

# Coronavirus Relief Fund Provider Relief Program

July 27, 2020

**Ohio** | Department of  
Aging

**Ohio** | Office of Budget  
and Management

**Ohio** | Department of  
Developmental Disabilities

**Ohio** | Department of  
Health

**Ohio** | Department of  
Medicaid

**Ohio** | Department of Mental Health and  
Addiction Services



**MIKE DEWINE**  
GOVERNOR OF OHIO

# Agenda

- Logistics
- Introductions & Opening Remarks
- Registering for the Portal
- Questions & Answers
- Closing Remarks




# Logistics

- The webinar is being recorded and will be posted for further use
- PLEASE ENTER QUESTIONS IN THE CHAT BOX
- Information can be found at <https://grants.ohio.gov/fundingopportunities.aspx>
- FAQs will be posted and updated periodically
- Email questions to [crfprovider@obm.ohio.gov](mailto:crfprovider@obm.ohio.gov)
- Reminder: please be patient as we work to build out the capacity of the portal

# Overview

- The Federal CARES Act, signed March 27, 2020, provides federal Coronavirus Relief Funding (CRF) to states for costs incurred due to COVID-19 response.
- On July 13<sup>th</sup> the Ohio Controlling Board approved appropriations plus today's CB meeting request for additional appropriations totals \$471,213,776 from CRF funds

**To:** Health Care Providers of Medicaid Services  
Including selected hospitals, skilled nursing facilities, private ICF/IIDs; Passport, MyCare and Ohio Home Care waiver providers; Assisted Living/RCF, community behavioral health and Medicaid home health providers.

**From:** Kimberly Murnieks, Director of OBM 

**Date:** July 22, 2020

**Re:** Availability of Coronavirus Relief Funds

Provider Type		1st Controlling Bd	2nd CB
Skilled Nursing Facility		\$ 91,084,630	\$ 91,084,630
	Infection Control Incentive	\$ 25,000,000	\$ -
Private ICF/IID		\$ 16,406,250	\$ 16,406,250
Hospitals	Distressed Hospitals	\$ 62,000,000	\$ -
Long Term Care Providers	MyCare Waiver	\$ 18,401,279	\$ 18,401,279
	Ohio Home Care Waiver	\$ 7,515,242	\$ 7,515,242
	Passport Waiver	\$ 13,177,611	\$ 13,177,611
	Home Health Medicaid	\$ 6,771,875	\$ 6,771,875
	Assisted Living/RCF	\$ 16,250,000	\$ 16,250,000
Behavioral Health		\$ 22,500,000	\$ 22,500,000
Subtotal		\$ 279,106,887	\$ 192,106,889
Total			\$ 471,213,776

# Introductions & Opening Remarks

## *Governor's Office and Directors*

Corona Relief Fund 7-27-20

# Other Federal Funds: Medicaid Provider Relief Funds

*These are funds being distributed directly from the federal government & have no impact/relationship to the Ohio CRF funds being discussed today.*

- Request: **ASSOCIATIONS PLEASE SPREAD THE WORD TO YOUR MEMBERS**
- Only 672 out of 56,334 Ohio providers have applied... 1.2%
  - Nationally, the range among states is 0.6% to 13.5%
- **Deadline extended until: August 3<sup>rd</sup>**
- **FEDERAL WEBINAR TODAY:** Getting started with the Provider Relief Fund for Medicaid, CHIP, and dental providers
- July 27th, 2020 **Time:** 3-4 p.m. ET
- **Registration Link:**  
[https://webex.webcasts.com/starthere.jsp?ei=1348276&tp\\_key=fa54a9fb41](https://webex.webcasts.com/starthere.jsp?ei=1348276&tp_key=fa54a9fb41)



## Office of Budget and Management

### Coronavirus Relief Fund Provider Relief Program Registering for CRF Provider Relief Payments

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Kimberly Murnieks, Director

Stacie L. Massey, Senior Financial Manager Ohio Grants Partnership



# OBM Portal Registration

Corona Relief Fund 7-27-20

Providers eligible to receive funds must register at:

<https://grants.ohio.gov/fundingopportunities.aspx>



Locate the funding opportunity CARES Act – Coronavirus Relief Fund Provider Relief Payments and click the hyperlink (as highlighted in the picture below). Ensure your pop-up blocker is disabled in your settings.

