research or dissemination (conference fees, publication fees etc.)
- Reserve equipment
- Televisions
- Appliances (Washing machines, dryers, microwaves etc.)
- Landscaping
- Fixed gardens (permanent additions to the nursing facility, non-mobile)
- Resident transportation (nursing home shuttles etc.)
- Air conditioning/heat
- Private insurance
- Emergency supplies

Non-Allowable Uses of CMP Reinvestment Funds -Technology

Technology	Project Description
Artificial Intelligence Technology	Products that monitor patients remotely and alert assigned nursing teams to possible outcomes. Often used to create efficient nursing teams while increasing patient safety.
Interactive/Simulation Game Systems	Systems that create a virtual playground and provide games to foster interaction or a genre of games designed to mimic activities you would see in the real world.
Content-Driven Engagement Technology	The use of technology that creates meaningful experiences for older adults by connecting them to the world around them.
Virtual Reality (VR) Technology	A computer-generated environment with scenes and objects that appear real or natural immerses the user in their surroundings. The user perceives this environment through a device known as a virtual reality headset or helmet. VR is used to overcome social isolation through the power of positive shared experiences.
Telemedicine Equipment/Telehealth Monitoring Devices	Devices used to support Telemedicine or remotely monitor resident conditions.
Digital Signage	Electronic signage refers to display technologies like LED walls (or video walls), projection, and LCD monitors to vividly display webpages, videos, directions, restaurant menus, marketing messages, or digital images.
Computer Technology That Functions and Interacts as a Companion	Artificial technology that interacts with the resident and can summon help from a pre-programmed list of primary contacts. It can also start up a video call and send text messages. The devices can pick up patterns, learn daily routines, and recall, adding levels of empathy and personalization.
Technology Upgrades	Refers to upgrades to outdated technology products to conform to the latest subscription or version updates.

Facility-Wide Wireless Internet Facility Questionnaire

CMS is interested in learning more about wireless internet access for residents within facilities. **If your facility does not have facility-wide wireless internet for (Wi-Fi) for residents, please complete the following questionnaire**. Our goal in collecting this information is to gain a better understanding of the barriers that exist to having facility-wide Wi-Fi internet availability to residents. Your response will help inform our efforts to make potential funding supports available to facilities in need.

1. Name of Facility: _____

2. CMS Certification Number (CCN): _____

3. Primary Contact Name: _____

4. Primary Contact Phone #: _____

5. Address of Facility: _____

6. County/State: _____

7. Number of Certified Beds: _____ beds

8. Average Daily Census: _____ residents

9. If your facility does not provide facility-wide Wi-Fi access to residents, please select the most appropriate option from the list below, and provide additional information in section 10 below:

   ☐ Our facility is located outside of a service area for a company to provide or support facility-wide Wi-Fi.

   ☐ Our company firewalls prevent staff/resident access to internet/Wi-Fi.

   ☐ Our facility staff have Wi-Fi access, but residents do not (please explain why below).

   ☐ Our facility is unable to pay for Wi-Fi access to all staff and residents.

   ☐ Our facility currently provides internet access through another source (e.g., hard-wired computers available for residents in a community room). Please specify the source: _____
   _____

10. Explanation or Other Information:

   _____
   _____
   _____
   _____

After completing the questionnaire, please submit response to the CMP-info@cms.hhs.gov mailbox, no later than December 22, 2023.