



CIVIL MONEY PENALTY REINVESTMENT PROGRAM

APPLICATION HANDBOOK





Introduction

The Civil Money Penalty Reinvestment Program (CMPRP) represents a transformative approach to nursing home quality improvement, converting regulatory enforcement actions into meaningful opportunities for enhancing resident care. This innovative initiative from the Centers for Medicare & Medicaid Services (CMS) enables states to strategically reinvest civil money penalty (CMP) funds collected from nursing facilities into projects that directly benefit the quality of life and care of residents.

This resource serves as a comprehensive handbook, providing applicants with a structured framework for developing successful applications. It equips nursing home staff, administrators, and stakeholders with the technical tools and assistance necessary to drive measurable improvements in care delivery. The handbook provides essential guidelines for creating and submitting applications to State Agencies for the strategic use of CMP funds, ensuring alignment with CMS objectives while maximizing benefits for vulnerable nursing home populations nationwide.

The application process for CMP funds is determined by the state in which the nursing home is located. While the handbook guidelines are consistent nationwide, individual states may have different processes, such as submission timeframes and specific procedural steps. Applicants are encouraged to contact their designated State Agency CMPRP representative for more information. See the “State Agency CMPRP Contacts” section for contact details.

Only CMS-approved application forms will be accepted. State Agencies will review applications to ensure compliance with state-specific requirements, program policies, and federal regulations (42 CFR §488.433). For additional assistance or information, the CMS CMPRP Team can be contacted directly at CMP-info@cms.hhs.gov.





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Background

A Civil Money Penalty (CMP) is an enforcement remedy that CMS may impose against skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified SNFs/NFs when these facilities fail to maintain substantial compliance with Medicare and Medicaid participation requirements for long-term care facilities, as outlined in the Code of Federal Regulations (42 CFR §488.430). A portion of the collected final CMP amount is returned to the state where the facility for which the CMP is imposed is located. The funds must be dedicated exclusively to activities that support and protect nursing home residents.

The legal foundation for the program stems from the federal regulation at 42 CFR 488.433, which provides that CMP funds be utilized specifically to support activities that protect or improve the quality of care or quality of life for long-term care facility residents. The program is funded through the state portion of collected civil money penalties, ensuring a sustainable source of resources for quality improvement initiatives. CMPRP activities encompass comprehensive work related to reviewing applications and State Plans, providing states with the flexibility to address their most pressing nursing home quality challenges. Channeling these resources into evidence-based improvement initiatives, the program creates lasting benefits that extend beyond individual facilities to strengthen the entire long-term care ecosystem.

The program exemplifies CMS’s commitment to opportunities for meaningful quality enhancement, with projects designed to enhance resident safety and well-being, improve clinical care outcomes, strengthen facility operations and compliance, advance industry-wide best practices, support workforce development and training, and promote resident-centered care approaches.



Program Overview

Funds are awarded to qualified entities that can effectively implement projects to protect or improve the quality of life and quality of care for residents in federally certified nursing homes.

- Project Duration
- Maximum: 3 years (36 months)
 - Minimum: No minimum requirement
 - Flexibility: Entities can design projects to fit their specific timeline and objectives

Eligible Applicants

Organization Types	Examples
State Agencies, Government Entities	State Agency (SA), State/Local/Tribal Governments
Nursing Facilities and Corporations	Nursing Facilities, Certified Nursing Facilities, Nursing Facility Corporations
Educational and Research Institutions	Academic and Research Institutions
Industry Associations	State Healthcare and Provider Association
Consumer Advocacy Organizations and Resident Representatives	Ombudsman, Resident/family councils
Commercial	Vendors
Quality-Focused Organizations	Quality Innovation Network/Quality Improvement Organizations (QIN/QIO)

IMPORTANT: CMS does not endorse or recommend any vendors or products.

Eligibility Requirements

Requirement Category	Criteria	Detailed Description
Qualification and Capability	Must be qualified and capable	Be qualified and capable of conducting the intended project(s) or use(s)
Conflict of Interest	No conflict-of-interest relationship	Not have a conflict-of-interest relationship with the entity(ies) who will benefit from the intended project(s) or use(s)
Federal/State Funding Restrictions	No duplicate funding sources	Not be a recipient of a contract, grant, or other payment from Federal or State sources for the same project(s) or use(s)
Service Duplication Prevention	No payment for same function	Not be paid by a state or federal source to perform the same function as the project(s) or use(s)

This structured approach ensures that CMP funds are used effectively to create meaningful improvements in nursing home care while preventing duplication of existing efforts and maintaining program integrity.

IMPORTANT: CMP funds may not be used to enlarge or enhance an existing appropriation or statutory purpose that is substantially the same as the intended project(s) or use(s).

Letters of Support

Mandatory Documentation Requirement

All project applications must include complete letters of support from participating nursing homes at the time of initial submission. This is a non-negotiable requirement that demonstrates confirmed participation and ensures compliance with CMS funding regulations. This requirement reflects CMS’s commitment to funding viable, well-planned projects that will deliver measurable improvements to nursing home residents. By requiring confirmed facility participation upfront, CMS ensures that approved projects can be implemented immediately upon funding approval, maximizing the impact of CMP funds on resident care and quality of life.

Corporate/Chain Letter Requirements

CMS will accept a letter of support from a nursing home corporation or chain, provided that each participating nursing home facility acknowledges receipt through its Nursing Home Administrator. This includes the administrator’s signature, the current date, and complete contact information (phone number, email address, and facility address). The documentation ensures that each facility within the corporation or chain has agreed to participate and provides direct contact points.

Exception

CMS maintains the discretion to grant exceptions in rare circumstances to reduce or eliminate the standard requirement for letters of commitment from participating entities. These exceptions are considered on a case-by-case basis when the traditional commitment letter process may be impractical or unnecessary for achieving program objectives, such as state-wide nursing home conferences with universal invitations.

Project Commitment

- CMS maintains a strict policy regarding nursing home participation in projects.
- Applications will not be approved if the applicant indicates plans to approach or recruit nursing homes after funding has been granted.

Applicants are required to obtain letters of support from nursing homes, acknowledging each facility’s commitment to implementing projects and that the project funding counts against the facility’s maximum cap per category. Nursing homes are expected to honor their commitment for the entire length of the project. Nursing homes cannot indicate specific years they would like to participate in the project; the applicant must ensure that they are committed to the entire project duration. Therefore, it is important that applicants communicate project information upfront with nursing homes to ensure proper alignment between project scope and facility capabilities. Applicants should clearly communicate the project scope, timelines, resource requirements, and the level of stakeholder involvement.

While circumstances may change during implementation, any withdrawal after a project has been approved compromises the project’s integrity. If nursing homes can no longer participate after approval, applicants have two options:

- Continue the approved project without facility changes, or
- Stop the project entirely and submit a new application with nursing homes that can participate (only applies to projects that have been implemented for six (6) months or less).

NOTE: State Agencies can contact the CMS CMPRP Team when extenuating circumstances exist, such as a nursing home closure. CMS will evaluate on a case-by-case basis.