Locate the funding opportunity CARES Act – Coronavirus Relief Fund Provider Relief Payments and click the hyperlink (as highlighted in the picture below). Ensure your pop-up blocker is disabled in your settings.

The screenshot shows the Ohio Grants Partnership website. The header includes the Ohio logo and navigation links: OHIO GRANTS, FUNDING, PARTNERSHIP, OPPORTUNITIES, RESOURCES, and HELPFUL FOR STATE AGENCIES. A question mark icon is also present. Below the header, the 'Funding Opportunities' section is active. A sidebar on the left lists 'FUNDING OPPORTUNITIES', 'LOCAL FAIR', and 'ECONOMIC SUPPORT'. The main content area displays the 'CARES Act - Coronavirus Relief Fund Provider Relief Payments' link, which is highlighted in yellow. Below this link, it states 'Funding Opportunity Categories: COVID-19' and provides a detailed description of the funding: 'The State of Ohio is distributing Coronavirus Relief Funds provided to the state from the US Department of Treasury as part of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). The Ohio Department of Medicaid (MCD) prepared funding allocations to provide critically-needed economic support to several provider types including: Skilled Nursing Facilities; Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID); MyCare Waiver Providers; Ohio Home Care Waiver Providers (OHCW); PASSPORT Waiver Providers; Home Health Waiver Providers; Assisted Living Providers; Critical Access.'

At the bottom of the pop-up, click the register button (as shown circled below)



Start the registration by selecting your organization type in the drop down as seen below (if you qualify for more than one, then just select one)

## My Organization

In order to apply for this grant, your organization must be one of the following:

- Assisted Living Provider
- Behavioral Health Provider
- Critical Access, Rural, Distressed Hospital
- Home Health Waiver Provider
- MyCare Waiver Provider
- Ohio Home Care Waiver Provider (OHCW)
- PASSPORT Waiver Provider
- Private ICF for Individuals with Intellectual Disabilities (ICFs/IID)
- Skilled Nursing Facility

! Select Your Organization Type  
• Please select an item in the list.



## Fill in your organization's information.

<b>Organization Name</b> Please fill out this field.	
<input type="text"/>	
<b>Address 1</b> Please fill out this field.	<b>Address 2</b>
<input type="text"/>	<input type="text"/>
<b>City</b> Please fill out this field.	<b>State</b>
<input type="text"/>	<input type="text" value="Ohio"/>
<b>Zip Code</b> Please fill out this field.	<b>Zip+4</b>
<input type="text"/>	<input type="text"/>
<b>County</b> Please select an item in the list.	<b>Congressional District</b> Please select an item in the list.
<input type="text"/>	<input type="text" value="Select District"/>
<b>DUNS</b> Please fill out this field. If you do not have a DUNS number, please enter a zero	
<input type="text"/>	

If you have a State of Ohio Supplier ID, you can associate to your application.

THIS IS AN OPTIONAL STEP

Select the Lookup

### Payment Information

*If you have a State of Ohio Supplier ID and have established banking with that Supplier ID, you can associate this application with your State of Ohio Supplier account to receive grant payments via electronic funds transfer. If you have a State of Ohio Supplier ID, please use the lookup tool to select your ID. If you submit a lookup and the results are excessive, add part of your address to the search criteria and try again. Applications without a Supplier ID or applications where the Supplier ID does not have banking associated in the State of Ohio system will be processed via check and mailed. If you wish to register as a supplier or update your banking information, you may do so at <https://supplier.ohio.gov>. Note that this process may take several days and will delay your ability to complete this application until the process is complete.*

Lookup 🔍

A supplier search will come up and allow you to select your supplier ID if it exists in the state's accounting system. Enter the ID or provider name

Supplier Search

! Supplier ID

3 characters required to search.

