

# **Rest Home and Nursing Homes Not Participating in the Medicare or Medicaid Programs Application Template Coronavirus Disease 2019 (COVID-19) In-Person Visitation Aids Request**

## **Instructions**

The Centers for Medicare & Medicaid Services (CMS) has issued guidance for Nursing Home Visitation – COVID-19.<sup>1</sup> By following a person-centered approach and adhering to the core principles of COVID-19 infection prevention, visitation can occur safely based on this guidance. Recognizing that considerations allowing for visitation in each phase of re-opening may be difficult for residents and their families, MA DPH has developed this application template for requests for the use of Massachusetts Long Term Care Quality Improvement funds to provide rest homes and nursing homes that do not participate in the Medicare or Medicaid programs with in-person visitation aids.

Funding for tents and plexiglass (or similar product), **are limited to a maximum of \$3,000 per facility**. Note, when installing tents, facilities must ensure appropriate Life Safety Code (LSC) requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.

Applicants shall submit this Rest Home and Nursing Homes Not Participating in the Medicare or Medicaid Programs Application to the MA DPH. The MA DPH shall make a determination on the potential of the project to benefit rest home residents and improve their quality of care and quality of life. The applicant will be notified by MA DPH about a funding decision, and applicants may contact MA DPH with questions about their Application.

**NOTE: This template can only be used for in-person visitation aids for nursing homes and rest homes. Examples of allowable uses of LTC QI Funds for in-person visitation aids:**

- Tents including installation (purchase and/or rental)
- Clear dividers (e.g., plexiglass or similar product) including installation

**Prohibited expenses include but are not limited to:**

- Outdoor furniture (chairs, tables, etc.)
- Portable heating units
- Fans
- Ventilation systems
- Lighting system
- Personal Protective Equipment (PPE)
- Portable fire extinguishers of approved types
- Disinfectant and Cleaning Supplies (Disinfectant wipes, hand sanitizer, etc.)
- No-Smoking signage
- Administrative fees
- Indirect Cost. For example: federally determined indirect (facilities and administrative-F&A) costs such as staff fringe benefits or facility maintenance.
- Travel expenses

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<sup>1</sup> <https://www.cms.gov/files/document/qso-20-39-nh.pdf>

- Infrared temperature scanners
- COVID-19 testing and testing equipment

**1. Project and Applicant Requirements to use the In-Person Visitation Aids Application Template.**

Projects must:

- Directly address the need to facilitate in-person visits for residents.
- Fall within the following parameters for use of funds:
  - Funds must only be used to purchase the types of visitation aids described above.
  - Tent size must allow for social distancing to be observed.
  - Maximum allowance of \$3,000 per facility.
- Ensure appropriate LSC requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.
- Ensure core principles of infection prevention and control practices. Surfaces must be cleaned and disinfected between resident use. Review the EPA’s List N: Disinfectants for Use Against SARS-CoV-2 to determine if the disinfectant identified in the manufacturer’s instructions meet EPA’s criteria.
- Work with state officials to determine the appropriate level of visitation restrictions within available guidelines from the CDC (e.g., limiting the number of individuals visiting with any one resident).

To be considered for funding, each application must include the following information:

- Name(s) of facility(ies) to receive equipment (and MA DPH facility ID)).
- Number of licensed facility beds.
- Type(s) of equipment (brand and model).
- Cost per equipment item.
- Total number of items (equipment) requested.
- Total funds requested.

**2. Eligibility Guidelines** – confirm this project meets criteria outlined in Section 1.

Yes       No

**3. Applicant Contact and Background Information**

Contact:	
Name:	
Phone:	

Email:	
Address:	
State:	

**4. Total Fund Request Amount**

0

Note: this amount should match the total cost of the items in section 5 below, in addition to items in the addendum (section 7).

**5. Budget**

Applicants must provide a line-item budget for all items, broken down per facility, for which CMP funding is requested. All items must directly relate to in-person visitation aids.

Facility Name	MA DPH Facility ID	Number of Llcensed Facility Beds	Type of Visitation Aids (e.g. tents, clear dividers)	Cost per Visitation Aid	Number of Visitation Aids	Total Cost per Facility
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
<b>TOTAL PROJECT COST:</b>						0

If the project includes more items than will fit in the table above or the addendum section below, please provide a complete record in an Appendix.

**6. Attestation Statement**

MA DPH Long Term Care Quality Improvement funds have been provided for the express purpose of enhancing quality of care and quality of life in rest homes and nursing homes that do not participate in the Medicare or Medicaid programs.

By signing below, you are confirming that everything stated in this application is truthful and you are aware and in compliance with the MA DPH project and applicant requirements.

Name of the Applicant (print):

Date of Signature:

Signature of the Applicant: