



**Conditions for Participation in the
Quality of Care Improvement Program 2025**

Please carefully review the following as failure to adhere to these conditions may result in non-award for funding year 2025.

Conditions for Participation

The applicant (facility operator) agrees to the following conditions upon approval of this application:

1. Nothing contained herein or in any law shall create or be deemed to create any right, interest, or entitlement for any individual or other entity eligible to participate under the program.
2. The applicant will be bound by the requirements, terms and conditions of the program as stated in statute and compliance with applicable Department of Health ("Department") regulations, this application and other procedural requirements related to the program. This includes, but is not limited to, the timely completion of reports on the Health Commerce System, such as census reports, financial reports, and all surveys applicable to skilled nursing facilities.
3. Payment of funds is subject to availability of funds specifically appropriated for such purpose.
4. The payment may be terminated in whole or in part by the Department.
5. As a condition of receiving funding, the applicant shall warrant that it is not in arrears to the State upon debt or contract, and is not a defaulter as surety, contractor or as to any other obligation to the State.
6. As a condition of receiving funding, the applicant shall warrant that it does not intend to/or anticipate facility closure within twelve months of payment. The facility will be required to submit an invoice for any used funds and return any unused or misappropriated funds to the Department if closure occurs.
7. Payments shall be made for the purpose of enhancing both residents' quality of care and life experience in the skilled nursing facility. Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities. Funding is not available for capital improvement projects. Funding is available as follows:

Consumer Information – To develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident. Information may be in the form of flyers, brochures, web-based materials, etc. Facilities are eligible for one-time funding not to exceed \$5,000.00. **Proof of completion will be due by October 31, 2025.**

Training to Improve Quality of Care - Training in facility improvement initiatives in the areas of Alzheimer's Disease and Dementia, Wound Care, Patient Safety, Trauma Centered Care, Pain Management, Cultural Sensitivity, Culture Change, Person-Centered Care, Safe Medication Management, Oral Health, Non-Pharmaceutical Solutions, and Falls Education. The training must be open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, and training for residents and/or family councils, Long Term Care Ombudsman, or advocacy organizations. Facilities are eligible for one-time funding not to exceed \$5,000.00. **Proof of completion will be due by November 28, 2025.**

Activities to Improve Quality of Life - These funds must be used to foster social interaction, movement, and minimize loneliness. Projects may include horticulture/gardening, music therapy, animal therapy, reading and memory interventions, crafting and other movement-based activities. Facilities are eligible for one-time funding not to exceed \$5,000.00. **Proof of completion will be due by December 31, 2025.**

Such expenditures shall not be used to supplant the facility's legal or regulatory obligations.

8. Facilities will be required to cover all costs associated with projects upfront. Reimbursements will be provided with final payment issued upon submission of a final invoice to, and approved by, the Department.
9. Payments shall be determined as follows:

Not Eligible - Any facility that has not fully complied with the Application Instructions and does not meet the application deadline will be deemed non-responsive. As such, the application will not be reviewed, and the facility will not be eligible for funding. Likewise, any facility which indicates intent to close within the next twelve (12) months will be considered ineligible for funding, and the application will not be considered for further review.

10. The Department may, at any time, reassess the continued eligibility of an operator to receive a payment.
11. Records related to expenditures must be maintained and made available to the Department for audit purposes. The Department reserves the right to audit expenditures at any time to ensure compliance. Such records must be kept available for review at the facility for a period of at least seven years.
12. This application, and any payments resulting from such application, are subject to all laws, rules and regulations promulgated by any federal, state, and municipal authority having jurisdiction as the same and may be amended from time to time. The Department reserves its rights in its sole discretion, to modify and/or withdraw this application at any time. All applications are prepared at the sole risk, cost, and expense of the applicant.
13. Submission of an application does not commit the Department to award any payment, to pay any costs incurred in the preparation of responses to such applications, or to procure or contract for any services.
14. The Department reserves the right to amend, modify or withdraw the application and to reject any applications submitted; and may exercise such right at any time without notice and without liability to any applicant or other parties for their expenses incurred in the preparation

of an application or otherwise. Amendments will be prepared at the sole cost and expense of the applicant.

