

APPLICATION FOR GRANTS AND SUBSIDIES (PP OBJECT CLASS)

Name/Title of Grant: Resident Empowerment Program VIII (REP)

Document File Number:
809910

1. Description Or Purpose of Grant:

The Resident Empowerment Program VIII (REP, year 8) is designed to improve the quality of life of nursing home residents. Quality of life includes those activities, events, environment and intangibles that contribute to residents' emotional, physical and psychological well being, contentment and satisfaction. Civil Monetary Penalty funds support the program.

The Department of Public Health (DPH) has established **person-centered care** as the goal for the 2008 RFR as it was in 2007. DPH is requiring that nursing home proposals concentrate on ways in which quality of life will be improved through person-centered care. Some facilities may be familiar with the concept of person-centered care under the umbrella of culture change. DPH is adopting the terminology person-centered care rather than culture change because it more adequately describes the purpose of the 2008 RFR. DPH would like nursing homes to use this definition in crafting their responses.

When nursing homes implement person-centered care, the outcomes often include a more hospitable environment, increasingly individualized care practices and more supportive workplaces. The person-centered care model focuses efforts on the needs and preferences of a person rather than those of the institution. As a result, some nursing homes have retired the nomenclature resident or patient. In this RFR, DPH will still use resident so that nursing homes will be clear as to whom DPH is referring. When considering what kind of program could improve quality of life, a nursing home may want to begin with the question: "What are those items, habits or events that on a daily basis provide you with comfort, joy, a sense of identity security or delight?" (Marguerite McLaughlin, Quality Partners).

In order for you to assess what kind of program will provide residents with comfort, joy and a sense of identity, you may want to consider the different ways that you can enhance the environment, include family and the community or provide some service for residents. Whatever you choose, please be sure that it is an enriching activity, service or an improvement to the surroundings. The core concept is that your proposal should seek to make the resident the center of attention, that any improvements are dedicated to their quality of life and that it reflect resident preferences.

In the past, proposals that request funds for capital improvements have been excluded. For 2008, the REP Committee will consider capital improvement programs within limited guidelines. To be considered, a capital improvement program must demonstrably provide residents with an event, activity or environmental change that conforms to resident preferences. A facility must explain how resident preferences were determined. Those capital improvements that are reimbursed by Medicaid or Medicare are excluded.

Other considerations include:

- 1) A proposal cannot be a replacement for any events or activities a facility is already offering.
- 2) A facility cannot propose a project that fulfills a Federal or State regulation.
- 3) A group of facilities may jointly submit a proposal, but it must be submitted by only one of the group. The grant can only be awarded to one of the facilities on behalf of the others. Corporate owners, chains or management companies may not submit a proposal on behalf of a group of facilities.
- 4) Nursing homes, families and resident councils may submit an application on behalf of a facility. Community groups may also do so, but it must be on behalf of a specific facility.
- 5) DPH will take into account a facility's compliance status in so far as it might affect their ability to complete the project.

DPH receives many questions about what type of programs are granted awards. Programs have been varied depending on a facility's needs, desired outcomes, residents' wishes, facility demographics, availability of complimentary funding and creative partnerships. The list of previous awards is available under Closed Solicitations on www.comm-pass.com (Enter the words Resident Empowerment for a Keywords search to locate previous grant applications.)

2. Contact Information

Contact Person: Roberta Bernstein

Title: Special Projects

Address: Department of Public Health
99 Chauncy Street
Boston MA 02111

Telephone #: 617-753-8062

Fax #: 617-753-8094

E-mail or Internet Address: roberta.bernstein@state.ma.us

3. Anticipated Payment Methodology:

Lump Sum

Periodic Scheduled Installments

Cost Reimbursement

Other (specify):

4. Whether Single Or Multiple Grantees Are Required For Grant(s)

Single Grantee or

Multiple Grantees

5. Expected Duration Of Grant (Initial Duration and Any Options to Renew)

(Subject to appropriation or the availability of sufficient non-appropriated funds under the grant funding authority)

Initial Duration: one-time purchase; or: up to months, and/or up to year(s)

Upon Approval – March 31, 2010

Renewal Options :(indicate number) 0 options to renew for up to 0 year(s) each option

6. Anticipated Expenditures, Funding Or Compensation For Expected Duration

Please include the Estimated Value of the Grant (Including Anticipated Renewal Options)

Individual grant awards will be a maximum of approximately \$30,000. DPH's Bureau of Health Care Safety and Quality anticipates awarding approximately \$300,000 in total through this annual announcement.

