

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**NURSING HOME CIVIL MONETARY PENALTY QUALITY IMPROVEMENT
(CMPQI) PROGRAM IMPLEMENTATION FUNDING OPPORTUNITY**

RFA # 34305-22117

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Background:

Although Tennessee nursing homes have made progress in improving the quality of life and care of residents through joint partnerships and involvement in national and state quality improvement initiatives, according to the United Health Foundation's annual report, America's Health Rankings 2015 Senior Report, Tennessee continues to rank 44th in overall senior health. The 2013-2015 Reports to the General Assembly: Nursing Home Inspection and Enforcement Activities, states Infection Control was the number one health and quality of care deficiency in nursing homes. Nursing Homes (NH) differ from other health care facilities concerning infection control and healthcare acquired infections. Evidence points to these differences as being: nurse turnover being higher in NH than other health care facility types; prevalence of chronic and frail residents in NH; and the high number of NH residents diagnosed with pneumonia (the leading cause of death in NH residents).

According to the United Health Foundation Report 2015, and the 2013-2015 Reports to the General Assembly: Nursing Home Inspection and Enforcement Activities, falls and hip fractures are a frequently cited deficiency in nursing homes and is the third most frequently cited deficiency under federal tag number 323. Nursing Home residents account for about 20% of deaths from falls in adults over 65 years of age. Reports suggest that one-half to three-quarters of all NH residents experience a fall every year and that many falls go unreported.

The 2012 National Partnership to Improve Dementia Care was launched by the Centers for Medicare and Medicaid Services (CMS) to reduce the use of unnecessary antipsychotic medications. This national initiative mandates each individual state reduces the use of antipsychotic medications by 25% by the end of 2015 and by 30% in 2016. Most recent data (Q32015) indicate Tennessee's rate stood at 20.29% as compared to the national rating of 46th, up from being tied for 49th when the campaign began.

The CMS began efforts to improve the quality of care and quality of life in nursing homes with the passage of OBRA '87. This law included new mandates for quality of life, quality of care, and resident rights. To further the CMS' work to implement these important aspects of the law and regulations, CMS has become a part of a national movement known as "culture change" (other terms for culture change may include "resident-directed care," "person-centered care," and "individualized care."). At national and state levels, nursing home facilities are actively engaged in quality improvement initiatives which the culture change movement, including the Quality Improvements in Long-Term Services and Supports Nursing Facility Value-Based Purchasing Framework (QuILTSS), Advancing Excellence in America's Nursing Homes' Campaign, and National Nursing Home Quality Care Collaborative (NHQCC) are addressing.

Request for Application:

The Tennessee Department of Health requests applications for one-time funding through the Civil Monetary Penalty Quality Improvement (CMPQI) program. This award is intended to support evidence-based initiatives that improve the quality of life and /or quality of care for individuals currently residing in Nursing Home (NH) facilities in the state. The CMPQI program is funded by fines collected from nursing homes found in violation of federal certification requirements by the federal Centers for Medicare and Medicaid Services. CMPQI works to improve the quality of care and quality of life in nursing homes and support the national movement known as “Culture Change” (also referred to as “Resident-Directed Care,” “Person-Centered Care,” and “Individualized Care”).

As part of this effort, TDH will administer grants to entities that can develop programs for the direct improvement of resident outcomes. Funded programs must showcase a variety of enhancement philosophies through current and sound evidence-based practices.

For the 2016 grant cycle, successful applicants should submit applications that target one or more of the following focus areas:

- (1) Implementation of strategies to reduce the incident and spread of infection among nursing home residents
- (2) Reduce the number of accidents and improving mobility
- (3) Reduction of unnecessary antipsychotic medication use among nursing home residents
- (4) Implementation of culture change initiatives that go beyond regulatory requirements to improve quality of care and life
- (5) Improve quality of life and care of residents through person-centered care.

In addition, proposals should address the following:

- Target improvement of life or care of residents at multiple facilities, regionally or statewide
- Test cost-effective, sustainable strategies for producing lasting improvements and positive changes to facility care methodologies
- Improve quality of life or care of residents through proposals that are novel in design but structured with regard to current evidence or demonstrated models
- Demonstrate clear evidence of strong community partnerships and sharing of resources

- Indicate cost-effectiveness and sustainability of proposed interventions and the ability to disseminate findings to other facilities, educational institutions, workplaces, etc.

