



Department of Medical Assistance Services
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Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

MEDICAID BULLETIN

TO: All Long-Term Care Providers Participating in the Virginia Medical Assistance Program and Managed Care Organizations (Health Plans)

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 11/18/21

SUBJECT: Civil Monetary Penalty (CMP) Reinvestment Program Funding Opportunity

CIVIL MONETARY PENALTY FUND – REINVESTMENT PROGRAM SCHEDULE FOR PROJECTS THAT WILL START DURING STATE FISCAL YEAR 2023

The Civil Monetary Penalty (CMP) reinvestment funds help improve the quality of life for individuals residing in nursing facilities within the Commonwealth. This bulletin outlines this year's timeline and process for projects applying for CMP reinvestment funds. It also reminds potential applicants of requirements, exclusions, and frequently asked questions.

The CMP reinvestment fund is a collection of monetary penalties the U.S. Centers for Medicare & Medicaid Services (CMS) may impose on skilled nursing facilities (SNFs), nursing facilities (NFs), and dually-certified SNF/NF for either the number of days or for each instance a facility is not in substantial compliance with one or more Medicare and Medicaid participation requirements for Long-Term Care Facilities (LTC) (Code of Federal Regulations (CFR) 42 Part 488.430). The requirements for participation with Medicare and Medicaid for (LTC) facilities may be found at 42 CFR 483.

In accordance with federal regulations, eligible applicants include, but are not limited to, licensed and Medicaid-certified nursing facilities, healthcare systems, state agencies, for-profit or non-profit organizations, provider associations, and universities. Individuals are not eligible for CMP Reinvestment funds. If you would like confirmation of your organization's eligibility to apply for CMP Reinvestment funds, please contact the CMP Reinvestment Program Team at CMPFunds@dmas.virginia.gov.

In Virginia, CMP reinvestment funds are used in accordance with federal regulations for projects that directly benefit individuals residing in a nursing facility in the Commonwealth. Projects must be reviewed by DMAS and approved by CMS. The goal of the CMP reinvestment funds is to help protect and improve the quality of care for individuals residing in nursing facilities. Utilizing CMP reinvestment funds provides a unique opportunity to improve the lives of many individuals across the Commonwealth. DMAS has the responsibility for administering these funds and providing direct oversight in accepting proposals.

CMP-RP PROJECTS

The Virginia General Assembly continues to appropriate CMP reinvestment funds for DMAS and CMS-approved projects that protect or improve the quality of life and care of individuals in nursing facilities. Through an annual proposal submission and review process, DMAS will continue to ensure that CMP guidelines and policies are followed. Upon review by the Commonwealth that the proposal is complete, DMAS will forward projects for review and final approval to CMS. If approved by CMS, a contract will be issued and DMAS will oversee project progress by way of reviewing obligatory quarterly and final program and financial reports.

Information concerning awarded projects, including dollar amounts, recipients, project results, and other relevant information, can be found using this link: <https://www.dmas.virginia.gov/providers/long-term-care/programs-and-initiatives/civil-monetary-penalty/>.

APPLICATION PROCESS

Applicants must submit a formal Project Application via Virginia’s electronic procurement system, eVA. Applications must be submitted via eVA to be eligible for consideration. It is strongly encouraged that applicants use the Application Guidelines and information from the website above when completing a Project Application. This year, DMAS is suspending the requirement that applicants submit a Letter of Intent to Apply.

The timeline for submitting Project Applications for projects beginning July 1, 2022 will be January 18, 2022 to February 28, 2022.

The full details on the proposal submission and review process, including how to submit proposals and requirements of proposals will be found on eVA, and provided on the DMAS website provided above.

CMP Reinvestment Program SFY2023 Timeline

Applications Accepted	January 18, 2022 – February 28, 2022 (no later than 5:00 p.m., E.T.)
DMAS Review	March 2022
CMS Review	April 2022 – May 2022
Contracting	June 2022
Project Start Date	July 1, 2022

FREQUENTLY ASKED QUESTIONS

Below is a list of frequently asked questions compiled by the Center for Medicare and Medicaid Services (CMS). These and other questions can be found on the CMS website at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

They can be accessed by clicking on the file titled, “CMP Reinvestment Website Frequently Asked Questions” in the Downloads section.

Q1: Are there prohibited uses of CMP reinvestment funds?

A: CMP reinvestment funds may not be used for uses prohibited by law, regulation, or CMS policy. These include and are not limited to:

- Projects disapproved by CMS;
- Survey and certification operations or State expenses;
- Capital expenses of a facility;
- Nursing facility services or supplies that are the responsibility of nursing facilities (*such as laundry, linen, food, heat, staffing costs, etc.*);
- Funding projects, items or services that are not directly related to improving the quality of life and care of individuals who are residents of nursing facilities;
- Projects for which a conflict of interest or the appearance of a conflict of interest exists;
- Long-term projects (*greater than 3 years*);
- Temporary manager salaries;
- Nurse aide training; and
- Supplementary funding of federally required services (*e.g., Quality Improvement Organization-Quality Improvement Network Initiatives*).

Q2: Who may apply for the use of CMP reinvestment funds?

A: Funds may be granted to any entity for proper use of CMS-approved projects to protect or improve the quality of life for individuals in nursing facilities provided the responsible receiving entity is:

- Qualified and capable of carrying out the intended project or use;
- Not in any conflict of interest relationship with the entity or entities that will benefit from the intended project or use; and
- Not paid by a State or federal source to perform the same function as the CMP project or use. CMP reinvestment funds **may not be used** to enlarge or enhance an existing appropriation or statutory purpose.

Q4: Is there a time limit on projects?

A: Projects cannot exceed three years, but there is no minimum requirement for project length.

Q5: Where can additional application information be found?

A: Additional information, application, and guidelines may be found here:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/civil-monetary-penalty/>.

Q6: Who should I contact with additional questions?

A: Virginia CMP Reinvestment Program Team

PROVIDER CONTACT INFORMATION & RESOURCES	
<p>Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>www.virginiamedicaid.dmas.virginia.gov</p>
<p>Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</p>	<p>1-800-884-9730 or 1-800-772-9996</p>
<p>KEPRO Service authorization information for fee-for-service members.</p>	<p>https://dmas.kepro.com/</p>
<p>Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.</p>	<p>https://www.dmas.virginia.gov/appeals/</p>
<p>Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<p>Medallion 4.0</p>	<p>http://www.dmas.virginia.gov/#/med4</p>
<p>CCC Plus</p>	<p>http://www.dmas.virginia.gov/#/cccplus</p>
<p>PACE</p>	<p>http://www.dmas.virginia.gov/#/longtermprograms</p>
<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia</p>

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	1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+) 1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com