



MINNESOTA-SPECIFIC ADDENDUM

Instructions for COVID-19 CMP Technology Grant Applications

Thank you for your interest in applying for a Minnesota Civil Money Penalty (CMP) grant for COVID-19 Communications Technology.

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 Communicative Technology Request Application Form.

Both the Centers for Medicare and Medicaid Services (CMS) and Minnesota have approved the use of CMP funds for the purposes of providing communication technologies that address the needs of facility residents, due to limitations placed on visitation as a result of COVID-19.

To be eligible, applications:

- Must be for a MN Medicaid-certified nursing facility
- Must be made on the CMS COVID-19 Communicative Technology Request Application
- Must be for technology that has not yet been purchased (CMS does not allow for the reimbursement of technology that has already been purchased)
- Must be for allowable equipment and accessories only (no software)
- Are limited to \$3,000 per eligible facility (applicants wishing to apply for exceptions (e.g. for large numbers of residents) should contact DHS for further guidance. These applicants must provide additional information and applications for exceptions must be approved by CMS.

Successful applicants must agree to the following conditions:

- Devices should be shared among residents, with a ratio of 1 device to 7-10 residents.
- Facilities may not purchase personal devices for any specific resident
- Devices should not be shared between COVID-19 positive (or suspected COVID-19 patients) and other residents (COVID-19 negative or observation status)
- Facilities must determine the manufacturer guidelines with regards to cleaning and disinfecting devices and equipment. Facilities must also read and understand these guidelines, train facility staff on these guidelines, and ensure the facility implements these guidelines
- Review the EPA's Disinfectant List for Use Against SARS-CoV-2, to determine if the disinfectant listed in the manufacturer's instructions are listed
- Devices must be cleaned and disinfected between each resident use
- Devices must be able to support both virtual social and telehealth visits
- Ensure all appropriate infection prevention and control measures are followed
- Ensure that the facility has internet and WiFi capability (if needed) for the proper design and operation of the program/s that will be utilized
- Ensure that devices have all needed software programs installed to enable proper operation of the programs intended for use in virtual social and telehealth visits (e.g. WhatsApp (international), FaceTime (Apple), Google Meet, Facebook Messenger, Skype 9, etc.)

Examples of allowable devices that promote virtual social or telehealth visits:

Amazon Echo Show, Facebook Portal, iPad, iPad Mini, Kindle Fire, Microsoft Surface, Samsung Galaxy Tablet, Other devices that enable virtual social and telehealth visits

Examples of allowable accessories:

Protective covers (that allow for cleaning and disinfection), cables, tripods (floor and table top), headphones (of individual use only), external speakers, adaptive/assistive equipment, cleaning and disinfection products in accordance with recommendations of the device manufacturer.

Next Steps: Submitting an application (please read this entire document completely before proceeding)

- 1) MN requires that **each individual** facility submit a ***separate*** application. NOTE: This differs from the instructions on the CMS CMP COVID-19 Technology Application. This is a requirement of our contracting process, no exceptions will be made. A corporate entity may complete the form on behalf of each facility, however the “organization contact information” (item #3 on the application) should list the contact information for the individual Minnesota facility.
- 2) Please NOTE: do **NOT** make any changes to the Application form, other than answering the required questions)
- 3) Complete, sign and date the CMS CMP COVID-19 Technology Application (incomplete applications will be returned to the applicant).
- 4) Submit the CMS COVID-19 Technology Application via email attachment, to DHS via email at: **DHS.NFRP.CostReport@state.mn.us**
- 5) *In the body of the email* containing your CMS COVID-19 Technology Application, please provide your organization’s MHCP Provider ID#, your Federal Tax ID # and your MN Tax ID #.
- 6) Successful applicants will be notified by DHS via email with an approval letter. This email will also contain a micro-grant contract. The micro-grant contract must be completed and returned to DHS, as instructed in the acceptance email.
- 7) Applicants that are ineligible or have incomplete applications, will be notified via email.
- 8) Please do **NOT** make any purchases prior to being granted permission by DHS. Any such purchases will be ineligible for reimbursement.

NOTE: Successful applicants are required to retain original receipts for all purchases made in accordance with your grant contract. These receipts must be submitted to DHS on the required invoice form. You will receive further instructions on how to request payment.

SAMPLE APPLICATION

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

Yes No

3. Applicant Contact and Background Information

Organization Contact Information	
Contact:	XYZ Facility
Name:	John Doe
Phone:	555-555-5555
Email:	johndoe@asdf.com
Address:	555 1st St, City, MN 55555
State:	Minnesota

4. Total CMP Fund Request Amount 2843.54

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 virtual communication by residents.

Facility Name	CMS Certification Number (CCN)	Number of Certified Facility Beds	Type of Device (e.g., Tablet, Webcam)	Cost per Device	Number of Devices	Total Cost per Facility
XYZ Facility	123456	120	Facebook Portal+	229.99	6	1379.94
			Kindle Fire HD 10	129.99	7	909.93
			MoKo Tablet Stand	7.99	7	55.93
			MoKo Kindle Fire Case	14.99	6	89.94
			Maeline Headphones (10pk)	23.99	12	287.88
			MagicFiber Microfiber Cloths (30pk)	19.99	3	59.97
			Clorox Wipes (225ct)	11.99	5	59.95
						0
						0
						0
TOTAL PROJECT COST						2843.54

If the project includes more items than will fit in the table above or the addendum section below, please provide a complete record in an Appendix.

6. Attestation Statement

CMP funds have been provided for the express purpose of enhancing quality of care and quality of life in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and applicant requirements.

Name of the Applicant (print): **John Doe**

Date of Signature: **May 8th, 2020**

Signature of the Applicant: 