Will Federal Funds be used to fund any part of Grant(s)? NO, YES (If YES, to what extent?):

Grantees receiving federal grant funds will be considered sub-recipients for federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular a-133.

7. Indicate Grant Scope and Performance Requirements:

Scope of Service

A proposal must contain deliverables that are succinctly written, clearly defined and measurable. Nursing homes need to explicitly explain how they will accomplish the goals and various elements of their program. Nursing homes should think about how to involve interdisciplinary teams (staff from different departments), community, family and residents in both the planning of the program and its implementation.

Evaluation Criteria

DPH will be weighting the criteria this year to more accurately reflect the importance of each category.

Proposals must first meet initial screening criteria: 5%

1. delivered to DPH by the deadline date and time
2. priced at or below the maximum allowable amount (Section 6 above)
3. completeness of information (see #8, Instructions for Submission)

Proposals will then be evaluated in three categories. In addition to the weight given to the screening criteria, the weight given to content categories is listed below. Person-centered care has the highest rating. When calculating the score for each proposal, person-centered care will account for 50% of the total score. Thirty percent of the score will be accounted for by the quality of your partnerships and 20% by your creativity, resourcefulness and succinctness.

1. Person-Centered Care: 45%
 - 1a. increased resident participation in activities
 - 1b. evidence that the program satisfies residents' preferences
 - 1c. evidence that the program represents a significant improvement in the daily life of residents
 - 1d. evidence that residents derive satisfaction and enjoyment from the program
2. Partnerships: 30%
 - 2a. resident participation in all phases of program development to insure that their preferences are reflected in the final product
 - 2b. family inclusion in planning and/or implementation
 - 2c. community inclusion in planning and/or implementation
 - 2d. interdisciplinary team involvement or involvement of front line staff
 - 2e. program can be sustained over time without additional grants from DPH
3. Creativity, Resourcefulness, Succinctness: 20%
 - 3a. novel idea or imaginative application for an old idea
 - 3b. cost effective program plans
 - 3c. resources, whether they be people, materials or donations, that offset expenses.

The Department shall negotiate with Grantees any requirements not set forth in the RFR.

Performance Requirements

The Department of Public Health is endeavoring to deliver the Best Value to facilitate our needs. Therefore, it is important to measure the Grantee's performance to ensure the grant is in compliance with what has been requested and what the Grantee has offered in this RFR.

DPH will again require grantees to submit two reports, but will now make payments in two 50% increments. This payment schedule is a significant change for FY '08. It is being implemented to make sure that anyone receiving a grant from DPH is fully accountable. You will need to adjust your milestones and spending plans to adjust to the new process. The process is as follows:

1. At the time of selection, DPH will award 50% of the approved funding.
2. The first Progress Report will be due 6 months from the time of the initial award. You will be required to document what funds you have spent by the type expenditure and provide receipts for the spending. A facility will also need to document progress on each milestone described in their RFRs. If a facility has not completed the milestone, you must explain why not.
3. The Ombudsman will follow-up with a site visit to verify your report.
4. If your Progress Report demonstrates that you are making satisfactory progress toward your goals and spending plan, the remainder of the grant will be awarded.
5. If insufficient progress is being made, you will be required to submit a report in 3 months from the time of the Progress Report. If progress is demonstrated, you will be awarded the remainder. If progress is still insufficient and/or undocumented, other arrangements will be made.
6. All facilities will be required to submit a Final Report approximately one year from the time of the award. Facilities should document the results for each of the goals described in their RFRs. If quantitative measures were proposed, the facility must report those outcomes. Additionally, facilities must explain how the budget money was spent, the date on which it was spent and submit receipts for additional costs not submitted in a Progress Report.
7. The Ombudsman will follow-up with a site visit to verify your report.