! Supplier Name

3 characters required to search.

Address

City

State

Ohio

Zip Code

- Form Incomplete -

Close



# Select the correct supplier record

Supplier Search

Supplier ID

Supplier Name

Hospital

Address

City

State

Zip Code

Ohio

Search

7 Supplier Records Found

Supplier ID

Supplier Name

Address 1

Address 2

City

State

Zip Code

FAIRFIELD

OH

45011

Select Supplier

## Additional Questions

! Provide your 7-digit Medicaid Provider ID (XXXXXXX) OR for non-Medicaid Assisted Living Facilities, provide your ODH Residential Care Facility License Number:

● Please fill out this field.

! Provide your 10-digit National Provider Identifier (NPI) (XXXXXXXXXX) or indicate N/A if you do not have one:

● Please fill out this field.

! Provide your Tax Identification Number (TIN) (no hyphens):

● Please fill out this field.

! Please list your other eligible Provider types or indicate N/A:

● Please fill out this field.

! If the address provided previously is not your primary business address, please provide, or put N/A:

● Please fill out this field.

## Compensated Officials

In your organization's preceding completed fiscal year, did your organization receive 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards?

☒ Yes ☐ No 

Does the public have access to information about the compensation of the executives in this organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

☐ Yes ☒ No 

Please list five compensated employees of your organization and their compensation amounts pursuant to Federal reporting requirements.

First Name	Last Name	Amount Compensated \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Amount Compensated \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Amount Compensated \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Amount Compensated \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Amount Compensated \$
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Agreement

## Authorized Representative:

! First Name

● Please fill out this field.

! Last Name

● Please fill out this field.

! Email

● Please fill out this field.

! Phone

● Please fill out this field.

## Grant Contact:

Upon approval, the Grant Contact may be asked to submit activity reports related to the distribution.

! First Name

● Please fill out this field.

! Last Name

● Please fill out this field.

! Email

● Please fill out this field.

! Phone

● Please fill out this field.

As the duly authorized representative of the above-named Provider, I certify, attest, and agree to accept this economic support payment. These funds will solely be used to continue to provide services and to address costs related to business interruption and increased costs resulting from the COVID-19 health emergency. I will use these funds and maintain proper documentation in accordance with Ohio Department of Medicaid Guidance and FAQ document. The state of Ohio will be issuing a 1099 as reporting is circumstance dependent, and recipients should consult with an accounting professional for guidance on how funds should treat it. By submitting this registration, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

By submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☐ I Agree *Please check this box if you want to proceed.*

Submitted By  
Please select an item in the list.

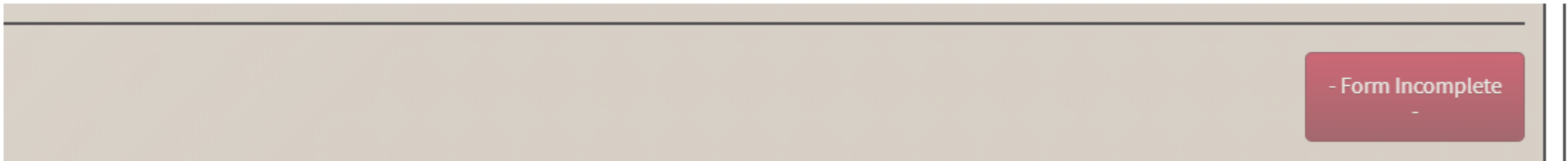
Please Select Submitter



- Form Incomplete

What happens if I don't have a submit button?

The form is incomplete and needs a required field to be completed

A screenshot of a form with a light beige background. A horizontal line is visible near the top. In the bottom right corner, there is a red button with the text "- Form Incomplete" in white. Below the button, there is a small, faint red dash.