15. The Department reserves the right to award payments to as many or as few applicants as it may select, to accept or reject any or all proposals which do not completely conform to the instructions and statutory requirements, and to cancel, in whole or in part, the Quality of Care Improvement Program applications, if the Department, in its sole discretion, deems it to be in its best interest to do so.
16. Submission of an application will be deemed to be the consent of the applicant to any inquiry made by the Department of third parties regarding the applicant's character, competence, experience, or other matters relevant to the proposal.
17. The Department reserves the right to request and consider additional information from any applicant beyond that requested or presented in the initial proposal. A payment, if any, may be made on condition of the receipt of any additional information requested.
18. Payments under this program will not be processed until all information requested has been received and approved. All issues must be finalized to the satisfaction of the Department before a payment can be authorized. The Department is not liable for any expenses incurred before a payment is issued.
19. The Department reserves the right to negotiate as to any aspect of the proposal and if negotiations fail to result in a satisfactory agreement, terminate negotiations or take such action as the Department may deem appropriate.
20. The application shall be signed and submitted by an official (Administrator) of the facility authorized to bind the applicant(s). The application shall provide the name(s) of individuals with authority to negotiate and contractually bind the facility. The application will also include, the name, email address, telephone number (including area code) of the contact person for the facility.
21. The Department may require reports to be submitted relating to obligations incurred, expenditures made, payments received, and services provided. All reports shall be in such form and detail and shall be submitted at such times as the Department shall prescribe.
22. The successful applicant(s) will permit, and shall require its agents, contractors, and employees to permit, duly authorized representatives of the Department and the Office of the State Comptroller to inspect all work, materials, records, invoices and other relevant data and records, and to audit the books, records and accounts of the applicant and its agents, contractors, and employees for a period of seven years after its termination.
23. If an audit or inspection shows that any item of work for which a disbursement has been made was not carried out in full compliance with the terms and conditions, the applicant shall, upon demand of the Department, repay such payment to the Department and/or complete or correct the cited deficiency within the time specified by the Department.
24. The Applicant and the Department agree that the Applicant is an independent entity and not an employee or agent of the Department. The Applicant agrees to indemnify the Department and the State of New York against any loss the Department or the State of New York may suffer when such losses result from claims of any person or organization (excepting the Department and State of New York) injured by the negligent acts or omission of the Applicant, its agents, and/or employees or contractors.

25. All reported information is subject to verification. Falsification of reported information may result in disqualification from the program and/or legal proceedings against the facility operator.

Components of the Quality of Care Improvement Program Application

Please review and ensure compliance with all application components described below. Failure to submit all necessary components as instructed may deem an application ineligible for review.

- Civil Monetary Penalty Reinvestment/Improving the Quality of Care Improvement Application found at <https://apps.health.ny.gov/pubpal/builder/survey/civil-monetary-penalty>.
- Budget Justification Forms – Applicants must complete the appropriate Budget Justification Form for each component where funding is requested (see Attachments 1 – 3).
- Proof of Statewide Financial System Vendor Identity – Applicants must log into the Statewide Financial System, click “View My Information”, verify the account information, print a copy and attach the document to the application. Applicants must address any identified discrepancies in Vendor ID, Payee Name and/or Address prior to submission. Questions can be directed to HelpDesk@sfs.ny.gov.

Other Funding Requirements

Effective January 1, 2012, to do business with New York State, a facility must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and to initiate a contract with the Department, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

Please note: A Statewide Financial System Vendor ID Number is a required application component. Failure to include the correct Vendor ID Number will result in non-award.

If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

Reporting and Other Required Documentation upon Award:

Successful applicants must submit a final invoice to the Department for approval prior to receiving reimbursement per the following deadlines. Where applicable, additional supporting documentation, required with submission of the final invoice, has been identified below.

Component A: Consumer Information -To develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident. Information may be in the form of flyers, brochures, web-based materials, etc. **Proof of completion will be due by October 31, 2025.**

Component B: Training to Improve Quality of Care - To provide training in facility improvement initiatives in the areas of Alzheimer's Disease and Dementia, Wound Care, Patient Safety, Trauma Centered Care, Pain Management, Cultural Sensitivity, Culture Change, Person-Centered Care, Safe Medication Management, Oral Health, Non-Pharmaceutical Solutions, and Falls Education. The training must be open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, and training for residents and/or family councils, Long Term Care Ombudsman, or advocacy organizations. CMP funds may not be used for trainings that are currently required, standard state approved CAN training programs, or Paid Feeding Assistant training programs. **Proof of completion will be due by November 28, 2025.**

Component C: Activities to Improve Quality of Life: To foster social interaction, movement, and minimize loneliness. Projects may include the following topics: horticulture/gardening, music therapy, animal therapy, reading and memory interventions, crafting and other movement-based activities. **Proof of completion will be due by December 31, 2025.**

Proposals for music therapy must ensure that the program is designed and implemented by a New York State Licensed Creative Arts Therapist. To confirm licensure status, please contact the New York State Education Department, Office of the Professions at 518-474-3817 or visit <http://www.op.nysed.gov/prof/>. **Proof of Licensure must be submitted with final invoice.**

Proposals for animal therapy must ensure compliance with the New York State Department of Agriculture and Markets "[Guidance for Handlers and Facilities Using Therapy Dogs](#)". **An attestation of compliance must be submitted with final invoice.**

The Department reserves the right to request additional information, as it deems appropriate, to ensure that funding was utilized in accordance with the approved award.

