

## **Resources/ instructions for completing a State Civil Penalty Reinvestment Program Grant Application - Community Residential Services and Supports (CCRSS), DSHS 10-XXX.**

This information is to provide general guidance for applying for a grant through the State Civil Penalty Reinvestment Program (SCPRP.) Grants through the State Civil Penalty Reinvestment Program are only available to be used for adult family home (AFH) and Certified Community Residential Services and Supports (CCRSS) settings. This application is only for funds to benefit residents of CCRSS.

The application must be filled out completely. Organizations applying for CCRSS grant funds may apply for funds during the annual application period of September 1 through October 31. The Department may deny all or part of an application based on the amount if it will deplete the funds in the program account.

Any questions or completed applications should be sent to [scprprogram@dshs.wa.gov](mailto:scprprogram@dshs.wa.gov).

### **Section 1: Applicant Information**

Provide a name and contact information for the organization applying for the grant.

If the organization is not a CCRSS provider, describe the organization. This could include:

- Consumer advocacy organizations.
- Resident or family councils.
- Professional or state CCRSS associations.
- State Long-Term Care Ombuds program.
- State Developmental Disabilities Ombuds program.
- Quality improvement organizations.
- University graduate programs.
- Private contractors.
- Corporations, both non-profit and for-profit.

The organization should describe their background and history, including their connection to CCRSS clients if they are not a provider. They should also describe any resources related to the project to which they already have access.

### **Section 2: Description of the Project**

Describe and provide information about the project.

Projects in the CCRSS setting are limited to 12 months.

Grant funds must be used to support activities that protect or improve the quality of care or quality of life for clients. Some examples include:

- Assistance to support and protect clients of a provider that closes.
- Time-limited expenses incurred in the process of relocating clients to home and community based settings or another home when necessary.
- Projects that support client and family councils and other consumer / client involvement in assuring quality of care in homes.
- Technical assistance for homes / providers implementing quality assurance and performance improvement programs.
- Development and maintenance of temporary management or receivership capability.

Grant funds may not be used for items prohibited by law, regulation, contract, or the policies of Centers for Medicare and Medicaid Services or of Residential Care Services. The following are examples of prohibited use:

- Survey operations.

- Capital expenses.
- Services or supplies that are the responsibility of the facility / home / provider, such as food, heat, staffing costs, etc.
- Projects for which a conflict of interest or the appearance of a conflict of interest exist.
- Longer term projects
- Supplementary funding of federally or state required services or services required by a Medicaid contract.

Project proposals should demonstrate current and sound evidence-based practices that promote the quality of care and quality of life of residents.

Project proposals must include comprehensive information about costs. The application must include a detailed line item budget. A template of the budget is available here. The organization must also describe how those costs were calculated, including any references for prices used from external vendors (e.g. cost of a tool from Amazon, Target, the local hardware store, etc.). Any outside funding sources must also be listed on the application.

### **Section 3: Project Deliverables and Monitoring**

Quarterly progress reports are required to be submitted by each grantee / contractor at the end of each three-month period by the 15<sup>th</sup> day of the following month. In addition, please list any other metrics or evaluation tools you will use to demonstrate the effectiveness of your project. The requirements for the report are outlined in the Special Terms of the contract and a final comprehensive close out report with project results (as available) is due on the contract end date. All expenditures are required to be submitted for payment via the state invoice system, are reviewed and approved by the Policy Program Manager and the Office Chief for Policy, Training, Quality Assurance and Behavioral Health, and submitted to the department's accounting office for processing. Reports and invoices are reviewed and periodic program/project site visits are made to ensure compliance with the project.

### **Section 4: Conflicts of Funding or Other Requirements**

SCPRP funds cannot be used to fund existing licensing requirements or to receive or maintain a state or federal contract. These funds also cannot be used to duplicate funds received by another state or federal funding source. Please address any possible conflicts and demonstrate how this project will meet that requirement.

### **Section 5: Risks and Sustainability**

Describe in detail how the project will continue and how clients will continue to benefit after the funding of this project has ended. Please also describe any potential risks you see and how you plan to address those to continue to be successful.