Requirements

Letters of support serve as mandatory documentation that must be:

- **Complete and Comprehensive:** Clearly outlining the nursing home’s commitment to participate in the proposed project (including project implementation timeframe)
- **Properly Authorized:** Signed by appropriate facility leadership with authority to commit the organization
- **Submitted with Initial Application:** Included as part of the original application package, not as supplemental documentation
- **Compliance-Focused:** Demonstrating understanding of and adherence to CMS funding caps and program requirements

Required Letter of Support: Essential Components

Letters are required from ALL nursing homes participating in the project. Each letter of support must include the following elements:

Required Element	Description
Letterhead	Name of facility, address, title, phone number, and email address
CMS Certification Number (CCN)	The nursing home’s official CMS certification number
Project Title	The exact title of the proposed project
Time Frame	Complete duration/timeline of the project
Budget Cap Acknowledgment	Statement acknowledging that funding counts against the nursing home’s maximum cap /per category
Project Commitment	Statement acknowledging participation for the entire duration, understanding the review process.
Authorized Signature	Must be signed by an individual authorized to commit the nursing home

Example Letter of Support

[Nursing Home Letterhead]

RE: Letter of Support for [PROJECT TITLE]

This letter confirms [Nursing Home Name]’s commitment to participate in the above-referenced Civil Money Penalty Reinvestment Program.

Project Details:

- Project Title: [Exact Project Title]
- Project Timeframe: [Start Date – End Date]
- Nursing Home CMS Certification Number (CCN): [CCN Number]

Acknowledgment:

We acknowledge that this funding request will count against our nursing home’s maximum cap for [insert project category] and commit to participating in the project for its entire duration. During this period, we acknowledge that the funding allocation remains in place regardless of organizational changes and other non-extenuating circumstances.

Additionally, we understand the project determination review process may take approximately 90 days, and we will maintain our commitment to this application during the review period.

Authorized Signature:
[Name and Title of Authorized Individual]
[Signature]
[Date]



Project Categories: Allowable Uses of CMP Funds

CMP Funds are available to improve nursing home resident quality of care and life through various categories and project types, each with funding limits and requirements.

Category	Purpose	Eligible Activities (not all inclusive)	Maximum Funding	Key Requirements
1. Resident or Family Councils	Support advocacy organizations in developing and strengthening councils	- Assist in the development of new independent family councils; - Assist resident and family councils in effective advocacy on their family member’s behalf; - Develop materials and training sessions for resident and family councils on state implementation of new federal or state legislation.	\$6,000 per nursing home (one-time funding)	One-time funding
2. Consumer Information	Develop educational materials for residents and families	- Create flyers, brochures, web materials - Psychotropic medication awareness - Discharge rights information - Advance care planning resources	\$6,000 per nursing home (one-time funding)	Materials must directly benefit residents and families in becoming knowledgeable and understanding rights and care processes.

Example: Develop educational materials (e.g., flyers, brochures, booklets, web-based materials, etc.) to promote awareness of the unnecessary use of psychotropic medications, facility requirements, or residents’ rights related to discharge, advance care planning, etc. The goal of these materials is to help consumers understand the risks associated with administering these medications, raise awareness of their rights to consent to treatments, and promote the use of nonpharmacological interventions to improve the quality of life and care for residents diagnosed with dementia.

3. Training to Improve Quality of Care	Provide training in facility improvement initiative in single and multiple nursing homes, joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, training for resident and/or family councils, LTC ombudsman or advocacy organizations and other activities approved by CMS.	Medical Care: Alzheimer’s, Wound Care, Pain Management, Medication Management, Oral Health Safety & Quality: Patient Safety, Falls Education, Non-Pharmaceutical Solutions Care Approach: Trauma-Centered Care, Person-Centered Care, Cultural Sensitivity, Culture Change	\$6,000 per nursing home per year, per topic \$18,000 maximum for 3-year project	- Open to multiple nursing homes - Nursing Homes apply for multiple topics.*
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State Conference

A State Agency can provide statewide or regional training to certified nursing homes. States should contact the CMS CMPRP Team at CMS-info@cms.hhs.gov for more information.

*Multiple Training Opportunities for Individual Nursing Homes

Nursing homes are eligible to participate in up to three (3) separate training programs over a three (3)-year project duration, with each program focusing on different improvement areas annually. Facilities must remain within established maximum funding limits per topic. For example, a facility might conduct pain management training in year one (\$6,000), fall prevention training in year two (\$6,000), and dementia care training in year three (\$6,000). A total max on \$18,000 for a three year project..

Dual Participation Benefits

Facilities have the flexibility to attend state-sponsored training programs (i.e., State Conferences) while simultaneously maintaining their eligibility to submit independent funding requests for up to \$6,000 in the training category, allowing nursing homes to maximize their educational and improvement opportunities.

4. Activities to Improve Quality of Life	Foster social interaction, movement, and reduce loneliness	Nature-Based: Horticulture/Gardening Therapeutic: Music Therapy, Animal Therapy (including robotic pets) Physical: Tai Chi, movement games, Nintendo Wii Cognitive: Reading/Memory interventions, Crafting	\$6,000 per nursing home per year per topic	- Prohibited: complex/high-cost technology (virtual reality, artificial intelligence, or simulation projects) - Nursing Homes apply for multiple topics separately
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Other Project Types

Note: State agencies may propose additional project categories for CMS evaluation, provided they align with program goals. CMS has discretionary authority to approve new projects on a limited pilot basis with select facilities or regions to assess effectiveness before considering national implementation.

Category	Purpose	Eligible Activities (not all inclusive)	Maximum Funding	Key Requirements
Mental and Behavioral Health	Support behavioral health services that address the needs of nursing home residents.	• Serious Mental Illness • Substance Abuse Disorder • Dementia Examples: • Training nursing home staff on recognizing and managing behavioral symptoms • Education on person-centered approaches to dementia care • Mental health first aid training for facility staff	\$6,000 per nursing home per year	Innovative projects that delivery of high-quality behavioral health services
Workforce Enhancement	Designed to support facilities in developing and retaining a qualified, stable workforce through training and education	• Certified Nursing Assistant (CNA) Training program • Retention Initiatives • Leadership development • Mentorship program for new employees	\$6,000 per nursing home per year	The project scope and focus must differ from the Nursing Home Staffing Campaign. Please refer to the webpage and the most recent CMPRP memorandum for more information
Technology Projects	For details on technology projects, refer to the Technology Projects: Allowable vs. Non-Allowable Uses section.			

Visit the [CMPRP webpage on CMS.gov](#) to view CMP-funded projects, organized by state and calendar year.



Examples of Non-Allowable Uses of CMP Funds/Budget Items

Please note: The following list is not all-inclusive. Activities beyond those listed require further review.

