# Application Packet for the Civil Money Penalty Quality Improvement Initiative

# MED-25-010

# Application Packet Contents and Instructions

1. **Fully complete and submit forms to the Issuing Officer listed in the RFP by the due date in the RFP’s Procurement Timetable.** Submit forms in the order below.

# Tab 1: Primary Applicant Detail & Certification Form

* Tab 2: Subcontractor Disclosure Form (if applicable)
* Tab 3: Additional Certifications
* Tab 4: Certification and Disclosure Regarding Lobbying

# Tab 5: Civil Money Penalty Quality Improvement Initiative Grant Application Form

* Tab 6: Attestation Statement
* Tab 7: Release of Information Form
* Tab 8: Minority Impact Statement
* Tab 9: Attachments. Include this tab to place any supplemental materials related to the Civil Money Penalty Quality Improvement Initiative Grant Application Forms (Tab 5) such as competitive quotes, brochures, efficacy studies, nursing facility letters of support, etc. If an Applicant has no attachments to provide, Tab 8 does not need to be included.
1. **Formatting Requirements for Application Submission:**

| **Subject**  | **Specifications** |
| --- | --- |
| **Paper Size** | 8.5" x 11" paper (one side only). Charts or graphs may be provided on legal-sized paper. |
| **Font** | Applications must be typewritten. The font must be 11 point or larger (excluding charts, graphs, or diagrams). Acceptable fonts include Times New Roman, Calibri and Arial.  |
| **Page limit and Pagination** | The Civil Money Penalty Quality Improvement Initiative Grant Application under Tab 5 is limited to 40 pages. Material in Tabs 1-4 and 6-8 are not included in the page limit. All pages of the application are to be sequentially numbered from beginning to end. |
| **Bid Proposal General Composition** | Applications must be bound or securely fastened and use tabs to label sections.  |
| **Envelope Contents and Labeling** | Envelope shall be addressed to the Issuing Officer and contain the original Application. |
| **Number of Hard Copies** | Submit one (1) original hard copy of the Application. The original hard copy must contain original signatures.  |
| **USB Flash Drive (required)** | * The Application must be provided on a USB flash drive.
* The Application must be saved in less than three files, with a preference for the entire Application in one file. Applications shall be provided in either PDF or Microsoft Word format.
* The budget shall be provided using the required Excel template.
* Files shall be text-based and not scanned image(s) and shall be searchable and not password protected or contain restrictions that prevent copying, saving, highlighting, or printing of the contents.
 |
| **Request for Confidential Treatment** | Requests for confidential treatment of any information in a Bid Proposal must meet these specifications:* The Applicant will complete the appropriate section of the Primary Applicant Detail Form & Certificationwhich requires the specific statutory citation supporting the request for confidential treatment and an explanation of why disclosure of the information is not in the best interest of the public.
* The Applicant shall submit one (1) complete paper copy of the Application from which confidential information has been redacted. This copy shall be clearly labeled on the cover as a “public copy”, and each page upon which confidential information appears shall be conspicuously marked as containing confidential information. The confidential material shall be redacted in such a way as to allow the public to determine the general nature of the material removed. To the extent possible, pages should be redacted sentence by sentence unless all material on a page is clearly confidential under the law. The Applicant shall not identify the entire Application as confidential.
* The budget and/or pricing information will be part of the ultimate contract entered into with the successful Applicant. Pricing information may not be designated as confidential material.
* The Applicant shall submit a USB flash drive containing an electronic copy of the Application from which confidential information has been redacted. This USB flash drive shall be clearly marked as a “public copy”.
 |
| **Exceptions to RFP/Contract Language** | * If the Applicant objects to any term or condition of the RFP or attached Sample Contract, specific reference to the RFP page and section number shall be made in the Primary Applicant Detail & Certification Form. In addition, the Applicant shall set forth in its Bid Proposal the specific language it proposes to include in place of the RFP or contract provision and cost savings to the Agency should the Agency accept the proposed language.
* The Agency reserves the right to either execute a contract without further negotiation with the successful Applicant or to negotiate contract terms with the selected Applicant if the best interests of the Agency would be served.
 |

