

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

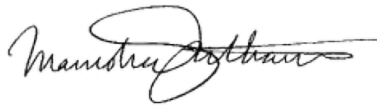
Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### BLAST FAX 2022-30

TO: Nursing Home Administrators

FROM: Manisha Juthani, MD, Commissioner 

CC: Deputy Commissioner Heather Aaron, MPH, LNHA  
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner  
Kim Hriceniak, RN, Public Health Services Manager, FLIS  
Cheryl Davis, RN, Public Health Services Manager, FLIS

DATE: August 5, 2022

SUBJECT: Nursing Home Visitation and Request for Civil Money Penalties (CMP) Funds

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On February 2, 2022, the Centers for Medicare and Medicaid Services (CMS) released revised QSO Memo 20-39, [QSO-20-39-NH REVISED \(cms.gov\)](https://www.cms.gov/medicare/quality/quality-survey-operations/qso-20-39-nh-revised) which provided guidance for visitation and the use of CMP funds to aid in visitation. Facilities may request CMP funds to assist with the purchase of portable fans and portable air cleaners with high efficiency particulate air (HEPA, H-13 or-14) to improve air quality. As a cautionary reminder, facilities using these funds must do so in compliance with life safety code requirements found at 42 CFR 483.90, unless these requirements are waived under the Public Health Emergency declaration.

CMS has streamlined the approval process related to the use of CMP funds to support visitation by delegating to the State Survey Agency, the Department of Public Health, the authority to review and approve CMP requests that will enhance visitation and meet CMS parameters. Funding requests are limited to a maximum of \$3,000 per facility for allowable fans/air cleaners. The attached application must include the following:

1. Request for funds is limited to the purchase of portable fans and portable air cleaners. DPH will not approve any requests for items that are prohibited as noted below;



Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
*Affirmative Action/Equal Opportunity Employer*



2. Applications must ensure that Life Safety Code (LSC) requirements found at 42 CFR 483.90 are met, unless waived under the Public Health Emergency declaration;
3. Application must demonstrate the appropriate level of visitation restrictions within available guidelines from the Center for Disease Control and Prevention (CDC), e.g. limiting the number of individuals visiting any one resident.

Expenses that are prohibited include the following:

- Replacement filters
- Portable air conditioning or heating units
- Fans
- COVID-19 testing and testing equipment
- Personal Protective Equipment (PPE)
- Portable fire extinguishers of approved types
- Disinfectant and cleaning supplies
- No smoking signage
- Administrative fees
- Indirect costs
- Travel expenses

Should you have any questions and/or if you interested in requesting a CMP grant, not to exceed \$3,000, please contact or complete the attached application and submit to Kim Hriceniak R.N. at [kim.hriceniak@ct.gov](mailto:kim.hriceniak@ct.gov)

1. Visit <https://dphflisevents.ct.gov> and select “Reportable Events”

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DEPARTMENT OF PUBLIC HEALTH  
DPH FLIS - Facility Licensing & Investigations Section (FLIS)

FLIS Events Report Tracking System  
Login Required

Adverse Events  
Hospitals and Surgical Centers

Reportable Events  
All Other Facilities

FIRST TIME FACILITY ADMINISTRATORS: All first time facility administrators MUST register before you can login to the website.  
Select the "Register as a Facility Administrator" link and create a new account.

DPH Employee Login Register as a Facility Administrator Forgot your password?

No Login Required

FLIS Complaint Submission

Yearly Report Submission to DPH FLIS

Daily COVID-19 Reporting Submission Form

For any assistance(Reportable/Adverse Events, LTCF COVID-19 daily reporting, ePOC, MDS assessments, complaints submission)  
please submit a ticket to FLIS at <https://dph-cthelpdesk.ct.gov/Ticket>.

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2. Enter your credentials (Username and Password) and click Login

DEPARTMENT OF PUBLIC HEALTH  
DPH FLIS - Facility Licensing & Investigations Section (FLIS)

FLIS Events Report Tracking System - Login Page

User Name

Password

Login Back to Home Page

FIRST TIME FACILITY ADMINISTRATORS: All first time facility administrators MUST register before you can login to the website.  
Select the "Register as a Facility Administrator" link and create a new account.

DPH Employee Login Register as a Facility Administrator Forgot your password?