Category	Prohibition	Description	Examples
Project Material	Development of new project curriculum or toolkits.	Funds to create entirely new educational materials, training curricula, or toolkit resources from scratch.	Creating new training manuals from scratch, Developing original educational toolkits, and writing new program curricula.
Conflict of Interest	Projects with actual or apparent conflicts of interest	CMS will not approve projects that create conflicts of interest, duplicate existing services, or exceed three years in duration, as CMP funds must directly and solely enhance nursing home residents' quality of life and care.	Long-term commitments that obligate states to fund large multi-year expenses
Duplication	Functions already funded by state/federal sources	States may not use CMP funds to pay entities for functions they already receive payment for from other sources	Enlarging existing appropriations, funding unfunded state legislative directives
Capital Improvements	Physical property enhancements that increase value/building modifications	Funds cannot pay for durable upgrades that benefit private property owners, as federal and state payments already acknowledge capital costs	Boiler replacement, nursing home redesign/renovations, landscaping, parking lot construction, concrete patios, any renovations Permanent fixtures: bathtubs, gardens (permanent and non-mobile), water fountains, installed projection systems, lighting
Nursing Home Services or Supplies	Services/supplies that are facility responsibilities	Cannot pay for items that duplicate existing nursing home responsibilities	Laundry, linen, food/drink, heat, staffing costs, resident transportation (shuttles), Infection Control Supplies: Personal Protective Equipment (PPE) Medical Equipment: Equipment required for medical services/procedures, Patient health monitoring equipment, Patient assistive devices (hearing aids, perspection glasses, Resident Assessment Instruments (RAI) Appliances: Washing machines, Dryers, Microwaves, & Other appliances Furniture & Comfort: outdoor furniture, resident beds, massage chairs, curtains, air conditioning/heat Emergency supplies and research equipment
Federally Required Services	Services mandated under federal programs	Cannot fund activities required under programs like the Older Americans Act (OAA) for Long-Term Care Ombudsman programs	Ombudsman certification training, complaint investigation and resolution
Technology	Please refer to the Technology Projects: Allowable vs. Non-Allowable Uses section.		
Research	Studies where resident benefit is unclear	Cannot fund research where benefits are unknown or concentrated on research entities rather than residents	Descriptive, analytical, experimental studies that use large budget portions for development/testing rather than implementation, research or dissemination, conference fees, publication fees)
QIN/QIO Duplicate Projects	Activities already federally funded through QIOs	Cannot fund activities that Quality Innovation Network-Quality Improvement Organizations already receive federal funding to complete	Must check with the State or CMS CMPRP Team regarding active QIN/QIO projects

Category	Prohibition	Description	Examples
Nursing Home Employee Salaries	Paying facility staff wages	Cannot pay salaries of nursing home employees	Training coordinator salaries, existing employee compensation, employer responsibilities (e.g., background check), and private insurance
Palliative Care Services	Billable medical services	Cannot fund services that are billable to Medicare, Medicaid, or private insurance	Palliative care services consistent with general medical care
Dental, Vision, and Hearing Services	Services to bridge Medicare coverage gaps	Not intended to cover services Medicare doesn't provide (some dental training exceptions may apply)	General dental, vision, and hearing services
Incentives	Monetary/non-monetary participation rewards	Cannot provide gifts to motivate or encourage participation	Payment (e.g., payments or gift cards) for training attendance, survey completion rewards
State Functions	Required state responsibilities	Cannot pay for state salaries or required state functions (except administrative use for CMPRP management)	State employee salaries, survey and certification operations
Previously Denied Projects	Resubmission of rejected applications	Cannot reactivate projects that have been denied by CMS	Any project previously denied through the CMPRP process
Telemedicine Services and Equipment	Remote healthcare delivery systems	Not appropriate as they often duplicate existing funded services	Telemedicine platforms, remote monitoring equipment
Direct Resident Benefit	Items unrelated to resident care improvement	Should not include items unrelated to directly improving resident quality of life/care	Should not include items unrelated to directly improving resident quality of life/care Reserve equipment held in storage, to be used in the future. Access Fees that are considered enhancements or are not necessary for project implementation.
Travel Costs	Travel unrelated to project implementation	Cannot fund travel that does not directly support project implementation.	Travel for nursing home staff, unreasonable mileage and per diem rates, unreasonable commercial airfare rates that exceed category maximums, and any travel expenses that do not use General Services Administration (GSA) rates found on www.gsa.gov .



Technology Projects: Allowable vs. Non-Allowable Uses

Technology Project Requirements

Primary Purpose: Technology projects must enhance nursing home resident quality of care and quality of life, with residents directly interacting with the technology and documented evidence of measurable improvements in resident outcomes.

Approval Criteria for technology projects (\$6,000 per nursing home per year)

- Direct Resident Interaction requires that residents must actively use or engage with the technology, ensuring that the technology serves those it is intended to benefit rather than just facility operations.
- Measurable Outcomes mandate documented evidence of improvements in resident quality of care or quality of life, providing concrete proof that technology investment produces tangible benefits. CMS reserves the discretion to approve multi-year projects incremental, based on project outcomes.
- Functionality Focus stipulates that only essential components required for technology operation are allowable, preventing unnecessary expenses on features that don’t directly contribute to resident care improvements.

These criteria work together to ensure that CMP-funded technology projects deliver meaningful, measurable benefits to nursing home residents while maintaining fiscal responsibility and program integrity.

Allowable vs. Non-Allowable Technology Uses

Category	Allowable Uses	Non-Allowable Uses
Resident Engagement	• Virtual reality that promotes physical movement • Interactive technologies that directly engage residents • Technologies that demonstrate measurable resident outcomes • Content Driven-engagement technology (The use of technology that creates meaningful experiences for older adults by connecting them to the world around them.)	• Entertainment and theater equipment (amplifiers, surround sound system, movie screens, televisions) • General entertainment systems without therapeutic purpose • Computer Technology Functions: Artificial technology that interacts with the resident and can summon help from a pre-programmed list of primary contacts. It can also start up a video call and send text messages. The devices can pick up patterns, learn daily routines, and recall, adding levels of empathy and personalization.
Staff Development	• Cognitive and behavioral training for staff • Training technologies that improve care delivery	• Technologies primarily for administrative purposes
Educational Resources	• E-books for resident use • Educational materials that enhance resident experience	• Staff-only educational materials without resident benefit
Care Systems (Artificial Intellegience Technology)	• Technologies with proven resident interaction and outcomes • Systems that directly improve resident quality of life	• Telemedicine Equipment/Telehealth Monitoring Devices: Products that monitor patients remotely and alert nursing teams to their outcomes. • Electronic health record software and upgrades • Telecom system • Alert systems (nurse alert system, tracking systems)
Equipment	• Assistive technologies that residents directly use • Therapeutic devices with documented benefits	• Laptops/tablets for nursing home staff • General computing equipment • Digital signage (display technologies like LED walls (or video walls), projection, and LCD monitors to vividly display webpages, videos, directions, restaurant menus, marketing messages, or digital images.)
Upgrades/Enhancements	• Essential upgrades required for technology to function • Modifications that directly benefit residents	• Fees for upgrades, enhancements, etc., that are not required to make the technology function

Examples of Qualifying Technology Projects

- **Virtual Reality Systems:** That encourage physical movement and rehabilitation
- **Interactive Cognitive Training:** Platforms that residents use directly for mental stimulation
- **Therapeutic Gaming:** Gaming systems that promote resident engagement and physical activity

Expansion of Previous CMP-Funded Project

Applicants who have previously received CMP funding and are submitting a new application with the same project focus for expansion must target a different set of nursing homes.

When submitting an new application for project expansion, the applicant must submit project results that demonstrate successful implementation before duplicating the project in other nursing homes or states. These results must be reported using the CMS-approved criteria and must show measurable connections to resident care outcomes and quality of life improvements. Emphasis should be placed on how the project’s achievements have directly enhanced resident health, safety, and well-being.