# Application Packet

#  Primary Applicant Detail & Certification Form

|  |
| --- |
| **Primary Contact Information (person responsible of project implementation and who can address issues re: this Application)** |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Primary Applicant Detail** |
| **Business Legal Name (“Applicant”):** |  |
| **“Doing Business As” names, assumed names, or other operating names:** |  |
| **Parent Corporation Name and Address of Headquarters, if any:** |  |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.):** |  |
| **State of Incorporation/organization:** |  |
| **Primary Address:** |  |
| **County:** |  |
| **Phone:** |  |
| **Local Address (if any):** |  |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** |  |
| **Number of Employees:** |  |
| **Number of Years in Business:** |  |
| **Primary Focus of Business:** |  |
| **Federal Tax ID:** |  |
| **Are you a certified nursing home?** | □Yes □NoIf yes, please complete the following information:Name of Management Company: |
| **National Provider Identifier (NPI):** |  |
| **Medicare CCN:** |  |
| **Medicaid Provider Number:**  |  |
| **Is any outstanding Civil Money Penalty (CMP) due?** | □Yes □No □N/A |
| **Is the nursing home in bankruptcy or receivership?** | □Yes □No □N/A  |
| **Applicant’s Accounting Firm:** |  |
| **If Applicant is currently registered to do business in Iowa, provide the Date of Registration:**  |  |
| **Do you plan on using subcontractors if awarded this Contract? (If “YES,” submit a Subcontractor Disclosure Form for each proposed subcontractor.)** | □Yes □No |

|  |
| --- |
| **Request for Confidential Treatment (See Formatting Requirements for Application Submission Chart)** |
| **Location in Bid (Tab/Page)** | **Statutory Basis for Confidentiality** | **Description/Explanation** |
|  |  |  |

|  |
| --- |
| **Exceptions to RFP/Contract Language (See Formatting Requirements for Application Submission Chart)** |
| **RFP Section and Page** | **Language to Which Applicant Takes Exception** | **Explanation and Proposed Replacement Language:** | **Cost Savings to the Agency if the Proposed Replacement Language is Accepted** |
|  |  |  |  |

**PRIMARY APPLICANT CERTIFICATIONS**

1. **APPLICATION CERTIFICATIONS. By signing below, Applicant certifies that:**
	1. Applicant specifically stipulates that the Application is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Applicant Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Application. The Applicant accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract.
	2. Applicant has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Applicant agrees to be bound by the obligations included therein;
	3. Applicant has received any amendments to this RFP issued by the Agency; and,
	4. The person signing this Application certifies that he/she is the person in the Applicant’s organization responsible for, or authorized to make decisions regarding the prices quoted and, Applicant guarantees the availability of the services offered and that all terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.
2. **SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Applicant certifies that:**
	1. Applicant certifies that the Applicant organization has sufficient personnel resources available to provide all services proposed by the Application, and such resources will be available on the date the RFP states services are to begin. Applicant guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
	2. Applicant certifies that if the Applicant is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Applicant will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
	3. Applicant either is currently registered to do business in Iowa or agrees to register if Applicant is awarded a Contract pursuant to this RFP; and,
	4. Applicant certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a “retailer” of a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Applicant also acknowledges that the Agency may declare the bid void if the above certification is false. Applicants may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.
3. **EXECUTION.**

By signing below, I certify that I have the authority to bind the Applicant to the specific terms, conditions and technical specifications required in the Agency’s Request for Proposals (RFP) and offered in the Applicant’s Application. I understand that by submitting this Application, the Applicant agrees to provide services described herein which meet or exceed the specifications of the Agency’s RFP unless noted in the Application and at the prices quoted by the Applicant. The Applicant has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Application are true and accurate, and that the Applicant has not made any knowingly false statements in the Application.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

# Application Packet

# Subcontractor Disclosure Form

*(If a section does not apply, label it “not applicable”.)*

Fully complete a form for **each** proposed subcontractor. If a section does not apply, label it “not applicable.” If the Applicant does not intend to use subcontractor(s), this form does not need to be returned.

