

**INFORMATIONAL LETTER NO. 2181-MC-FFS-CVD**

**DATE:** October 28, 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

**\*\*This Informational Letter (IL) replaces [IL 2133-MC-FFS-CVD](#)<sup>1\*\*</sup>**

The purpose of this IL 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](#)<sup>2</sup>. 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

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<sup>1</sup> [https://dhs.iowa.gov/sites/default/files/2133-MC-FFS-CVD\\_CMPQII\\_COVID-19\\_Tech\\_Grants\\_2020.pdf?050820201236](https://dhs.iowa.gov/sites/default/files/2133-MC-FFS-CVD_CMPQII_COVID-19_Tech_Grants_2020.pdf?050820201236)

<sup>2</sup> <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

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.

- 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.
- E. Facilities MUST be a *certified* Medicaid long term care facility. Assisted living, hospitals and adult day health are not eligible.

#### 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 and Acceptance of Communicative Technology Grant Applications**

- DHS/IME is only accepting communicative technology and accessory grant applications for the items as described above.
- DHS/IME will only approve one grant application per facility, regardless of the amount requested.
- Facilities that applied for a grant during the first application period (May 6, 2020 through June 30, 2020) are not eligible.

- Applications submitted before the release of this IL will be considered on a case-by-case basis. The facility may have to resubmit if all of the required documentation was not included with the application.
- Facilities should ensure all anticipated expenditures are included in the application, including any applicable sales tax. Grant funds will be provided based on the requested devices and accessories listed in the original application and approval letter.
- Facilities will be reimbursed based on the approved amount or the actual expenditures, whichever is less.

### **Required Documentation**

To be considered for a communicative technology grant, DHS/IME must receive the required completed documentation:

- Application on the approved template provided
- W9
- DHS Attestation

These forms as well as a copy of the application can be found [on the DHS website](#)<sup>3</sup>. Please save and submit the completed application with the following naming convention (Nursing Facility Name\_Date of application). Submit the application, W9 and DHS Attestation to the following email address: [IMECMP@dhs.state.ia.us](mailto:IMECMP@dhs.state.ia.us).

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.

DHS/IME will accept grant applications through January 23, 2021 or at the end of the public health emergency (PHE). Grant proposals received after the 4:00 p.m. CST on January 23, 2021 or at the end of the PHE, shall not be considered.

### **Grant Awards**

DHS/IME will begin accepting and reviewing CMP Communicative Technology awards immediately. DHS/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. DHS/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.

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

Grant proposals for other quality improvement initiatives will be solicited at another time and will be posted to the [Iowa Bid Opportunities website](#)<sup>4</sup>.

## Payment of Grants

DHS/IME will only reimburse facilities that have completed an application packet, including the W9 and DHS Attestation, and received an approval letter. In order for DHS/IME to process payment of grant awards timely, you must include all the required documentation for payment:

1. Copy of DHS/IME Approval Letter
2. Summary Invoice (This should be a summary of all the receipts and be in a similar format as the approval letter. Click [here](#)<sup>5</sup> for a template that can be used. The summary invoice must contain at a minimum:
  - a. Nursing Facility Name
  - b. Address
  - c. CMS Certification Number (CCN)
  - d. Tax ID
  - e. Itemized detail of devices and accessories purchased
3. Copies of all receipts for devices and accessories.

DHS/IME will compare the summary invoice and detail receipts with the approval letter. Facilities will be reimbursed for the number of approved devices and accessories identified on the approval letter. Reimbursement will be made for the approved amount or the actual expenditures, whichever is less. If a facility's expenditures exceed the approved amount, DHS/IME will pay at the approved amount.

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

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](mailto: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](mailto:IMECMP@dhs.state.ia.us).

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<sup>4</sup> <https://bidopportunities.iowa.gov/>

<sup>5</sup> <https://dhs.iowa.gov/sites/default/files/CMP%20Invoice%20Template.xlsx>