For detailed guidance on required reporting criteria, please refer to the “Project Reporting Requirements” section.

NOTE: Previous approval and funding of a project does not guarantee future approval of a similar project. Despite previous approvals, each application receives an independent review based on its merit, content, clear need for the project, and compliance with current CMS CMPRP regulation.



Writing Realistic, Actionable Goals and Quantifiable Objectives

Introduction

As a component of the application process, it is imperative that applicants state realistic, actionable goals and objectives. Setting realistic, actionable goals and measurable objectives is an effective way to plan the steps needed to make your project achievable. Project goals and objectives must be directly related to the intent of the project and improving the quality of life/care of residents..

What is a goal?

A goal is a desired result you want to achieve and is typically broad and long-term.

- Example: To provide person-centered care to improve the quality of life of residents living with dementia.

What is an objective?

- An objective defines the specific, measurable actions the nursing home must take to achieve the overall goal.
- Typically, one may use the SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) method or a similar method to define and measure specific objectives.

Tips for Writing Smart Objectives

SPECIFIC	Clear, detailed description of what needs to be achieved – who, what, details?
MEASUREABLE	Quantifiable to track progress
ACHIEVABLE	Realistic and attainable
RELEVANT	Relevant and have a rationale
TIME-BOUND	Specify a timeframe for completing the objective- by when?

Example SMART

X Nursing Home Corporation (**WHO**) will implement a Dementia Care Training Program for 70 staff in five nursing homes (**WHAT**) and have 90% of staff participants receive a passing score on the Dementia Care Certification exam (**HOW MANY, ATTAINABLE**), a nationally recognized person-centered dementia care training certification (**PERSON-CENTERED, BEST PRACTICE**), by December 31, 20XX (**WHEN**).

By writing realistic, actionable goals and measurable objectives, you can develop clear applications for review, enable participants to understand the plan’s intent, and increase the potential for your project to be deemed successful.

CMS CMPRP Proposed Project EXAMPLE

The **EXAMPLE** CMS CMPRP Music Therapy Project serves as a comprehensive example of how evidence-based therapeutic interventions can be successfully implemented in long-term care facilities to achieve measurable resident-centered outcomes. It demonstrates how structured music therapy programming can significantly improve quality of life for nursing home residents while meeting CMS person-centered care requirements.

Project Overview

Duration: 12 months

Focus: Evidence-based music therapy program to improve resident quality of life, reduce behavioral symptoms, and enhance social engagement in long-term care facilities.

Clear Goals & Objectives Framework

Goal Category	Target	Method	Metric	Direct Resident Impact
Emotional Well-being	30% improvement	Evidence-based music therapy sessions	Geriatric Depression Scale scores	Reduced depression, increased happiness
Behavioral Management	25% reduction	Personalized music interventions	Cohen-Mansfield Agitation Inventory	Calmer residents, less resistance to care
Social Engagement	40% increase	Interactive group music programs	Activity participation tracking	Enhanced social connections, community building
Family Satisfaction	35% increase	Family involvement in music activities	Family satisfaction surveys	Stronger family-resident relationships

Core Program Components

Component	Frequency	Target Population	Resident Benefit
Individual Music Therapy	2x weekly, 30 min	Residents with specific behavioral needs	Personalized interventions, targeted care
Group Music Activities	Daily, 45 min	All interested residents	Social interaction, community engagement
Social interaction, community engagement	3x weekly, 20 min	Mobility-limited residents	Comfort, emotional support
Memory Care Programming	Daily, 30 min	Residents with dementia	Cognitive stimulation, memory recall

Achieved Results (Exceeded All Targets)

Outcome	Target	Achieved	Resident Impact
Mood Improvement	30% increase	38% increase	Significantly reduced depression symptoms
Behavioral Incidents	25% reduction	38% reduction	Fewer agitation episodes, calmer environment
Activity Participation	40% increase	66% increase	More residents engaged in community life
Family Satisfaction	35% increase	40% increase	Stronger family connections and visits

Additional Benefits:

- 30% reduction in PRN psychiatric medications
- 25% reduction in staff turnover

Key Implementation Lessons

Challenge	Solution	Critical Success Factor
Staff skepticism	Research education witnessing results	Early staff buy-in essential
Diverse preferences	Culturally diverse music libraries	Personalization is key
Hearing impairments	Vibrotactile instruments visual elements	Adaptive approaches required
Scheduling conflicts	Flexible scheduling mobile options	Program flexibility needed

Implementation Essentials

1. Hire qualified music therapist (MT-BC credential required)
2. Conduct comprehensive needs assessment of resident population
3. Secure administrative support for program success and sustainability
4. Develop individualized resident music profiles based on personal history
5. Plan for long-term sustainability from project inception

Why This Example Matters

This project statement serves as a model for CMPRP proposals because it demonstrates:

- Clear, measurable objectives with specific targets and metrics
- Resident-centered focus with direct benefits to quality of life
- Evidence-based interventions using validated therapeutic techniques
- Comprehensive implementation strategy with realistic timelines
- Sustainability planning for long-term program continuation

Proven Results

The example showcases exceptional outcomes that exceeded all target goals:

- 38% mood improvement (vs. 30% target)
- 38% reduction in behavioral incidents (vs. 25% target)
- 66% increase in activity participation (vs. 40% target)

Guidelines for Completing an Application

An effective Application should include the following information. This guide follows the structure of the Application Form.

SECTION I: Applicant Contact and Background Information

- Applicant (individual) Name, Job Title, Email Address
- Organization/Nursing Facility, Organization Type
- Address: Street, City, State, Zip Code
- Website, Organization Status (Profit vs Non-Profit)
- CMS Certification Number(CCN), if applicable
- Phone Number(s)

SECTION II: Organizational Capabilities

Briefly describe your organization’s experience, expertise, and quality improvement work that shows your capacity to execute this proposed project.

This section should demonstrate that your organization has both the operational capacity and subject matter expertise necessary to successfully implement and sustain the proposed project.

SECTION III a: Project Details

- Project Title
- Number of Nursing Homes That Have Committed to Participate
- Project Duration
- Anticipated Start Date (mm-dd-yyyy)
- Anticipated End Date (mm-dd-yyyy)

SECTION III b: Previous CMP-Funded Projects

Has this project previously received CMP funding?

If “Yes,” provide the unique identifier(s), dates, and states, as applicable.

Additionally, the applicant must submit project results to demonstrate successful implementation before duplication the project in other nursing homes. These results must be reported using the CMS-approved criteria and must show measurable connections to resident care outcomes and quality of life improvements. Emphasis should be placed on how the project’s achievements have directly enhanced resident health, safety, and well-being. Refer to the “Project Reporting Requirements” section in the Application Handbook for more information.

IMPORTANT: Applicants who have previously received CMP funding and are submitting a new application with the same project focus for expansion must target a different set of nursing homes.