The project period for each grant will typically be 12 months, dates of which shall be indicated in the notice of grant award. The Request for Application will be opened on a quarterly basis with 2-3 applications being approved by TDH for submission to CMS. Additional funding beyond the 12-month project period is subject to State and CMS approval. While funding amounts for grants will vary by circumstance and need, they will not typically exceed \$500,000 for the project period. TDH reserves the right to issue subsequent requests for applications for CMPQI funds at any time during or after this application process.

Eligible applicants include:

- certified nursing homes
- academic or research institutions
- local or tribal governments
- health-related service providers,
- consumer advocacy organizations,
- resident or family councils,
- professional nursing home associations,
- state ombudsmen programs,
- quality improvement organizations

Only one proposal will be accepted per applicant. All grant funds must be spent in the furtherance of proposed program. Applicants must demonstrate evidence of financial stability, utilize evidence-based practices, and show measurable results in its programs.

Successful CMPQI awardees are expected to use grant funds to address and meet identified local/community/statewide needs in the area of improvement of life and/or direct hands-on quality of care and treatment of current residents of Tennessee licensed nursing home facilities, participating in Medicare and/or Medicaid.

Funds issued through CMPQI may not be utilized for the following uses:

- To support or expand existing statutory programs
- To pay for capital improvements to a nursing home, or to build a nursing home
- 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 etc.
- For non-nursing home residents
- To pay the salaries of temporary managers who are actively managing a nursing home

- To pay staff salaries
- For generators or motor vehicles
- For out of state travel reimbursement
- For computers or computer systems for administrative purposes
- For any item which has been or will be included on the facility cost report which eventually will be included in the Medicaid nursing home reimbursement rate
- For removal of nurses stations
- For any current or previous training initiative(s) funded with CMPs
- To enlarge or enhance an existing appropriation or statutory purpose that is substantially the same as the intended project(s) or use(s)
- To perform functions for which the applicant may have already been paid to perform by State or Federal sources
- To engage in projects that might result in a conflict of interest.

The State has compiled a list of suggested grant ideas for applicants. This list is available as a reference document, “CMPQI Suggested Grant Topics”, found on the TDH Funding Opportunities website under this competitive listing. Applicants are not limited to pick from one of the ideas on the list but they are strongly encouraged. Applicants should feel free to take an idea from the list and expound upon it or morph it into something that meets a special need in their facility.

Further information on Civil Monetary Funds can be found at the following website:

http://ltcombudsman.org/uploads/files/library/cmp-funds-by-state_0.pdf

I. APPLICATIONS:

To respond to this Request for Application, please complete the CMS Civil Monetary Penalty Grant **Application**, which is attached as **Attachment 1**. The **Application** contains detailed questions about your organization’s background and the specifics of your proposed project. The State’s team of evaluators will review **Applications** and will forward to CMS those applications recommended for award on the basis of criteria such as:

- *Adequacy of plan of operation*
- *Access to data needed*
- *Proposed expenses and cost effectiveness*
- *Plan for project execution*
- *Past experience with similar projects*
- *Experience of key project personnel*
- *Collaboration with relevant partners*
- *Level of projected impact*

Attachment 2 is the Grant Budget. This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form and the attached Line

Item Details form. A description of how dollars will be used must be provided for each line item completed, as applicable for the Budget form.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16 of that policy) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

<http://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>

II. Schedule of Events

The following is the anticipated schedule for awarding grants for the Nursing Home CMPQI Program Implementation Funding Opportunity. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		April 1, 2016
2. Pre-proposal Teleconference	2:00 p.m.	April 6, 2016
3. Written “Questions & Comments” Deadline	2:00 p.m.	April 13, 2016
4. State Response to Written “Questions & Comments”		April 20, 2016
5. Deadline for Applications	2:00 p.m.	May 2, 2016
6. Initial Evaluation Notice Released	2:00 p.m.	May 24, 2016
7. Estimated effective Start Date of Contract		August 1, 2016

Pre-proposal Tele-Conference:

A Pre-Proposal Teleconference will be held at the time and date detailed in the Schedule of Events to answer questions concerning the funding opportunity.

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however, attendance is not mandatory. The teleconference number is **(888) 757-2790** and the participant passcode is **766173**. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed

below in Section III. The presentation will also be available via adobe connect at the following link:

Web link: <http://stateoftennessee.adobeconnect.com/procurement/>

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section III., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website:

<http://tn.gov/health/article/funding-opportunities>

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

III. Submission of APPLICATIONS:

Please submit the completed **APPLICATION** with all attachments by online submission via the following link no later than 2:00 p.m. on **May 2, 2016**.