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3. Click "CMP2 Request" tab

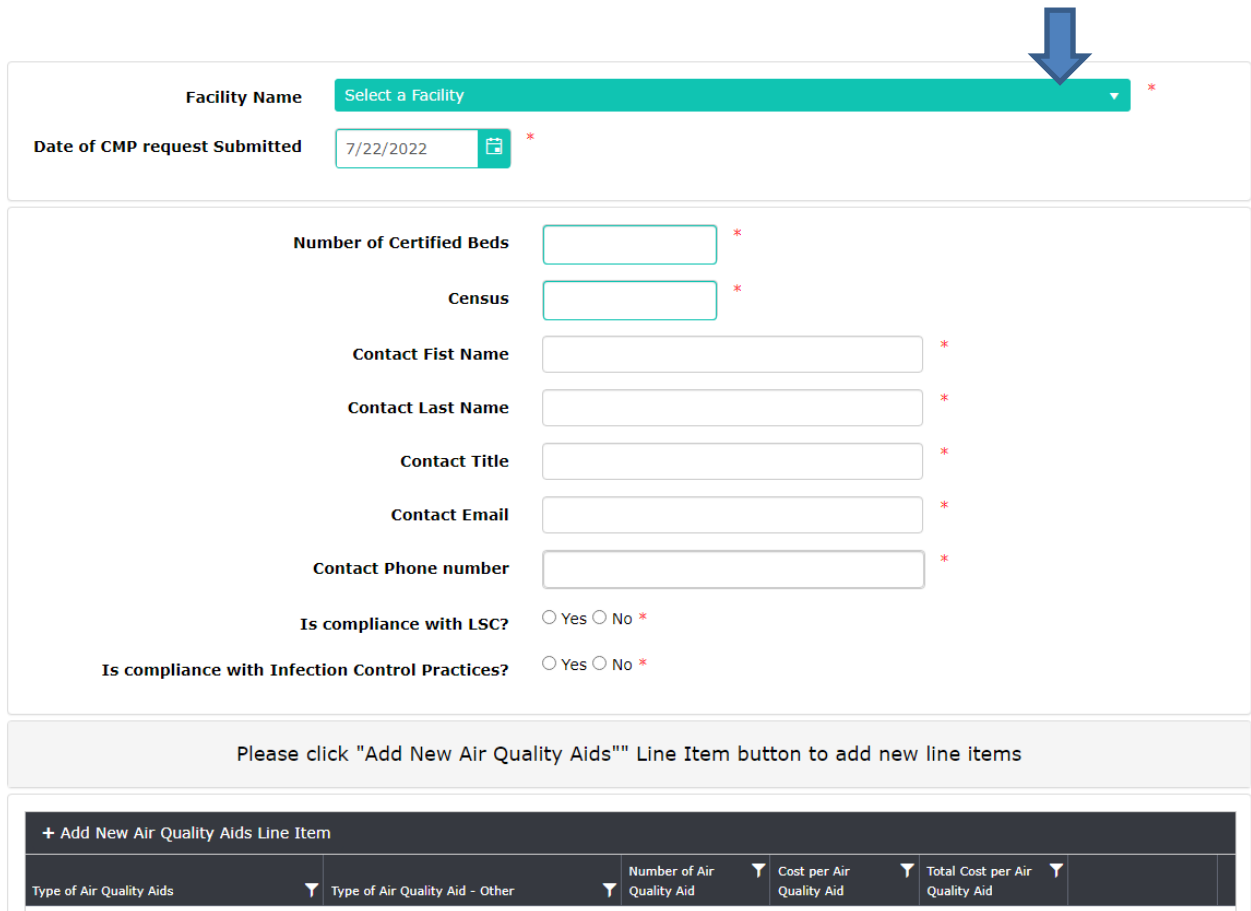




4. To submit a CMP2 request form, click “Initiate CMP2 Request”



5. Select the facility and complete the form.



Facility Name  \*

Date of CMP request Submitted  \*

Number of Certified Beds  \*

Census  \*

Contact First Name  \*

Contact Last Name  \*

Contact Title  \*

Contact Email  \*

Contact Phone number  \*

Is compliance with LSC?  Yes  No \*

Is compliance with Infection Control Practices?  Yes  No \*

Please click "Add New Air Quality Aids"" Line Item button to add new line items

+ Add New Air Quality Aids Line Item

Type of Air Quality Aids	Type of Air Quality Aid - Other	Number of Air Quality Aid	Cost per Air Quality Aid	Total Cost per Air Quality Aid
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6. Click “Add New Air Quality Aids Line Item” to add the line items for the CMP2 request. You can add more than one-line items with the request by keep repeating this step. The line items you added to the request will be displayed in the table below.

## Blast Fax 2022-30

Please click "Add New Air Quality Aids"" Line Item button to add new line items

**+ Add New Air Quality Aids Line Item**

Type of Air Quality Aids	Type of Air Quality Aid - Other	Number of Air Quality Aid	Cost per Air Quality Aid	Total Cost per Air Quality Aid	
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7. Finally click “Submit” at the end of this form to submit the CMP2 request to DPH.

Type of Air Quality Aids	Type of Air Quality Aid - Other	Number of Air Quality Aid	Cost per Air Quality Aid	Total Cost per Air Quality Aid	
No items to display					

**CMP amount requested from DPH (Cannot exceed \$3,000)**

Please be aware that you must upload any invoices or receipts associated with this submission.  
You can only upload **PDF, GIF, PNG, JPG, XLS, XLSX, DOC, DOCX** files.

**Attestation Statement**

CMP funds have been provided for the express purpose of increasing or improving air quality in nursing homes certified to participate in Title 18 and Title 19 of the Social Security Act. Applicants cannot use the standard CMP application process to supplement their Air Quality Aid request to obtain additional air quality improvement aids in excess of the \$3,000.00 maximum limit.

By selecting the box below you are confirming that everything stated in this application is truthful and you are aware and in compliance with the CMP project and application requirements.

Disclaimer I acknowledge and attest on behalf of my facility, above-named facility, is in compliance with the CMP requirements as outlined in the CMP reinvestment Application Template COVID-19 Person Air Quality Improvement Aid Request.

**Submitter's name**  **Date**

### How to view the successfully submitted CMP2 request to DPH for your facility?

When you select “CMP2 Request” tab you will see all the successfully submitted CMP2 requests to DPH along with the status of the request.