SECTION IV: Budget

- Total CMP Fund Requested Amount. Provide the amount requested for the entire project. The amount must be the same as the amount reflected in the budget documentation.
- Annual Amount Requested (as applicable) (e.g., Year 1, Year 2, and/or Year 3)
- Cost-Sharing Amount (as applicable)
- Per Year, Per Nursing Home Amount

Total CMP Funding Requested Amount	Annual Amount Requested (as applicable)		
	Year 1	Year 2	Year 3
Cost-Sharing Amount (if applicable)	Per Year, Per Nursing Home Amount (as applicable)		
	Year 1	Year 2	Year 3

Complete the CMS-approved *Application Budget Spreadsheet*. Refer to the Budget Spreadsheet (Excel) instructions on Sheet 1 (tab) and the “Application Budget Spreadsheet” section for guidance on completing it. This budget spreadsheet will reflect a comprehensive, detailed line-item budget outlining specific cost requirements (with justification) within each of the following budget categories (not inclusive): Personnel, Travel, Equipment purchases and rentals, Contractual, Other direct costs, Total indirect costs, and Cost-sharing.

NOTE: If you are requesting funding that exceeds the maximum category funding amount (i.e., the budget cap), please include justification in the budget spreadsheet for consideration. Justifications may include, but are not limited to, geographic location.

CMS reserves the discretion to approve multi-year projects incremental, based on project outcomes.



SECTION V: Project Category and Summary

- Category: Indicate one category this project should be considered (refer to the “Project Categories: Allowable Uses of CMP Funds section”):
 - Resident and Family Councils
 - Consumer Information
 - Training to Improve Quality of Care
 - Activities to Improve Quality of Life

Project Justification: Provide a summary of the Project and its Purpose. Provide specific information regarding the intent and the benefit that implementing this project is expected to have on nursing home residents.

IMPORTANT: Refer to the “Writing Realistic, Actionable Goals and Quantifiable Objectives” section for guidance.

Summary of the Project and its Purpose:

- Describe the problem, gap, or the nursing home need that this project is aiming to address.
- Describe clear, realistic project goals that align with the overall purpose of the initiative. A goal represents a broad, long-term outcome the project aims to achieve.
- Describe specific, measurable objectives that outline the actions the applicant will take to achieve the stated goal. Each objective should, minimally include the target, method, and metric used to measure success, and demonstrate a direct impact on resident care or quality of life. Objectives must be achievable within the project timeline and aligned with the intended outcomes.
- Describe the plan to implement the project, including implementation timeline.
- List any physical items that will be deliverables as a result of funding this project (e.g., training materials, project evaluation report).
- Describe how the project’s performance will be monitored and evaluated throughout its duration, including the specific outcome metrics that will be used to assess progress toward the intended goals. In addition, outline a plan for sustaining the project or its outcomes beyond the conclusion of the project.

Please confirm that the following documents are included with the application submission materials. To ensure your Application meets all requirements for successful submission and review by the State Agency and the CMS CMPRP Team, be sure to reference and complete the “Application Submission Checklist” provided in the handbook. All attachments must be clearly labeled and cross-referenced to the appropriate sections of the application.

- ☐ Participating Nursing Homes’ Letters of Support
- ☐ Application Budget Spreadsheet (Excel)
- ☐ List of Participating Nursing Homes (included in the budget spreadsheet)
- ☐ Project Results for Previously CMP-Funded Projects (if applicable)
- ☐ Other Accompanying Documents (if applicable) Please specify the document name, the associated section, and its relevance.

SECTION VI: Supplementary Document Checklist

- ☐ Name of the Applicant
- ☐ Signature of the Applicant
- ☐ Date of Signature
- ☐ Date the Application was submitted to the State Agency
- ☐ Date of the Application submission to the CMS CMPRP (State Agency Use)

SECTION VII: Submission Confirmation

By signing below, I confirm that this application is accurate and complete and that all required materials have been submitted.

- ☐ Signature of Applicant (The application must be submitted to the CMS CMPRP Team no later than six (6) months from the date of the submission signature.)
- ☐ Date of Signature
- ☐ Date Submitted to the respective State Agency



Application Submission and Review Process

The CMS CMPRP application review process ensures that all submissions are evaluated equitably, transparently, and objectively, in alignment with established program goals and applicable federal requirements.

Step 1: Application Preparation and Completion

Applicants must thoroughly review the *CMPRP Application Handbook* and use the CMPRP Application Submission Checklist to ensure compliance with the program. The CMS-approved application should be completed with careful attention to all requirements and submitted according to minimum lead times:

- **Standard Projects** – 90 days before desired start date
- **Statewide conference/training** – 90 days minimum before desired start date
- **Multi-year Projects** – 120 days before Year 1 start date

IMPORTANT: *The application review timelines may extend beyond the standard 40-60 day framework due to complex corrective actions, additional CMS CMPRP Team questions, high application volumes, technical issues, and coordination requirements between State Agencies and CMS. Applicants should plan for potential extensions, respond promptly to requests, and ensure complete initial submissions using the Application Submission Checklist.*

Step 2: Application Submission to State Agency

Submit the completed Application Form and all accompanying materials to the State Agency Refer to the Application Checklist for a comprehensive list. Each state manages its own CMP application process with specific timelines and procedural requirements that applicants must follow.

Step 3: State Agency Initial Review

The State Agency conducts a comprehensive initial review covering multiple critical areas:

- Compliance with state requirements
- Alignment with CMPRP policies and guidance
- Adherence to Federal Requirements (42 CFR §488.433)
- Evaluation of potential benefits for nursing home residents

Following this review, the state agency will notify the applicant that the application is approved, more information is requested, or the application is denied.

Step 4: State Agency Forwards Application to CMS

Once the State Agency determines that the application meets both state and federal requirements, it forwards the completed application to the CMS CMPRP Team via email at CMP-info@cms.hhs.gov.

NOTE: *CMS only accepts applications submitted by State Agencies, not directly from applicants.*

The official review timeline begins only after the State Agency receives an acknowledgment email from CMS confirming receipt of a complete application.

Step 5: CMS Final Review and Decision

The CMS CMPRP Team conducts a further review of all CMPRP requirements. After completing their review, the team will respond with one of two options.

Option 1: No Corrective Actions Needed

Decision letter issued to the State Agency **within 45 calendar days**

Option 2: Corrective Actions Required

- Applicants are allowed to make up to two attempts to correct identified issues:
- **Within 15 calendar days:** CMPRP Team contacts the State to request changes to the application, budget, or additional information
 - **State has 10 calendar days** to provide the requested information and submit revisions to CMP-Info@cms.hhs.gov
 - **Within 60 calendar days:** State receives final approval decision from the CMS CMPRP Team

Common Application Issues

Incomplete Documentation: Incomplete application sections

- Missing forms (i.e., budget spreadsheet, letters of recommendation, supporting materials, etc.)
- Missing signatures
- Failure to provide clarification or additional information

Budget Justification Issues: Inadequate explanation of cost reasonableness

- Lack of detailed justification if exceeding limits
- Failure to properly adjust budget items as requested
- For project expansions, variations in current and previous budgets (especially funding increases) lack proper justification.

Non-Compliance with Program Requirements: Project activities that don't align with CMPRP guidelines

- Failure to demonstrate clear benefit to nursing home residents

Scope of Work: Unclear project objectives or outcomes

- Insufficient detail in project implementation plans
- Failure to address feedback on project design

Step 6: Final Decision Notification

CMS makes the final funding determination and issues a formal decision letter to the State CMPRP representative. The state agency then notifies the applicant of CMS's final decision.

