

INFORMATIONAL LETTER NO. 2133-MC-FFS-CVD

DATE: May 6, 2020

TO: Iowa Medicaid Nursing Facilities, Skilled Nursing Facilities, and Nursing Facilities for Persons with Mental Illness (NF/MI)

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS), Coronavirus Disease (CVD)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: 2020 Civil Money Penalty (CMP) Grants for Communicative Technology during COVID-19

EFFECTIVE: Upon Receipt

The purpose of this Informational Letter is to announce the availability of the CMP Grants for communicative technology during the COVID-19 Pandemic.

The Centers for Medicare & Medicaid Services (CMS) has issued [Guidance for Infection Control and Prevention of COVID-19](#)¹. This guidance directs nursing homes to significantly restrict visitors and nonessential personnel to protect nursing home residents. Recognizing that visitor restrictions may be difficult for residents and families, CMS has developed an application template for facilities to request the use of CMP Reinvestment funds to provide residents with adaptive communicative technologies.

Grant Eligibility and Approved Equipment

Applications must meet all the following criteria:

- A. Applications must be on the COVID-19 Communicative Technology Application Template. <https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19>.
- B. Applicants must only include requests for funds to purchase communicative technology devices (e.g. iPads, tablets, webcams) and accessories (e.g. headphones, protective covers).
- C. Devices should be shared among residents, with a ratio of 1 device to 7-10 residents. Facilities will not be permitted to purchase personal devices for any resident. Devices should not be shared between COVID-19 positive (or suspected) and other residents (COVID-19 negative or observation status). Devices must be cleaned and disinfected between residents.

¹ <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

D. Facilities may request up to \$3,000 for communicative technology. Applications or requests for exceptions will be considered in certain circumstances, such as in the case of a facility with a large number of residents. These applications will be sent to CMS for approval and will be reviewed on a case by case basis.

Allowable Devices:

- iPad or iPad Mini
- Facebook portal
- Amazon Echo Show
- Kindle Fire
- Microsoft Surface
- Samsung Galaxy Tablet
- Or any other device

Allowable Accessories:

- Protective covers that allows for cleaning and disinfection
- Cleaning and disinfection products in accordance with recommendations of the device manufacturer; Review the EPA's Disinfectant List for Use Against SARS-CoV-2 to determine if the disinfectant listed in the manufacturer's instructions
- Headphones (for individual use)
- Assistive/adaptive equipment
- Tripods (floor or table top)

Prohibited Expenses:

These applications are for devices and accessories only. Prohibited expenses include:

- Travel
- Internet or software subscription fees
- Administrative fees
- Indirect Costs. For example: federally determined indirect (facilities and administrative-F&A) costs such as staff fringe benefits or facility maintenance.
- Shipping or other unanticipated costs not included in the approved application.

Submission of Communicative Technology Grant Applications

At this time, IME is only accepting communicative technology and accessory grant applications for the items as described above. IME will only approve one grant application per facility, regardless of the amount requested. Grant proposals for other quality improvement initiatives will be solicited at another time and will be posted to the [Iowa Bid Opportunities website](https://bidopportunities.iowa.gov/)².

For consideration for a communicative technology grant, applications must be completed on the application template provided and emailed to the following email address: IMECMP@dhs.state.ia.us. Please save and submit the completed application with the following naming convention (Nursing Facility Name_Date of application). If you have submitted an application prior to the published date of this Informational Letter,

² <https://bidopportunities.iowa.gov/>

you will need to resubmit the application following the procedure identified here. If you have submitted an application to an address other than the one listed or prior to the publication date, it will not be considered. The IME will accept grant applications through June 30, 2020. Grant proposals received after the 4:00 p.m. CST on June 30, 2020, shall not be considered.

In addition to the completed application, applicants must submit a completed W9 and the completed DHS Attestation. These forms as well as a copy of the application can be found [on the DHS website](#)³. Please submit a copy of the completed application, DHS Attestation and completed W9 in the same email.

Grant Awards

IME will begin accepting and reviewing CMP communicative technology awards immediately. IME will approve applications that meet the defined CMS parameters as outlined above. Applicants requesting grant funds will receive an approval or denial letter via email. The IME may also request additional information or changes to the application if needed. Once an applicant receives an approval letter, they may purchase the equipment consistent with the items on the approved application and approval letter.

Approved grants funds shall be used for the sole purpose of providing nursing facility residents with communicative technology to support both virtual social and telehealth visits. Any funds spent in a manner not consistent with the certification on the completed application or as outlined in the eligibility criteria, will be subject to recovery.

Payment of Grants

DHS will only reimburse facilities that have completed an application and received an approval letter. In order for DHS to process payment of grant awards timely, you must include all the required documentation for payment:

1. Copy of Application
2. Copy of Approval Letter
3. Invoice (must contain at a minimum)
 - a. Nursing Facility Name
 - b. Address
 - c. CMS Certification Number (CCN)
 - d. TaxID
 - e. Itemized detail of devices purchased
4. Copy of Receipt of purchased equipment

Please send all required documentation in one email to the CMP email box: IMECMP@dhs.state.ia.us.

³ <https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19>

Please note that by invoicing and spending CMP funds, you are agreeing that you meet and will continue to meet the eligibility criteria listed above, in the application, and in the approval letter. If you have received funds, and do not agree to the terms above and would like to return the funds please send an email to IMECMP@dhs.state.ia.us and you will be provided with instructions on how to return the funds.

Resources

Applicants may obtain a copy of the application, W9 and sample invoice at <https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19>. For additional questions or clarifications an email can be sent to IMECMP@dhs.state.ia.us.