|  |  |
| --- | --- |
| **Primary Applicant (“Primary Applicant”):** |  |
| **Subcontractor Contact Information (individual who can address issues re: this Application)** |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **E-mail:** |  |
| **Subcontractor Detail** |
| **Subcontractor Legal Name (“Subcontractor”):** |  |
| **“Doing Business As” names, assumed names, or other operating names:** |  |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.)** |  |
| **State of Incorporation/organization:** |  |
| **Primary Address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **Local Address (if any):** |  |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** |  |
| **Number of Employees:** |  |
| **Number of Years in Business:** |  |
| **Primary Focus of Business:** |  |
| **Federal Tax ID:** |  |
| **Subcontractor’s Accounting Firm:** |  |
| **If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:**  |  |
| **Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.** |  |
| **General Scope of Work to be performed by this Subcontractor** |
|  |
| **Detail the Subcontractor’s qualifications for performing this scope of work** |
|  |

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP and Application, and Subcontractor agrees to perform the work indicated in this Application if the Primary Applicant is granted an award in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Applicant enters into a contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the contractor under the contract shall also apply to the subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor’s organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

|  |  |
| --- | --- |
| **Signature for Subcontractor:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

Application Packet

**ADDITIONAL CERTIFICATIONS**

**CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST**

By submission of an Application, the Applicant certifies (and in the case of a joint Application, each party thereto certifies) that:

1. The Application has been developed independently, without consultation, communication or agreement with any employee or consultant of the Agency who has worked on the development of this RFP, or with any person serving as a member of the evaluation committee;
2. The Application has been developed independently, without consultation, communication or agreement with any other Applicant or parties for the purpose of restricting competition;
3. Unless otherwise required by law, the information in the Application has not been knowingly disclosed by the Applicant and will not knowingly be disclosed prior to the award of the contract, directly or indirectly, to any other Applicant;
4. No attempt has been made or will be made by the Applicant to induce any other Applicant to submit or not to submit an Application for the purpose of restricting competition;
5. No relationship exists or will exist during the contract period between the Applicant and the Agency that interferes with fair competition or is a conflict of interest.
6. The Applicant and any of the Applicant’s proposed subcontractors have no other contractual relationships which would create an actual or perceived conflict of interest.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS**

By signing and submitting this Application, the Applicant is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Applicant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. The Applicant shall provide immediate written notice to the person to whom this Application is submitted if at any time the Applicant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Application is submitted for assistance in obtaining a copy of those regulations.
4. The Applicant agrees by submitting this Application that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Agency or agency with which this transaction originated.
5. The Applicant further agrees by submitting this Application that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND/OR VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS**

1. The Applicant certifies, by submission of this Application, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the Applicant is unable to certify to any of the statements in this certification, such Applicant shall attach an explanation to this Application.

**CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994**

The Applicant must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children’s services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The Applicant further agrees that the above language will be included in any sub-awards that contain provisions for children’s services and that all sub-grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to $1000 per day.

**CERTIFICATION REGARDING DRUG FREE WORKPLACE**

1. **Requirements for Contractors Who are Not Individuals.** If the Applicant is not an individual, by signing below Applicant agrees to provide a drug-free workplace by:
2. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person’s workplace and specifying the actions that will be taken against employees for violations of such prohibition;
3. establishing a drug-free awareness program to inform employees about:

(1) the dangers of drug abuse in the workplace;

(2) the person’s policy of maintaining a drug- free workplace;

(3) any available drug counseling, rehabilitation, and employee assistance programs; and

(4) the penalties that may be imposed upon employees for drug abuse violations;

1. making it a requirement that each employee to be engaged in the performance of such contract be given a copy of the statement required by subparagraph (a);
2. notifying the employee in the statement required by subparagraph (a), that as a condition of employment on such contract, the employee will:

(1) abide by the terms of the statement; and

(2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;