Application Budget Spreadsheet

Applicants must provide a list of participating nursing homes (facility name, CMS Certification Number (CCN), certified bed count, and a detailed line-item budget using the CMS-Approved *Application Budget Spreadsheet* (Excel). The budget should outline specific cost requirements with justification within each of the following budget categories. The total budget identified on the spreadsheet must match the amount provided in the Application. The spreadsheet includes instructions on how to complete it and can be accessed on the [CMS CMPRP website](#).

Personnel	Requirements: Include employees whose work directly relates to the proposed project Details to Provide: • Estimated number of man hours • Related duties and responsibilities • Personnel costs tied to project activities
Travel	Requirements: Provide comprehensive breakdown of all travel-related expenses Components: • Mileage/airfare costs • Per diem allowances • Hotel rates (as applicable) Standards: Must be reasonable rates, preferably aligned with published U.S. government allowance rates from www.gsa.gov. Rates exceeding GSA standards require justification
Equipment Purchases and Rentals	Requirements: Materials necessary for project implementation Details to Include: • Item description • Number of items requested • Cost per unit • Total cost calculations
Contractual	Requirements: Costs for sub-contractor or third-party contractor services Details Required: • Detailed line-item breakdown for each sub-contractor • Specific expenses associated with project activities • Clear connection to project objectives

Other Direct Costs	Purpose: Cover expenses not included in previous categories Requirements: Must be directly related to project activities Examples: Supplies, communications, printing, etc.
Indirect Costs	Definition: Overhead costs allocable to the project, such as a federal negotiated rate with a university. Examples: • Rent and utilities • General and administrative expenses • Accounting department costs • Personnel department costs • Agency insurance Requirement: Submit a copy of federally negotiated rate with a university agreement. Must not conflict with approved/allowable CMP fund uses • Must be directly related to project activities
Cost-Sharing	Definition: Total non-CMP funds received or anticipated for the project (funding sources) Purpose: Demonstrates additional financial commitment to the project

IMPORTANT

Exceeding Maximum Funding: If you are requesting funding that exceeds the maximum category funding amount (i.e., the budget cap), please include justification in the budget spreadsheet for consideration. Justifications may include, but are not limited to, geographic location and other relevant factors that support the increased funding request.

Previous CMP Funded Projects: For previously funded projects, applicants must ensure that the budget submitted in the current application is consistent with the previously submitted budget. If there are any variances in line items, particularly increased funding requests, applicants must clearly explain and justify those differences to demonstrate the necessity and appropriateness of the budget changes.



Application Submission Checklist

This checklist ensures your application meets all requirements for successful submission and review by the State Agency and CMS CMPRP Team.

Project Eligibility & Compliance

- ☐ Project Alignment: Confirm your proposed project is listed in the “Project Categories: Allowable Uses of CMP Funds” section.
- ☐ Funding Limits: Verify compliance with maximum funding limits - \$6,000 (max of \$18,000 for a three-year project)
NOTE: Resident and Family Councils and Consumer Information projects have a \$6,000 one-time funding limit. If exceeding the funding limit, include a detailed justification in the budget spreadsheet.

Application Documentation

- ☐ Current Documents: Use the most recent CMS-approved application form and budget spreadsheet (Excel)
- ☐ Signature & Dating: Application signed and dated (within 6 months of CMS receipt)
- ☐ Completeness: All sections filled out or marked “N/A” where not applicable

Letters of Support:

All participating nursing homes must provide letters containing:

- ☐ Nursing Home information
- ☐ Project title and timeframe
- ☐ Nursing Homes’ CMS Certification Number (CCN)
- ☐ Budget cap and project category acknowledgment
- ☐ Authorized signature from an individual with commitment authority

Application Budget Spreadsheet

- ☐ Line-Item Budget
(NOTE: If exceeding the funding limit, include a detailed justification in the application.)
- ☐ Date Consistency: Project start/end dates match between the application and the budget documents
- ☐ List of Participating Nursing Homes (Name, CMS Certified Nursing Home (CCN), and Total Certified Bed

Project Results (if the project Line-Item has been previously funded)

- ☐ Goals/Objectives, Outcomes/Deliverables/Successes, Challenges, and Lessons Learned

Submission Timeline:

- ☐ Schedule

Project Type	Minimum Lead Time
Standard Projects	90 days before the desired start
Conference/Training	90 days minimum
Multi-year Projects	120 days before Year 1 start



Project Reporting Requirements

Reporting Schedule

All applicants must submit project results to the State Agency according to a reporting schedule based on project duration for State Agency review, and upon project completion. Applicants must submit their results to the State Agency for review, following the reporting schedule outlined below.

Multi-Year Projects (2-3 years)	
Standard Reporting Schedule	Reports are required at 12-month and 24-month intervals following project initiation
New Application Submission for Previous CMP-Funded Projects	Applications must be submitted by the ninth (9th) month of the final project year
Single-Year Projects	
Standard Reporting Schedule	One comprehensive report is required at project completion
New Application Submission for Previous CMP-Funded Projects	Applications must be submitted by the ninth (9th) month of the project year

Project Results Reporting Criteria

When applicants wish to submit new applications for previously CMP-funded projects, they must provide past project results using the same reporting elements to demonstrate successful implementation before duplicating the project in other nursing homes or states. Project results must show measurable connections to resident care outcomes and quality of life improvements, with a clear emphasis on how achievements have directly enhanced resident health, safety, and well-being.

