

Thank you for your interest in the CMP Communication Technology Grant opportunity for certified nursing facilities.

We have provided information on our webpage for assistance in applying for the grant. Our webpage can be found at: <https://chfs.ky.gov/agencies/os/oig/Pages/cmpfunds.aspx>

On this page, you will find an announcement letter, which explains the application process and information needed for both the required cover letter and application content.

To summarize the process, we would like to provide the following information for you:

- **COVER LETTER**

- The cover letter must be addressed to the Inspector General, Adam Mather
- The cover letter must contain:
 - The average daily census of your facility;
 - Confirmation that any devices to be purchased are capable of supporting both virtual social and telehealth visits;
 - Explanation of the facility's infection prevention and control practices in accordance with the requirements described on page 2 of the application;
 - A statement that you have a policy prohibiting sharing of devices between COVID positive residents (or suspected) and others;
 - A statement regarding cleaning in compliance with manufacturer's instructions;
 - A statement that you will clean and disinfect between residents; and
 - A statement that you will clean using a disinfectant listed by the EPA as effective against SARS-CoV-2 at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

- **APPLICATION**

- The application must be submitted in its original PDF form. Scanned versions are not accepted. Once complete, all applications and cover letters must be emailed to: CMPPAPPLICATION_OIG@KY.GOV.
- Complete all sections of the application as follows:
 - Section 1: Read completely.
 - Section 2: Confirm eligibility.
 - Section 3: Provide contact name, phone number, email address, and address of the facility.
 - Section 4: Provide the total CMP fund request amount (NOTE: this is a self-calculating form and this number will total after completion of Section 5)
 - Section 5: Please provide:
 - Facility name
 - CMS Certification Number of Certified Beds (please include your ADC in addition to the number of certified beds)
 - Type of Device: Please be specific and provide Model No. of the device
 - EXAMPLE: Apple Ipad 7th Gen. 10.2" – Model No.: MW792LL/A

- Cost per Device: Please provide the exact cost and not an estimate.
- Number of Devices: This is based on your ADC and you may purchase 1 device per 7 to 10 residents.
- Total Cost per Facility: This is a self-calculating form. Please click ENTER after you enter your number of devices for this calculation.
- Total Project Cost: This is a self-calculating form. Please note that if you make any revisions to this section, you will need to recalculate the entire table to calculate the revised amount.
- Section 6: Attestation Statement: Please provide an electronic signature and date of signature.

If you any questions, or need additional information regarding the CMP CT Emergency grant, please contact Gina Riddell, Grants Administrator at gina.riddell@ky.gov or 502-564-2888 Ext. 3341.