

## **Resources / instructions for completing a State Civil Penalty Reinvestment Program Grant Application - Community Residential Services and Supports (CCRSS), DSHS 10-653**

This information is to provide general guidance for applying for a grant through the State Civil Penalty Reinvestment Program (SCPRP). Grants through the SCPRP 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.

An outstanding application will meet the Department's key values:

- Maximizing resident benefit
- Sustainability
- Improving a home's overall quality

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

### **A few more things to know:**

1. Decisions about which grants to fund will not be made until after the application period closes and may not be final until late November. Keep that in mind when listing the proposed start date for the project, as your project must be approved and a contract created before you begin work.
2. If your project is chosen, you will need to pay all costs up front and request reimbursement. You should be prepared to cover the cost of the project until the Department reimburses you.
3. If your project is chosen, the Department will create a contract with you. You must follow the terms of the contract closely in order to be paid. Be sure to work very closely with the contract manager if any changes are needed to the contract.

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

Provide a name and contact information for the organization applying for the grant. Designate a contact person and provide information on how to contact them.

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. Applicants who are not a licensed provider may want to consider including references from adult family homes with whom they have an existing relationship.

### **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:

- Activity programs designed to improve residents' mental and/or physical health.
- 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. The applicant should provide information demonstrating who their target population is and how the project will specifically benefit this group. This should include any evidence-based research supporting the applicant's claims that the project will benefit their population. They should also describe any resources related to the project to which they already have access. Finally, describe how the organization will complete the project. They should any resources they already have that will be used and who will be doing the work, such as internal staff or an external vendor, and what their qualifications are for doing the work.

### **Section 3: Description of Costs**

Project proposals must include comprehensive information about costs, including the estimated dollar spent per resident. 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.). Include documentation of prices found from any external vendors and any cost comparison that was done to determine the vendor is the best fit for the project. All outside funding sources must also be listed on the application.

### **Section 4: 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. Examples of evaluation tools include:

- Surveys
- Trackers that document changes in resident health, such as mood, weight, hours slept, pulse, blood pressure, etc.
- Pre- and post-project measurements of resident health
- Observations

Recourses for finding evaluation tools are found from Funding for Good, Measure Evaluation, and the National Council of Nonprofits.

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 SCPRP email address, 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 5: 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.