SKILLED NURSING FACILITIES: COVID RELIEF OPTIONS

During the public emergency for COVID-19, the provider associations have worked with state and federal governments to provide financial relief for our long term service and support providers. In an effort to assist our members with the complexity and varying options available, we have created this quick reference sheet for current funding relief available. Please note, frequently asked questions documents referenced below are updated often. The information provided is current as of August 29, 2020.

What	Deadline for Application	Who is eligible?	Where do I apply?	How much will I receive?	Terms and Conditions	Frequently asked questions
HHS Provider Relief Fund Phase 2- General Distribution	September 13, 2020	 SNF operators who: a) Have other lines of business, such as assisted living or home care waiver, under the same TIN; and b) Revenue from those lines of business was not included in the Phase 1-General Distribution payments. Current SNF operators who did not receive a payment from the Phase 1-General Distribution because of a CHOW. 	Provider Relief Fund Application and Attestation Portal	2% of any revenue not included in a previous General Distribution payment to the applicable TIN	Phase 2-General Distribution Relief Fund Payment Terms and Conditions General and Targeted Distribution Post- Payment Notice of Reporting Requirements	<u>Phase 2- General</u> <u>Distribution FAQs</u>
HHS Provider Relief Fund SNF Targeted Distribution	Attestation due within 90 days of payment receipt	All Medicare/Medicaid- certified SNFs with at least 6 beds	<u>CARES Provider</u> <u>Relief Fund</u> <u>Attestation</u>	\$50,000 plus \$2,500 per certified bed	<u>SNF Targeted</u> <u>Distribution</u> <u>Payment Terms and</u> <u>Conditions</u> <u>General and</u> <u>Targeted</u> <u>Distribution Post-</u> <u>Payment Notice of</u> <u>Reporting</u> Requirements	<u>Provider Relief Fund</u> <u>SNF Targeted</u> <u>Distribution FAQs</u>

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HHS Provider Relief Fund Targeted Distribution: SNF Infection Control	Attestation due within 90 days of payment receipt	All Medicare/Medicaid- certified SNFs with at least 6 beds	<u>CARES Provider</u> <u>Relief Fund</u> <u>Attestation</u>	\$10,000 plus \$1,450 per certified bed	Infection Control <u>Targeted</u> Distribution Terms and Conditions	SNF Infection Control Targeted Distribution FAQs
State Coronavirus Relief Fund Provider Relief Payments	Portal open, deadline not yet established	All Ohio Medicaid-certified SNFs - provider of record as of June 30, 2020	OBM Coronavirus <u>Relief Fund</u> Provider Relief <u>Payment</u> Application <u>Portal</u>	Approximately 21.1% of June 30, 2020, facility rate times 3 months of Medicaid days from 2019 cost report	Funds must be used for permissible expenses/lost revenue not covered by other reimbursement or funding. See slides 24-37 of <u>OBM slide</u> <u>deck</u> .	<u>OBM Coronavirus</u> <u>Relief Fund FAQs</u>
Ohio Long Term Care Infection Control Incentive Payment	Portal open, deadline not yet established	SNFs that had no deficiencies above D-level on their initial Focused Infection Control survey or had E or F-level deficiencies that were cleared on revisit/desk review.	<u>OBM</u> <u>Coronavirus</u> <u>Relief Fund</u> <u>Provider Relief</u> <u>Payment</u> <u>Application</u> <u>Portal</u>	\$17.27 per April 2020 Medicaid day	Funds must be used for permissible expenses/lost revenue not covered by other reimbursement or funding. See slides 24-37 of <u>OBM slide</u> <u>deck</u> .	<u>OBM Coronavirus</u> <u>Relief Fund FAQs</u>

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SBA Paycheck Protection Program Loan	August 8, 2020	Any business that meets SBA industry based size standards or alternative criteria.	<u>Lenders</u> participating through the SBA in Ohio	<u>Based on</u> <u>calculated payroll</u> <u>costs; see</u> <u>document on how</u> <u>to calculate</u>	Paycheck Protection Loan Forgiveness <u>Requirements</u>	<u>SBA Paycheck</u> <u>Protection Program</u> <u>FAQs for Lenders</u> <u>and Borrowers</u>
Medicare Advanced/ Accelerated Payments	Recoupment begins 120 days after receipt of funds	Providers who billed claims to Medicare within 180 days of application and do not have an open program integrity investigation	CGS Advanced/ Accelerated Payment Request Form	100% of the Medicare payment amount for a 3- month period. This is a loan that must be repaid. Recoupment from current claims will begin automatically 120 days from the receipt of the payment.	<u>Advanced/</u> <u>Accelerated</u> <u>Payments Fact</u> <u>Sheet</u>	AHCA Advanced/ Accelerated Payment FAQ