## Additional Resources



- Informational guidance and frequently asked questions document found under attachment in the funding opportunity at <https://grants.ohio.gov/fundingopportunities.aspx>
- US Treasury Guidance available at <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>
- Questions can be directed to [CRFprovider@obm.ohio.gov](mailto:CRFprovider@obm.ohio.gov)

# Basic Funding Information

Corona Relief Fund 7-27-20



## Coronavirus Relief Fund Information



- Funds were awarded as **Federal Financial Assistance** from the US Department of Treasury
- CFDA Number or Assistance Listing Number is 21.019
- Subject to Single Audit Act
- Performance period is March 1, 2020 to December 30, 2020

# Authoritative Requirements



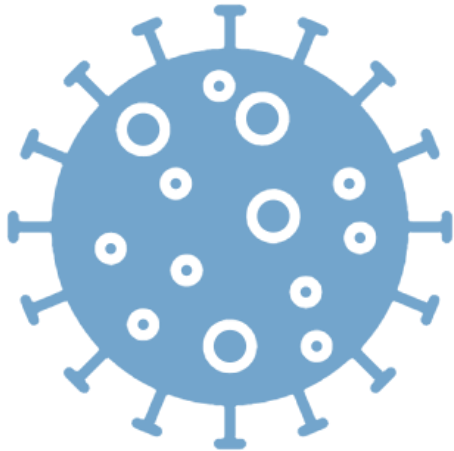
- CARES Act
- US Department of Treasury Guidance and Coronavirus Relief Fund Frequently Asked Questions
  - <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>
- Specific Uniform Guidance Sections
  - 2 CFR 200.303 Internal Controls
  - 2 CFR 200.330 through 200.332 regarding subrecipient monitoring and management
  - Subpart F regarding audit requirements
- OBM Coronavirus Relief Fund Local Government Assistance Program Guidance and Frequently Asked Questions
  - <https://grants.ohio.gov/fundingopportunities.aspx>



## Overarching Cost Eligibility Criteria

The CARES Act requires that the payments from the CRF only be used to cover expenses that -

- (1) are **necessary** expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- (2) were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the government; **AND**
- (3) were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020



## US Treasury Updates – “Costs Incurred”

- Defined a “covered period” to be March 1, 2020 to December 30, 2020
- Clarified for a cost to be considered incurred, performance or delivery must occur during the covered period, but payment of funds need not be made during that time
- Performance means activities supporting payment must be within the covered period

# Multiple Federal COVID Funding Sources



- No double dipping; the same costs cannot be presented to more than one program
  - Be aware of what you may be covering with other federal funds such as HRSA Provider Relief Funds or the Paycheck Protection Program
- Make sure COVID funds from different federal sources are tracked separately
- If using multiple sources for revenue replacement, ensure appropriate accounting to identify which source is covering each reported revenue loss

## Permissible Use of Funds – Medical Expenses



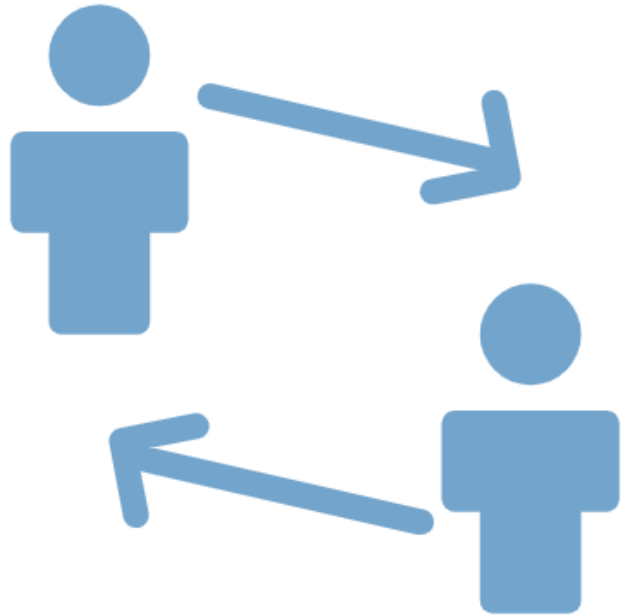
- COVID-19-related expenses of public hospitals, clinics, and similar facilities
- Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs
- Costs of providing COVID-19 testing
- Emergency medical response expenses related to COVID-19, including emergency medical transportation
- Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment
- Personal Protective Equipment to address the current COVID-19 pandemic