1. notifying the contracting agency within 10 days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
2. imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by 41 U.S.C. § 703; and
3. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).
4. **Requirement for Individuals.** If the Applicant is an individual, by signing below the Applicant agrees to not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of the contract.
5. **Notification Requirement.** The Applicant shall, within 30 days after receiving notice from an employee of a conviction pursuant to 41 U.S.C. § 701(a)(1)(D)(ii) or 41 U.S.C. § 702(a)(1)(D)(ii):
6. take appropriate personnel action against such employee up to and including termination; or
7. require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

**NON-DISCRIMINATION**

The Applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

# Application Packet

# Certification and Disclosure Regarding Lobbying

**Instructions:**

Title 45 of the Code of Federal Regulations, Part 93 requires the Applicant to include a certification form, and a disclosure form, if required, as part of the Applicant’s proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

1. The Applicant shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the Applicant, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
2. The Applicant shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Applicant or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Applicant and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

***Statement for Loan Guarantees and Loan Insurance***

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ‘‘Disclosure Form to Report Lobbying,’’ in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the Applicant has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

🞏 The Applicant is NOT including a disclosure form as referenced in this form’s instructions because the Applicant is NOT required by law to do so.

🞏 The Applicant IS filing a disclosure form with the Agency as referenced in this form’s instructions because the Applicant IS required by law to do so. If the Applicant is filing a disclosure form, place the form immediately behind this Attachment E in the Proposal.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

Application Form

**Civil Money Penalty Quality Improvement Project (CMPQIP)**

 **Grant Application Form**

**INSTRUCTIONS**: All Applicants must complete this Application Form by answering each of the components separately. Responses should provide sufficient detail so that the Agency can understand and evaluate the Applicant’s approach to each component. Review the Formatting Requirements for Application Submission section at the beginning of this document for the page limit for this section.

Please indicate ONE category that best describes the focus of the proposed project:

□ **Resident or Family Council**

 *Projects that focus on resident and family council development or improvement in resident*

 *centered services.*

□ **Consumer Information**

*Projects that share information about resident and resident representative rights, the nursing home care process, and generally anything useful that ensures quality care in nursing homes*.

□ **Training**

*Training that covers material that directly benefits nursing home residents.*

□ **Direct Improvements to Quality of Care**

*Projects that directly improve care for nursing home residents.*

□ **Cultural Change/Direct Improvements to Quality of Life**

*Projects that enhance a resident’s self-esteem and dignity. Culture change is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected.*

□**Other, please specify.**

**Project Title:**

**Project Time Period:**

Indicate the number of years and the specific dates relevant to the proposed project. Project durations must not exceed three years, or 36 months.

**Number of Nursing Homes**

Indicate the number of nursing homes that will be supported by this application.

**Component #1 Background and Capabilities (16 points)**

Organization History:

Provide the background and history of the Applicant organization, including details such as the organization’s mission statement and number of years in service.

Organization Capabilities:

Provide information about the organization’s capabilities, including products and services relevant to the proposed CMP initiative.

Organization Website:

Provide the website address for the organization requesting CMP funds, if available.

Previous CMP Project (Extension Project) Summary:

Has this CMP project been previously approved (same Applicant &/or collaborating partner, similar project focus but a different nursing home population)?

□ Yes □No □N/A If yes:

Were the results submitted to the Iowa State Agency? □ Yes □No □N/A

Is this previous approved project still in progress? □ Yes □No □N/A

Provide the unique identifier of the original or previously approved CMP project, the dates of execution and a list of state(s) where the project has been implemented.

Include the following as attachments to this application:

* list of the project deliverables
* written report including initiative results, challenges, and opportunities for improvement.
* prior application approval letter or email from the state agency

**Component #2: Project Description and Purpose (16 points)**

Provide a description of the project. It should clearly state and describe the following:

1. The problem, gap or the nursing home need this project is aiming to address.
2. The overall need for the Project. Applicants should provide evidence supporting the Project’s effectiveness or best practices by attaching supplemental materials such as brochures, efficacy studies and peer reviewed sources.
3. Any improvements that will be made through the project.
4. Where the project will be implemented.
5. Who will lead and be part of the project. Include qualifications of the professionals and other staff involved in the project.
6. If the project is to provide training, include the names, credentials (including education and experience) of each person providing the training. Explain how the components of the training will be implemented, including strategies to be used to educate direct care staff, volunteers, residents, and family members.

**Applicant’s Response:**

**Component #3: Goals, Objectives and Outcomes (20 points)**

The objectives and outcomes will be used as contract deliverables and performance measures if funding is awarded.

Under this component, Applicants should:

1. Describe the realistic, actionable project goals relevant to the project’s objective. The goal is the desired result you want to achieve and is typically broad and long-term.
2. Describe the project’s quantifiable objectives, including the specific metrics that will be used to measure actions the nursing home must take to achieve the overall goal. Applicants should list at least one objective and one outcome but no more than five. The objective defines the specific, measurable action the nursing home must take to achieve the overall goal. Applicants are encouraged to document objectives using the SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) method or a similar method.
3. Provide the baseline measurement for the Project’s objectives.
4. Describe details on how the Initiative will be monitored and evaluated specific to the outcome metrics.
5. Identify the data that will be collected, tracked, and evaluated during the Project.
6. Specify the person(s) who will be accountable for the project evaluation.

**Applicant’s Response:**

**Component #4: Implementation Plan and Timeline (12 points)**

Describe the plan to implement the project, including the implementation timeline.

*Provide a project work plan and timeline that clearly and concisely identifies action steps to be completed within each quarter of the Initiative. Action steps should be detailed and manageable. List the person(s) responsible for the identified action step(s); and funds to be expended.*

**Applicant’s Response:**

**Component #5: Benefit to Nursing Home Residents (16 Points)**

To be considered, Projects must support activities that protect and enhance the quality of care and/or the quality of life for nursing facility residents. Projects cannot supplant existing responsibilities of the nursing facility to meet Medicare/Medicaid requirements or other statutory and regulatory requirements.

Under this component, Applicants should:

1. Describe how this project will directly benefit nursing home residents.
2. Identify the number of facilities and nursing facility residents who will benefit or be impacted from the Project.
3. Describe the plans to measure the satisfaction of nursing facility residents impacted by the Project.

Demonstrate compliance with CMS’ Allowable and Non-Allowable criteria described in Sections B.3 and B.4 of the CMPQII RFP.

**Applicant’s Response:**

**Component #6: Nursing Home and Community Involvement (12 points)**

1. Describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project.
2. If the organization applying is not a nursing home, letters of support from all participating nursing homes are required in the application submission. Letter of support 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.
3. Identify any strategies to be used to promote and support in the Initiative’s success.

**Applicant’s Response;**

**Component #7: Deliverables and Performance Evaluation (16 points)**

Deliverables:

List any physical items that will be deliverables as a result of funding the Project (e.g training materials, project evaluation reports).

Performance Monitoring and Evaluation:

* Describe how the project’s ongoing performance will be monitored and evaluated throughout the term of the project, including specific outcome metrics and the intended outcomes.

Baseline and quarterly monitoring reports regarding the progress of the project shall be submitted to the Agency using the required report format in Attachment C of the CMPQII RFP. A final report summarizing the specific project objectives and outcomes must be submitted to the Agency following the completion of the project using the required report format in Attachment D of the CMPQII RFP.

**Applicant’s Response:**

**Component #8**: **Duplication of Effort, Risks and Sustainability (12 points)**

Duplication of Effort:

Provide information that demonstrates the project will not duplicate or overlap with the responsibility of the nursing home to meet existing Medicare and Medicaid requirements and other applicable statutory and regulatory requirements, nor duplicate federal or state services.

Risks:

Identify any potential risks or barriers associated with implementing the project and the plan to address these concerns.

Sustainability:

* Describe how the project will be sustained following the conclusion of CMP funding. If the Applicant will be seeking other funding sources, please provide further detail.
* If the project does not need to be sustained, include the rationale and analysis for that decision.

