

CMP Project - ResoLute Program

Applications to participate must be submitted via email attachment to munna.yasiri@state.mn.us no later than 11:59 p.m. on Friday August 18th, 2023.

SECTION 1

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| Facility Name or Organization | |
| Address | |
| Primary Contact Name | |
| Contact Title | |
| Contact Phone | |
| Contact Email | |
| Contact Address | |
| Project Leader | |
| Leader Title | |
| Leader Phone | |
| Leader Email | |
| Facility MN Taxpayer I.D. # | |

SECTION 2

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| <p>Provide a brief overview of the facility. This section should include brief information about the facility, number of residents served, and geographic area served. Include any strengths about your organization you feel may add to your success in implementing this project.</p> |
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SECTION 3

Description of the Population to be Served: Describe the level of need and/or interest in the ResoLute Program in your nursing facility, including the numbers of residents your facility believes can benefit from this type of program and how you will identify the residents that may wish to participate. Describe how you will educate residents and their families and/or representatives about the benefits of this program and how you will invite them to participate.

SECTION 4

Project implementation:

Please briefly address the following, by providing a designated staff member name/s and contact email:

- 1) Identify which staff member/s will be responsible to Lead this project
- 2) Identify which staff member/s will be responsible for presenting this project information to and training residents/families
- 3) Identify which staff member/s will be responsible for completing the reporting requirements for this program.

SECTION 5

Evaluation Plan: Each participating facility has the responsibility to measure the project results and report on these measures in a timely manner. You may need to work with ResoLute staff on some of these measures. These results will in turn, be reported to the federal Centers for Medicare and Medicaid Services (CMS). *You will receive a reporting form later in the project, to report these results measures.*

(Please note: this is an important component of all CMP projects. Failure to report on these measures in a timely manner may result in the facility being disqualified from receiving future CMP funding).

Please identify the staff member/s who will have the primary responsibility for collecting and reporting on this data:

- Number of facility staff trained.
- Number of training sessions held.
- The number of participating residents in the Reflection and Connection groups.

- The receipt of all ResoLute program materials.
- Incorporation of resident results into care planning.
- Administer and compile resident and family satisfaction surveys.

Please check the box to indicate that you understand and accept the reporting requirements and accept responsibility for submitting this information in a timely manner.

SECTION 7

Budget Proposal: This section specifies the grant amount requested (\$ 2,572.60). Facilities are required to use these funds to pay ResoLute directly for the training, materials, and consultative assistance in implementing this program. (Please note: facilities must submit an invoice from ResoLute along with the DHS CMP Invoice form, in order to obtain reimbursement for these grant funds for qualifying expenditures. Reimbursement can never exceed the amount of actual qualifying expenditures approved for this project. Your facility will be required to complete a separate contract amendment to proceed with this project.

Check the box to indicate that you are requesting \$ 2,572.60 to complete this project and that the facility is required to pay this amount to ResoLute for their services.

Check the box to indicate that you understand that documentation of project expenses such as an invoice, will be required to obtain grant funds.