

Virginia Department of Medical Assistance Services
 Civil Monetary Penalty Reinvestment Funds
-COVER SHEET-
 SFY 2022

The purpose of the cover sheet is to provide a brief overview of the proposed project before submitting a formal application.

The cover sheet shall not exceed 4 pages.

The cover sheet will be accepted between February 1, 2021 and February 26, 2021.

The formal application can be found at <http://www.dmas.virginia.gov/#/longtermprograms>

Applicant Information

Date	
Organization Name	
Contact Person Name	
Phone Number	
Email	
Mailing Address	
Medicaid Provider Number (if applicable)	
How did you learn of the CMP Fund opportunity in Virginia?	

Project Information

Project Title	
Project Category	<input type="checkbox"/> Culture Change <input type="checkbox"/> Resident or Family Council <input type="checkbox"/> Direct Improvements to Quality of Care <input type="checkbox"/> Consumer Information <input type="checkbox"/> Transition Preparation for a Nursing Facility Resident <input type="checkbox"/> Training
Is the proposed project an Extension Project? (Please see Resource Guide for information on what is considered an extension project)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Brief Description of the Project (1-2 sentences):

Project Details	
Expected Outcomes: Short description of the intended outcomes, deliverables, and sustainability	
Results Measurement: A brief description of the methods by which the project results will be assessed (including specific measures)	
Benefits to Nursing Home/Facility Residents: A brief description of the manner in which the project will benefit nursing facility residents	
Non-Supplanting: A description of the manner in which the project will not supplant existing responsibilities of the nursing facility to meet existing Medicare/Medicaid requirements or other statutory and regulatory requirements	
Consumer and other Stakeholder Involvement: A brief description of how	

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the nursing facility community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project	
Partnering Organizations: List all organizations that will receive funds through this project (to the extent known) and organizations that the State expects to carry out and be responsible for the project	

Funding				
Project Timeline	<input type="checkbox"/> 1-Year	<input type="checkbox"/> 2-Year	<input type="checkbox"/> 3-Year	
	Year 1	Year 2	Year 3	Total
Total Amount Requested				
Amount of Match or In-Kind Contributions (optional)				