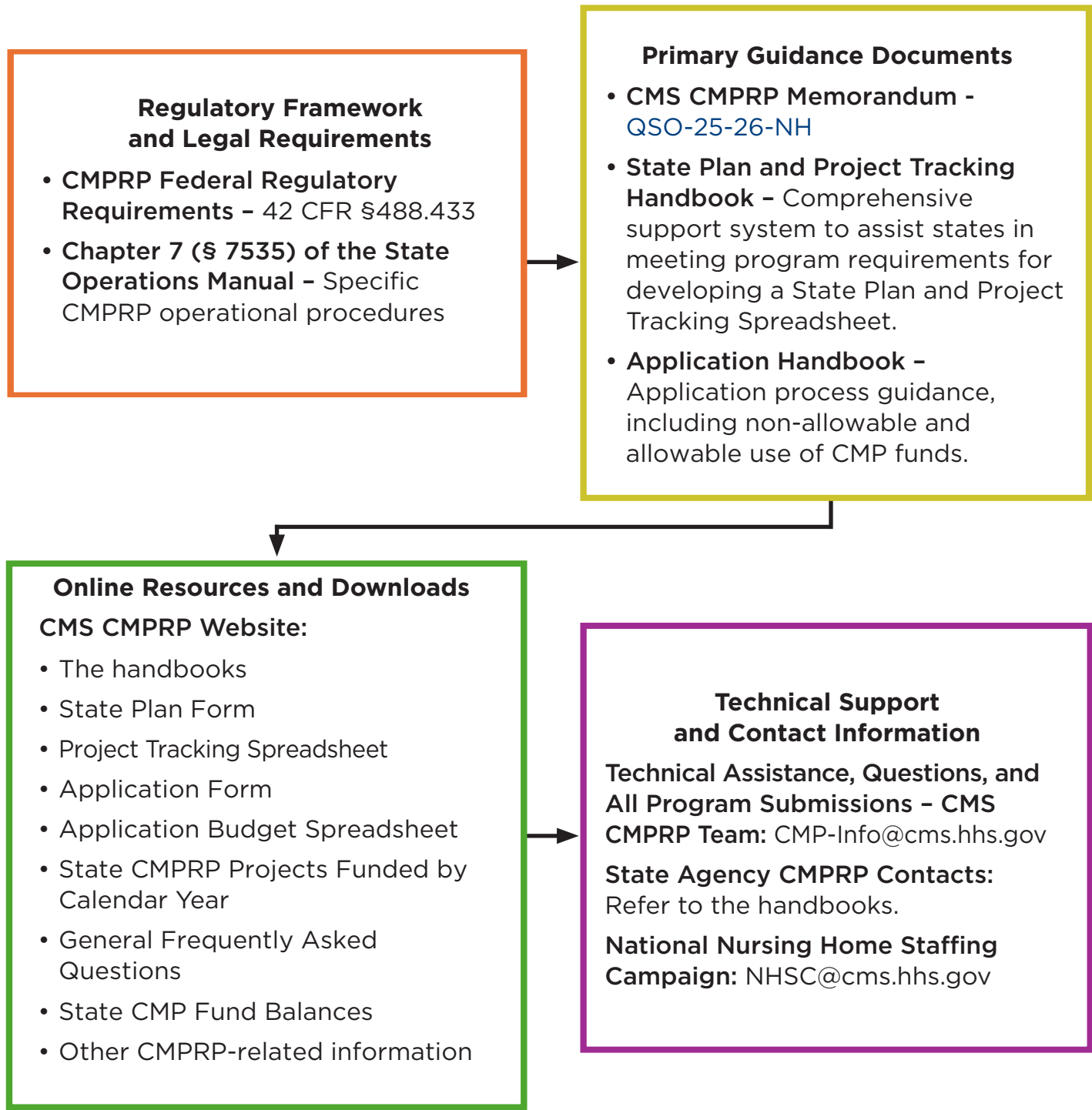
Project results submissions must follow the CMS structure and format requirements below. CMS will not accept raw data alone.

Element	What to include:
Goals and Objectives	Describe the original measurable goals of the project, then evaluate the outcomes by comparing actual results to those goals. Identify any gaps, and analyze how any variances impacted the quality of resident care.
Outcomes/Deliverables/Successes	Detail the project’s specific deliverables, quantified outcomes, and key achievements, highlighting measurable benefits to resident care and breakthrough moments that demonstrate successful impact on nursing home quality improvement. Additionally, provide a replication plan that outlines specific strategies for maintaining these concrete results after the funding period ends.
Challenges and Lessons Learned	Describe the challenges encountered during the project, the solutions implemented to address them, and how effective those solutions were. Explain how the lessons learned will inform and strengthen future project proposals.

Publishing project results for CMPRP projects is essential for demonstrating accountability and transparency in the use of CMP funds while ensuring compliance with federal reporting requirements (42 CFR 488.433(e)(2)). This systematic reporting approach monitors project progress, ensures thorough review processes, and shares evidence-based best practices with the broader healthcare community to improve resident care across nursing facilities nationwide. Highlight notable achievements, including enhancements in resident care, recognized awards or certifications, and measurable improvements in health, safety, and quality of life.

Resources

CMS has developed a set of application resources to support applicants in preparing and submitting project proposals under the CMPRP. These resources are intended to promote clarity, consistency, and completeness in applications, and include forms, instructions, and guidance documents covering project planning, budgeting, and reporting requirements. Applicants are strongly encouraged to review these materials thoroughly prior to submission to ensure alignment with CMS expectations and reduce the need for revisions or corrective action.



State Agency CMPRP Contacts

NOTE: State names are hyperlinked to their respective website

State Agency	Email	Phone	Address
Alabama	ALCMP@adph.state.al.us	(334) 206-5709	Alabama Department of Public Health Division of Health Care Facilities RSA Tower 201 Monroe Street, Suite 700 Montgomery, AL 36130-301
Alaska	doh.hflc.info@alaska.gov	(907) 334-2483	Health Facilities Licensing & Certification 4601 Business Park Blvd, Building K Anchorage, Alaska 99503
Arizona	LTC.licensing@azdhs.gov	(602) 364-2690	Arizona Department of Health Services 150 N. 18th Avenue, Suite 440 Phoenix, AZ 85007
Arkansas	arcmpfundprojects@dhs.arkansas.gov	(501) 910-6525	Arkansas Department of Health and Human Services Office of Long-Term Care DHS Program Administrator 700 Main Street Little Rock, AR 72203
California	CMPSGrantApplications@cdph.ca.gov	(279) 667-2365	California Department of Public Health P.O. Box 997434, MS 3202 Sacramento, CA 95899-7434
Colorado	cdphe_nhib_grants@state.co.us	(720) 450-6588	Colorado Department of Public Health and Environment Health Facilities and Emergency Medical Services Division 4300 Cherry Creek Drive South, Building A, Floor 5 Denver, CO 80246-1530
Connecticut	dph.flisadmin@ct.gov	(860) 509-7400	CT Department of Public Health 410 Capitol Avenue Hartford, CT 06134
Delaware	DHSS_DHCQ_CMPPreinvestment@delaware.gov	(302) 421-7448	Delaware Health and Social Services Division of Healthcare Quality 263 Chapman Road, Suite 200 Newark, DE 19702
District of Columbia	DC.CMP@dc.gov	(202) 683-7267	Office of Health Facilities 2201 Shannon Place, SE Washington, D.C. 20020
Florida	CMS_CMP_Applications@ahca.myflorida.com	(850) 228-7109	Agency for Health Care Administration 2727 Mahan Drive, MS 59 Tallahassee, FL 32308
Georgia	CMPSGrant.HFRD@dch.ga.gov	(404) 293-7741	Georgia Department of Community Health Healthcare Facility Regulation Division 2 Martin Luther King Jr Dr. SE, East Tower, 17th Fl Atlanta, GA 30334
Hawaii	doh.hawaiiempgrants@doh.hawaii.gov	(808) 692-7420	Hawaii State Department of Health Office of Health Care Assurance 601 Kamokila Blvd, Room 337 Kapolei, HI 96707
Idaho	fsb@dhw.idaho.gov	(208) 334-6626	Bureau of Facility Standards 450 W State Street, Floor 7 Boise, ID 83702