Budget Modifications

If a modification to the original, approved budget justification is needed, the applicant must submit a request to the Department for approval a minimum of forty-five (45) calendar days before the project completion date for the respective component (see below). Any request received beyond the forty-five (45) calendar days will be deemed untimely and not reviewed. All requests must be submitted to: LTC.CMPfunding@health.ny.gov.

Component	Project Completion	Budget Modification Deadline
A: Consumer Information	October 31, 2025	September 17, 2025
B: Training to Improve Quality of Care	November 28, 2025	October 15, 2025
C: Activities to Improve Quality of Life	December 31, 2025	November 17, 2025

Submission of a Budget Modification Request does not mean approval. All submissions will be reviewed by the Department and a formal determination will be issued by the Department. No changes in spending can be made outside Department approval.

Attachment 1: Component A Budget Justification

Component A: Consumer Information Budget Justification

Provide a clear budget with justification demonstrating how money will be spent to support Consumer Information Program goals. Failure to provide this information will impact eligibility to receive funding.

Consumer Information: \$5,000.00

To develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident. Information may be in the form of flyers, brochures, web-based materials, etc.

Product Description	Vendor <i>If printing will be completed by the applying facility, please indicate "In-house" below. Otherwise, please provide the name of the anticipated vendor.</i>	Quantity	Unit Cost	Total Cost
Total Cost (Not to exceed \$5,000.00)				\$

Attachment 1: Component A Budget Justification (continued)

Consumer Information Justification: For each of the items listed above provide a detailed narrative outlining the need for, and intended outcome of, the material(s) proposed.

Title of Material:
Format (flyer, brochure, web-based, other [please specify]):
Need/Purpose:
Benefits to Nursing Home Residents:

Attachment 2: Component B Budget Justification

Component B: Training to Improve Quality of Care Budget Justification

Provide a clear budget with justification demonstrating how money will be spent to support Quality of Care Improvement Program goals. Failure to provide this information will impact eligibility to receive funding.

Training to Improve Quality of Care: \$5,000.00

Training in facility improvement initiatives in the areas of Alzheimer's Disease and Dementia, Wound Care, Patient Safety, Trauma Centered Care, Pain Management, Cultural Sensitivity, Culture Change, Person-Centered Care, Safe Medication Management, Oral Health, Non-Pharmaceutical Solutions, and Falls Education. The training must be open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, and training for residents and/or family councils, Long Term Care Ombudsman, or advocacy organizations.

Course Title	Vendor	Cost
Total Cost (must not exceed \$5,000.00)		\$

Attachment 2: Component B Budget Justification (continued)

Component B: Training to Improve Quality of Care - For each of the trainings proposed above, provide the following information:

Course Title:
Course Duration:
Course Format (in-person/web-based):
Target Audience: ☐ Nursing Home staff and Surveyors ☐ Facilities implementing Quality Assurance Programs ☐ Residents/Family Members/Family Councils ☐ Long Term Care Ombudsman/Advocacy Organizations ☐ Other, please specify:
Course Purpose:
Benefits to Nursing Home Residents:
How will the applicant ensure that the course is open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, and training for residents and/or family councils, Long Term Care Ombudsman, or advocacy organizations?

Attachment 3: Component C Budget Justification

Component C: Activities to Improve Quality of Life Budget Justification

Provide a clear budget with justification demonstrating how money will be spent to support Quality of Life Improvement Program goals. Failure to provide this information will impact eligibility to receive funding.

Activities to Improve Quality of Life: \$5,000.00

These funds must be used to foster social interaction, movement, and minimize loneliness. Projects may include horticulture/gardening, music therapy, animal therapy, reading and memory interventions, crafting and other movement-based activities. The training must be open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, and training for residents and/or family councils, Long Term Care Ombudsman, or advocacy organizations.

Activity	Vendor (if applicable)	Cost
Total Cost (must not exceed \$5,000.00)		\$

Component C: Activities to Improve Quality of Life - For each of the activities proposed above, provide the following information:

Activity Title:Activity Duration:**Activity Type:**

- ☐ Horticulture/Gardening
- ☐ Music Therapy
- ☐ Animal Therapy
- ☐ Reading and Memory Intervention
- ☐ Crafting
- ☐ Other Movement-Based Activity (specify):

Activity Purpose/Benefit to Nursing Home Residents: