



MINNESOTA-SPECIFIC
Instructions for COVID-19 In-Person Visitation Aid Requests – *REVISED 2/11/22*
and
Sample Visitation Aid Application Form

Thank you for your interest in applying for a Minnesota Civil Money Penalty (CMP) grant for COVID-19 In-Person Visitation Aids.

Please read this document in its entirety, prior to submitting your application. This document provides Guidance for the completion and submission of the CMS COVID-19 In-Person Visitation Aid Application Form.

The Centers for Medicare and Medicaid Services (CMS) and Minnesota have approved the use of CMP funds for the purposes of providing aids that address the need of facility residents to have in-person visitation.

Section 1 – Eligibility Guidelines

Facilities should ensure person-centered approaches and core principles for preventing COVID-19 transmission are followed while using in-person visitation aids. Visitation can occur safely based on the guidance. Core principles and best practices that reduce the risk of COVID-19 transmission include:

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions
- Use of proper [hand hygiene](#) (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g. use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often and designated visitor areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g. separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (<https://www.cms.gov/files/document/qso-20-28-nh-revised.pdf>).

Successful applicants must also *agree* to the following conditions:

- Ensure appropriate Life Safety Code requirements found at 42 CFR 483.90 are met (unless waived under the Public Health Emergency (PHE)) and follow all guidance issued through the Minnesota Department of Health (MDH)
- Tents or other shelter sizes must allow for social distancing to be observed
- Core principles of infection prevention and control practice guidance are followed; surfaces must be cleaned and disinfected between resident use. Review the [EPAs List N: Disinfectants for Use Against SARS-CoV-2](#) to determine if the disinfectant identified in the manufacturer’s instructions meets the EPA’s criteria
- Follow all State and Federal guidance, with regards to appropriate level of visitation, mask usage, cohorting of COVID cases, etc.

On 2/2/22, the CMS issued revised Guidance on Nursing Home Visitation – COVID 19

(Specifically Refer to items 12-15 in the FAQ portion:

<https://www.cms.gov/files/document/gso-20-39-nh-revised.pdf>).

At the same time, CMS revised the guidance for the use of CMP funds and clarified that CMP funds *can also* be used to purchase any of the following items, strictly for the purposes of in-person visitation:

Facilities may now request the use of CMP funds (in addition to previously approved uses), for the purchase of:

-portable fans

-portable room air cleaners (e.g. with high efficiency particulate air filters, with at least a HEPA H13 or H14 or higher rated filter, to increase or improve air quality.

A maximum request of \$ 3,000 *per facility* (including shipping costs) may be requested.

CMS has developed an application template for requests for the use of Civil Monetary Penalty (CMP) funds to provide nursing facilities with in-person visitation aids.

To be eligible, applications must be:

- for a MN Medicaid-certified nursing facility
- made on the CMS COVID-19 In-Person Visitation Application Template (no other application form will be accepted)
- for equipment used to directly address the need to facilitate in-person visits for residents
- for equipment that has *not yet been purchased or rented (no monies will be reimbursed for items that were purchased/rented prior to having a fully executed contract in place)*

- for allowable equipment *only* (e.g. portable fans, portable air cleaners, tents or other shelter for outdoor visitation and/or clear dividers (e.g. Plexiglas® or equivalent material such as polycarbonate)). No prohibited items should be included on the application.
- limited to a maximum total of \$ 3,000 per eligible facility, for tents or other shelter for outdoor visitation and/or clear dividers
- limited to a maximum of \$ 3,000 per facility for indoor portable fans and/or indoor portable air cleaners (**NOTE: facilities that previously received monies to purchase other types of visitation aids may apply for an additional \$ 3,000 grant, to be used to purchase portable fans and/or portable air cleaners).**)

What must be included in the application and budget?

Applications must include ALL the following information, including the line item budget for all visitation aids (and associated costs):

- name of the facility applying to receive the visitation aids
- the facility CMS Certification Number (CCN)
- number of certified facility beds
- type(s) of visitation aids (i.e. equipment description (incl. brand and model))
- cost per visitation aid/item
- total number of visitation aids/items requested
- total funds requested

Examples of Allowable Visitation Aid Requests

- Tents, including installation (purchase and/or rental)
- Other shelters for outdoor visitation and/or clear dividers
- Clear Dividers (plexiglas®, polycarbonate or similar product), including installation – to create a physical barrier to reduce the risk of transmission during in-person visits
- Indoor portable fans; and/or
- Indoor portable air cleaners (with HEPA H13 or H14 or higher rated filters)
- Other items with a similar purpose (on a case-by-case basis, requiring prior approval)

PROHIBITED Items (includes, but is not limited to)

- Administrative fees (i.e. payment of individuals to help administer the program)
- COVID-19 testing machines, equipment or supplies
- Disinfectants and cleaning supplies (wipes, hand sanitizer, etc.)
- Food or beverages
- Indirect costs (e.g. federally determined indirect (facilities and administrative-F&A or overhead) costs such as staff fringe benefits or facility maintenance, rent or utilities

- No-smoking or other signage
- Personal protective equipment (PPE)
- Portable fire extinguishers
- Air conditioning units
- Staff salaries or wages
- Travel expenses
- Ventilation systems

NEXT STEPS:

Submitting an application (read through these instructions before proceeding)

- 1) **Each individual facility** must submit a separate application. A corporate entity may complete the form on behalf of a facility, however each facility must have a separate application and the “applicant contact and background information” (item #3 on the application) should list the contact information for that *individual facility (not a corporate contact)*.

Please NOTE:

-Do **NOT** make any *changes* to the CMS Application form (other than answering the required questions).

-Section #7 (optional addendum to the budget), should be used ONLY if you have more items than will fit in the table under Section #5.

- 2) Complete, sign and date the CMS CMP COVID-19 In-Person Visitation Application (incomplete applications will be returned to the applicant).
- 3) Submit the CMS COVID-19 In-Person Visitation Application via email attachment, to DHS via email at: DHS.NFRP.CostReport@state.mn.us
- 4) DHS will notify successful applicants via email, with an approval letter. This email will contain further instructions and contracting information. *Please pay close attention to the next steps and complete as instructed, prior to the purchase of any materials.*
- 5) Applicants that are ineligible or that have incomplete applications, will be notified via email.
- 6) For *approved* applications, please do **NOT** make any purchases or rent any equipment before receiving permission by DHS (a signed contract amendment must first be processed). Any such purchases will be ineligible for reimbursement.

NOTE: Successful applicants are required to retain original receipts for *all* purchases or expenditures made in accordance with your grant contract. Submit copies of these receipts to DHS along with the required invoice form. You will receive further instructions on how to request payment from DHS.

If you have questions about completing this application, please [contact our staff liaison via email](#).

SAMPLE VISITATION AID GRANT APPLICATION

2. Eligibility Guidelines – confirm this project meets criteria outlined in Section 1.

Yes No

3. Applicant Contact and Background Information

Contact:	Mary A. Shadwick
Name:	Rosy Pines Rehabilitation Center
Phone:	(218) 555-1234

Email:	mshadwick@rosypines.org
Address:	222 Main St. Red Island, MN 56555
State:	Minnesota

4. Total CMP Fund Request Amount \$24 49.34

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)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
Rosy Pines Care	231645	75	Jade Model 2930 HEPA 13 Air Cleaner (incl. tax)	1075.20	2	2150.40
“	“	“	Shipping charges - Surgical Air air cleaners	155.00	1	155.00
“	“	“	Home Depot portable box fans	23.99	6	143.94
TOTAL PROJECT COST:						\$2449.34

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.