State Agency	Email	Phone	Address
Illinois	DPH.HCR.CMPGRANT@illinois.gov	(217) 782-5180	Office of Health Care Regulation Bureau of Long-Term Care Illinois Department of Public Health 525 West Jefferson, 5th Floor Springfield, IL 62761
Indiana	INCMP@health.in.gov	(317) 233-7442 (Option 6, then option 4)	Consumer Services and Health Care Regulation Commission Indiana State Department of Health 2 North Meridian, Selig 4th Floor Indianapolis, IN 46204
Iowa	imecmp@dhs.state.ia.us	(515) 321-7247	Iowa Medicaid Department of Health and Human Services 321 East 12th Street Des Moines, IA 50319-0114
Kansas	KDADS.CMPRP@ks.gov	(785) 296-6867	Kansas Department for Aging and Disability Services 503 S Kansas Avenue Topeka, KS 66603
Kentucky	CMPAPPLICATION_OIG@ky.gov	(502) 564-5771	Cabinet for Health and Family Services 275 East Main St. 5E-A Frankfort, KY 40621
Louisiana	HSS-CMP-Fund@la.gov	(225) 432-0099	Louisiana Department of Health Health Standards Section P.O. Box 3767 Baton Rouge, LA 70821-0629
Maine		(207) 287-9300	Division of Licensing and Certification 41 Anthony Avenue, 11 State House Station Augusta, ME 04333-0011
Maryland	HCQA.Grants@maryland.gov	(410) 402-8190	Office of Health Care Quality 7120 Samuel Morse Drive, 2nd Fl Columbia, Maryland 21046-3422
Massachusetts		(857) 329-4132	Massachusetts Department of Public Health 250 Washington Street, 4th Fl Boston, MA 02108
Michigan	MDHHS-CMPGrants@michigan.gov	(517) 582-1210	Bureau of Aging, Community Living and Supports Michigan Department of Health and Human Services Capitol Commons Center 400 S. Pine Street, 6th Floor P.O. Box 30479 Lansing, MI 48909-7979
Minnesota	munna.yasiri@state.mn.us	(651) 431-2264	Minnesota Department of Human Services Nursing Facility Rates & Policy Division Attn: Munna Yasiri P.O. Box 64973 St Paul, MN 55164-0973
Mississippi	CMPGrants@medicaid.ms.gov	(601) 359-6141	Mississippi Division of Medicaid P.O. Box 2222 Jackson, MS 39225
Missouri	SLCRCMP@health.mo.gov	(573) 751-6402	Department of Health and Senior Services PO Box 570 Jefferson City, MO 65102-0570

State Agency	Email	Phone	Address
Montana	mtcmp@mt.gov	(406) 444-4077	Montana Department of Public Health and Human Services/Senior and Long-Term Care PO Box 4210 Helena, MT 59604
Nebraska	DHHS.NebraskaCMP@nebraska.gov	(402) 471-9678	Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South P.O. Box 95026 Lincoln, NE 68509
New Hampshire		(603) 271-9645	Department of Health & Human Service 129 Pleasant Street, Brown BLDG Concord, NH 03301-3857
New Jersey	CMPRP@doh.nj.gov	(609) 633-8977	Health Facility Survey & Field Operations State of New Jersey Department of Health P.O. Box 367 Trenton, NJ 08625-0367
New Mexico	CMPgrant@hca.nm.gov		New Mexico Health Care Authority 2040 S Pacheco. PO Box H Sante Fe, NM 87504
New York	LTC.CMPfunding@health.ny.gov	(518) 408-9218	Civil Monetary Penalty Reinvestment Program Bureau of Administrative Services Division of Residential Support Center for Residential Surveillance Office of Aging & Long-Term Care New York State Department of Health 875 Central Avenue Albany, NY 12206
Nevada	DPBHCMP@nvha.nv.gov	(775) 684-1030	Nevada Health Authority Division of Purchasing and Compliance 727 Fairview Drive, Suite E Carson City, NV 89701
North Carolina	DHSR.CMS.CMP. ReinvestmentProgram@dhhs.nc.gov	(919) 937-7459	North Carolina DHSR/Nursing Home Licensure and Certification Section; NCDHHS 2711 Mail Service Center Raleigh, NC 27699
North Dakota	ndcmp@nd.gov	(701) 328-2352	North Dakota Department of Health and Human Services Health Facilities Unit 1720 Burlington Dr Suite A Bismarck, ND 58504-7736
Ohio	NFCMP@medicaid.ohio.gov	(614) 466-6742	Bureau of Long-Term Services and Supports Ohio Department of Medicaid 50 West Town Street, Suite 400 Columbus, OH 43215
Oklahoma	CMP@health.ok.gov	(405) 426-8998	Oklahoma State Department of Health 123 Robert S. Kerr Avenue, 12th floor, Rm 1248 Oklahoma City, OK 73102
Oregon	nf.licensing@odhs.oregon.gov		Department of Human Services, Aging and People with Disabilities Safety, Oversight and Quality P.O. Box 14530 Salem, OR 97309

State Agency	Email	Phone	Address
Pennsylvania	ra-pwcmpgrants@pa.gov	1 (800) 932-0939 (Option 2)	Department of Human Services Office of Long-Term Living 555 Walnut Street, Sixth Floor Harrisburg, PA 17101
Rhode Island	ohhs.cmp@ohhs.ri.gov	(401) 462-5274	Rhode Island Executive Office of Health and Human Services 3 West Road, Vicks Building Cranston, RI 02920
South Carolina	CMPFunds@dph.sc.gov	(803) 545-4252	S.C. Department of Public Health Healthcare Quality P.O. Box 2046 West Columbia, SC 29171
South Dakota	DOHOLClicensing@state.sd.us	(605) 773-3356	South Dakota Department of Health 600 E Capitol Pierre, SD 57501
Tennessee	HFC.CMP@tn.gov	(615) 406-5891	Tennessee Health Facilities Commission 665 Mainstream Drive 2nd Floor Nashville, TN 37243
Texas	CmpApplication@hhs.texas.gov	(512) 438-2973	Health and Human Services Commission Regulatory Services, Operational Support 701 W. 51st St, 1075, Mail Code 1075 Austin, TX 78751
Utah	LTCCMP@utah.gov		Bureau of Health Facility Licensing Certification and Resident Assessment Utah Department of Health P.O. Box 144103 Salt Lake City, UT 84103
Vermont		(802) 241-0346	Department of Aging & Independent Living HC 2 South, 280 State Drive Waterbury, VT 05671-0260
Virginia	CMPFunds@dmas.virginia.gov	(804) 629-1172	Virginia Department of Medical Assistance Services 600 East Broad Street Richmond, VA 23219
Washington	cmpapplications@dshs.wa.gov	(360) 725-3204	Department of Social & Health Services Aging & Long-Term Support Administration P.O. Box 45600 Olympia, WA 98504-5600
West Virginia	ohflacadmin@wv.gov	(304) 558-0050	Office of Health Facility Licensure and Certification 1 Players Club Dr., Suite 301 Charleston, WV 25311
Wisconsin	DHSDQACMPRP@dhs.wisconsin.gov	(608) 266-8481	Division of Quality Assurance Wisconsin Department of Health Services 201 E. Washington Ave. Madison, WI 53703
Wyoming	wdh-ohls-cmp@wyo.gov	(307) 777-7123	Aging Division, Healthcare Licensing and Surveys Wyoming Department of Health Hathaway Building 2300 Capitol Avenue Suite 510 Cheyenne, WY 82002

Thank You for Your CMPRP Project Application Submission

Thank you for submitting your application. Your dedication to improving quality of care and life for nursing home residents demonstrates a valuable commitment to the goals of the CMPRP.

We appreciate the time and effort you invested in completing the application process. Your application will undergo a thorough review, and you can expect to receive a formal decision letter once the review is complete.

If you have any questions during the review process, please contact your designated State Agency CMPRP representative.

The CMS CMPRP Team



**CIVIL MONEY PENALTY REINVESTMENT PROGRAM (CMPRP)
APPLICATION HANDBOOK**