# Permissible Use of Funds – Public Health and Related Measures



- Expenses for communication and enforcement by governments for public health orders related to COVID-19
- Expenses for acquisition, distribution, and disposal of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency
- Expenses for disinfection of public areas and other facilities, e.g., nursing homes, government facilities, parks, etc., in response to the COVID-19 public health emergency
- Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety
- Expenses for public safety measures undertaken in response to COVID-19
- Expenses for quarantining individuals

## Permissible Use of Funds – Public Health and Related Measures (cont.)



- Expenses associated with COVID-19 contact tracing
- Food delivery to vulnerable populations to enable compliance with COVID-19 public health precautions
- Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions
- Expenses of providing paid sick and paid family and medical leave to public employees who are infected/directly impacted to enable compliance with COVID-19 public health precautions



## Permissible Use of Funds – Economic Support



- Small business assistance related to required and/or voluntary closures and the expenditures related to providing these programs
- Increased workers compensation related to expanded coverage due to COVID-19
- Unemployment insurance costs incurred by the Recipient as an employer

## Prohibited Use of Funds



- Expenses covered by business interruption insurance or reimbursed through other federal aid received in response to COVID-19
- Expenses that have been or will be reimbursed under any other federal program
- Any costs, including indirect, administrative, and payroll, that were already in the most recently approved budget as of March 27th
- Personnel expenses for employees whose work duties are not substantially dedicated to mitigating or responding to COVID-19
- Workforce bonuses, this prohibition does not include hazard pay or overtime
- Severance Pay
- State share of Medicaid

## Prohibited Use of Funds (cont.)



- Prepayments on contracts related to COVID-19, unless this is part of the normal policies and procedures
- Damages covered by insurances
- Reimbursement to donors for donated items or services
- Legal settlements

# Record Retention



- Records to support compliance shall be maintained for a period of five (5) years after final payment is made of Coronavirus Relief Fund monies
- Records include but are not limited to:
  - General ledger and subsidiary ledgers
  - Budget records for 2019 and 2020
  - Payroll, time records, human resource records to support cost incurred for payroll expenses
  - Receipts of purchases
  - Contracts and subcontracts
  - Grant agreements and grant subaward agreements
  - Documentation of reports, audits, and other monitoring
  - Documentation supporting performance outcomes
  - Internal and external email/electronic communications related to use of funds
  - Investigative files and inquiry reports

# Key Takeaways



## Documentation is critical

- Payment documentation
- Revenue loss support
- Support showing the nexus to the COVID-19 public health emergency
- Documentation justifying decision and necessity of expenses



## Remember overarching criteria for eligible costs

- Necessary
- Not previously budgeted
- Incurred March 1, 2020 through December 30, 2020



## When in doubt, ask

- Utilize your legal counsel
- Contact the e-mail box at [CRFprovider@obm.ohio.gov](mailto:CRFprovider@obm.ohio.gov)

# Questions & Answers

Corona Relief Fund 7-27-20

# ICF/IDD Cost Reporting Related to CAREs Act Funding

- **ICFs should report funds as revenue and will not offset costs on their calendar year 2020 cost report**
- **ICFs must track detailed expenditures and lost revenue related to COVID-19 to be able to demonstrate costs above their current Medicaid per diem rates for the current year in case of an audit**

# Final Remarks

Corona Relief Fund 7-27-20



# Reminders

- Information can be found at <https://grants.ohio.gov/fundingopportunities.aspx>
- FAQs will be posted and updated periodically
- Email questions to [crfprovider@obm.ohio.gov](mailto:crfprovider@obm.ohio.gov)