Web Link: <http://tn.gov/health/article/funding-opportunities>

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Office
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

Checklist for Submission of Applications:

- CMS Fillable Application (**Attachment 1**) (Expand up to max of 20 pages with all attachments), signed in blue ink
- Job descriptions for key personnel (one page limit)
- Biographical sketches/Curriculum Vitae for currently employed key personnel (one page limit)
- Project organizational chart (include significant collaborators)
- Letters of Commitment from Participating Partners
- General Assurances signed in blue ink
- 2-page Budget Form (**Attachment 2**)

IV. Application Evaluation:

Successful applications will be subject to a three tiered application. The first evaluation will be done by special committee comprised of a minimum of three or more uninterested representatives of the Department of Health and/or other state agencies.

Following the initial evaluation by the special committee, the application must then be reviewed by the Office of Health Care Facilities. That office might seek additional information to approve or deny the application. If that office approves the application then it must be submitted to CMS for review and final approval or denial. CMS may also seek additional information to approve or deny the application. Once CMS denies an application, there is no appeal process, however the applicant may reapply again during any subsequent issuance of request for CMP grants.

A. Applications will be evaluated for the following criteria:

- Adequacy of plan of operation
- Access to data needed
- Proposed expenses and cost effectiveness
- Plan for project execution
- Past experience with similar projects
- Experience of key project personnel
- Collaboration with relevant partners
- Level of projected impact

Priority given to applications that target one of five focus areas:

- Infection Control
- Reduce Falls and Accidents
- Reduce Antipsychotic Medication Use
- Improve Quality of Care and Life
- Person-centered Care

APPROACH (30 Points): Includes strategy, goals, objectives, and targeted outcomes. Should also describe target population and reason for selecting that focus (i.e., needs assessment). Ideally, would also mention how this aligns with strategic priorities (applicant's, as well as federal, state, and other agencies involved).

ORGANIZATIONAL CAPACITY (15 Points): Includes brief background on the organization (type of organization, history, total budget/employees, programs/services). Should describe experience with similar projects, relevant successes/challenges, and partners which are involved in project. Bio-sketches/resumes of key staff to be involved in the project should be included.

OUTCOMES MEASUREMENT AND CONTINUOUS IMPROVEMENT (30 Points): Applicants should define 1-5 key indicators which they will track (what, how, when, who, why?) and review (who, when?) as part of a continuous quality improvement process. For example, *Reduce falls by 20% over 12 months. Monthly review of number of falls by staff, discussion of causes, ways to prevent, etc., followed by implementation (training, improvements to facilities, lighting improvements, signage for families, planned interventions for high-risk patients, etc.).*

FINANCIAL FEASIBILITY AND SUSTAINABILITY (15 Points): How reasonable is the budget particularly given the number of patients to be impacted? Describe the balance of overhead, staff, supplies, equipment. Sustainability should describe the organization being able to cover the basic operating costs (staff, supplies) after the grant ends—increased revenue (from increase in fees, payment incentives for better quality, or operational efficiencies that generate savings).

INNOVATION AND REPLICABILITY (10 Points): The proposal should use evidence-based practices (researched and proven to be effective). If the idea is creative / innovative, then once piloted, the applicant will then share “lessons learned” (whether they succeed or fail), so that others might copy / improve upon their project. Willingness to write up a summary report, or present information about their project at a conference, or other way to disseminate information, is a part of the continuous improvement process.

- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. Both the State and CMS reserve the right to waive minor variances or reject any or all applications. The State and CMS reserve the right to request clarifications from all applicants.

V. **Sample Grant Contract:**

Following the State's evaluation, one of the **Sample Grant Contracts** attached to this RFA will be prepared. There are three different Sample Grant Contracts and only one would apply for your agency or organization. They are as follows:

GG – Governmental Grant Contract (Cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

GR – Grant Contract (Cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)

IG – Interagency Grant Agreement (Cost reimbursement grant agreement between two Tennessee state agencies, University of Tennessee, or Board of Regents colleges and universities)

If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Grant Contract with their legal counsel prior to submitting an application for a Nursing Home CMPQI Program Implementation Funding Opportunity grant award and notify the State *in advance* if it cannot accept any terms or conditions. The RFA asks you to list any terms or conditions that your organization cannot accept. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be entertained.**