**Applicant’s Response:**

**Component #9: Other Partnering Entities (No points assigned)**

If the Applicant is collaborating with any other entity(ies) that will be partnering on this project (e.g. individuals, organizations, associations, facilities), list the following:

1. Identify the specific entity and the respective role in this project.
2. Identify specific deliverables for which the partnering entity(ies) will be responsible.
3. If applicable, include how much funding partnering entity(ies) will receive.
4. If applicable, indicate if the collaborating entity has submitted previously for CMP funding.

**Applicant’s Response**

**Component #10: CMP Project Funding (20 points)**

The Applicant must use the CMP Reinvestment Budget Template in Attachment B of the CMPQII RFP and submit the Budget Template with the application.

Total CMP Fund Requested Amount:

* If this is a multi-year project, then identify the amount for each year and the total for the entire project.

Describe the overall cost per resident:

Other Funding sources:

* Describe If other funding sources have been applied for and/or granted for this Project, explain and identify the funding sources and the amount.
* Describe if the Applicant or collaborating partners (if applicable) received Federal or State funds? If yes, please explain and identify the funding sources.

Provide a detailed line-item budget proposal using the CMP Reinvestment Budget Template in Attachment B, Describe the specific cost requirements within each of the following budget categories:

* Personnel: *an employee of the organization whose work is tied to the proposed project and provide estimated number of man hours and related duties.*
* Travel: *provide a breakdown of mileage/airfare, per diem, and hotel rates. Travel expenses must be reasonable. Refer to U.S. government allowance rates from the* [*www.gsa.gov*](http://www.gsa.gov) *website.*
* Equipment purchases and rentals: *materials necessary for the implementation of the project. Include the item description, the number of items requested and cost per unit.*
* Contractual: *any costs associated with project activities that are undertaken by a sub-contractor or third-party contractor. A detailed line-item breakdown of each sub-contractor’s expenses should be included in the budget.*
* Other direct costs: *expenses not covered in any of the previous costs.*
* Total indirect costs: *overhead costs allocable to the project such as a federal negotiated rate with a university. Submit a copy of the federally negotiated rate agreement with the application.*
* Cost-sharing: *total non-CMP funds received or anticipated for this project. The amount entered in the cost-sharing field of the CMP Reinvestment Budget Template will be automatically subtracted from the total project cost field.*

If you are purchasing goods and services that are available from multiple sources, you must include three competitive quotes for the cost of any equipment, construction, and labor. The quotes shall be from businesses that comply with federal state and local laws as required for the health and safety of the nursing facility residents.

Please note budget items for anything prohibited by the CMS CMPQII Guidelines are described in Attachment E of the CMPQII RFP.

**Applicant’s Response:**

Application Packet

**Civil Money Penalty Quality Improvement Project**

**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. 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.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Printed Name/Title:** |  |
| **Date:**  |  |

Application Packet

**Release of Information**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Applicant) hereby authorizes any person or entity, public or private, having any information concerning the Applicant’s background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

 The Applicant acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Applicant acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The Applicant is willing to take that risk. The Applicant agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Application Packet

 **Minority Impact Statement**

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009, shall include a Minority Impact Statement. This is the state’s mechanism to require grant Applicants to consider the potential impact of the grant project’s proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

[ ]  The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

**\_\_\_**Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

[ ]  The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

 Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

\_\_\_Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

[ ]  The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

 Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Definitions**

“Minority Persons,” as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability,” as defined in Iowa Code Section 15.102, subsection 5, paragraph “b,” subparagraph (1):

*b.* As used in this subsection:

 (1) *"Disability"* means, with respect to an individual, a

 physical or mental impairment that substantially limits one or more

 of the major life activities of the individual, a record of physical

 or mental impairment that substantially limits one or more of the

 major life activities of the individual, or being regarded as an

 individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

 *"Disability"* does not include any of the following:

 (a) Homosexuality or bisexuality.

 (b) Transvestism, transsexualism, pedophilia, exhibitionism,

 voyeurism, gender identity disorders not resulting from physical

 impairments or other sexual behavior disorders.

 (c) Compulsive gambling, kleptomania, or pyromania.

 (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency,” as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other Agency or authority of the State of Iowa.