DPH will send additional details and reporting templates at the time that an award letter is sent.

Response Requirements

Nursing homes are expected to explain each of the following deliverables in the order in which they are presented here:

1. **PROGRAM DESCRIPTION:** Briefly explain the content of your program and how it impacts residents' quality of life. Describe how the activities, special events, environment and/or intangibles in your program contribute to person-centered care. Facilities should pay particular attention to explaining how the preferences of individuals will be met by their program. Facilities should also describe the status of current efforts to implement person-centered care. Please explain at what stage of development you are: 1) whether person-centered care is a new idea for you; 2) you have had preliminary discussions; or 3) you have begun a person-centered project and/or have finished one.

2. **GOALS:** List only three goals that describe the essence of what you want to achieve and how your program will make a difference in the lives of your residents. Write them simply and in measurable terms.

3. **PARTNERSHIPS:** If involved, explain how each (facility staff, families, residents and the community) will work together to implement the proposal. Provide information on what role and in which activities each will participate.

- a. if a facility alone generated the proposal, show how residents and families will be integrated into program development and implementation.
- b. describe how the community might become involved in development and implementation.
- c. describe how interdisciplinary teams will promote your goals.
- d. if partnerships are not involved in your proposal, explain why not
- e. explain how partnerships reduce your budget request

4. **RESOURCES:** specify how many people will be needed to implement the program

- a. document what skills are needed to implement the program
- b. identify which are paid and which are volunteers
- c. identify which are community resources and residents
- d. identify which are staff already on the payroll

5. **CONTINUANCE:** demonstrate how your facility will sustain your project past the initial funding so that residents continue to benefit from the program.

6. **BUDGET:** provide detailed information on all costs

1. total all costs (ranges will be disqualified)
2. detail item level costs by category: facility staff, contracted staff, volunteers (if they have any associated costs), materials, administrative

7. **MILESTONES:** specify each major aspect of the project and provide the dates by which it will be completed

8. **MOST RECENT SURVEY:** state the results from your most recent survey (no documentation necessary)

8. Instructions for Submission of Responses:

Submit applications to:

Roberta Bernstein

Department of Public Health
99 Chauncy Street
Boston MA 02111

Your application must include and be formatted according to the following directions. Please do not put your application in a binder or add a cover sheet other than the one DPH requests.

1. Submit one original and three copies
2. Prepare a cover sheet which should be the first sheet.
 1. Name of Facility
 2. Address
 3. Title of program
 4. Amount requesting
 5. Name of contact
 6. Name of authorized signatory
 7. Email
 8. Fax
 9. Telephone number
 10. Email, if have one
3. Format and number according to the eight program elements described above in the Response Requirements
 1. Program description
 2. Goals
 3. Partnerships
 4. Resources
 5. Continuanace
 6. Budget
 7. Milestones
 8. Most Recent Survey

DPH strongly recommends that you limit the amount of detail provided in your application. DPH is not requiring a set number of pages, but asks that you present only the information called for in the format instructions. Extraneous information such as a description of your facility or lengthy explanations of your program will not be considered. Keeping to the essentials is an evaluation criterion.

In accordance with the instructions on the screen, the forms listed on the Comm-PASS "Forms & Terms" screen for this grant application must be submitted with your response.

9. DEADLINE FOR RESPONSES Or Grant Procurement Calendar:

Indicate Deadline Date: February 7, 2008

Indicate Deadline Time: 5:00 PM

Will a Bidders Conference be offered? No YES (Indicate Date, Time and Place):

Will opportunity for written questions be offered? No YES (Indicate Deadline Date, Time and Address)