HCBS COVID-19 Relief Funds Frequently Asked Questions

1. Will allocation payments be sent out to each qualifying provider automatically?

No. Allocation payments are not automatic. Qualifying providers must submit a request for reimbursement through the <u>COVID-19 Relief Funds Portal</u>. After submission, DHSS will review all information and supporting documentation. DHSS may contact providers to clarify information or request missing information. Payments will be issued after the reimbursement request is successfully reviewed by DHSS.

2. How much will my reimbursement be?

- Email your provider name and NPI to <u>DHSS.CRF@health.mo.gov</u> to determine the maximum reimbursement amount you may request. Reimbursements will only be issued up to a provider's maximum allocated amount.
- **3.** What is the deadline to submit an application for reimbursement through the HCBS COVID-19 Relief Funds grant?
 - December 1st, 2020. Qualifying providers may submit up to 2 requests for reimbursement until this deadline. All funds must be expended by December 30, 2020. The Department of Health and Senior Services (DHSS) has set this deadline to ensure there is enough time to review submissions and issue payments before the December 30 deadline.

4. How did DHSS determine each provider's allocation?

DHSS determined allocations based on each provider's percentage of total
 Medicaid HCBS billings beginning December 1, 2019 through February 29, 2020.

5. Where and how will payment be sent?

- Payment will be sent via physical check to the provider's business address on file with the Department of Social Services.
- 6. Are Private Duty Nursing providers included in the HCBS COVID-19 Provider Relief Fund?
 - 📥 Yes.
- 7. Are Residential Care Facilities/ Assisted Living Facilities included in the HCBS COVID-19 Provider Relief Fund?
 - \rm 4 Yes.

- 8. I did not bill for any HCBS from December 1, 2019 through February 29, 2020. Do I have an allocation?
 - No. Only qualifying providers who billed for HCBS for this timeframe have an allocation. Claims for this timeframe submitted after July 13th, 2020 were not included in the calculation.
- 9. I have multiple facilities approved for reimbursement related to the HCBS COVID-19 Relief Fund. Do I submit the attestation form once for each facility?
 - Qualifying HCBS providers are permitted to submit up to two (2) requests for reimbursement per National Provider Identification number (NPI) until December 1, 2020. If a provider has multiple facilities with different NPIs, each NPI is eligible for up to two (2) submissions. Only one (1) attestation is required per NPI per submission.

10. Does the attestation form need to be notarized?

Yes. In addition, if an attestation form is submitted with errors, a new, corrected attestation form will need to be completed, notarized, and re-submitted.

11. Would receiving any type of Paycheck Protection Program (PPP) assistance affect eligibility for the COVID-19 Relief Fund?

The application for funds through the HCBS COVID-19 Relief Fund is acceptable even if you already have or plan to receive COVID-19 assistance from another source as long as the same expenses are not claimed for both funding sources.

12. Are we allowed to apply for reimbursement for hazard pay for our current employees/personal care aides?

Yes, as long as those costs have been incurred on or after March 1st, 2020 and you can document that you had to pay hazard pay to keep serving Medicaid HCBS participants.

13. Are there specific Invoice and attestation documents available for providers?

The HCBS COVID-19 Relief Funds attestation, invoice, invoice supplemental form, and invoicing instructions can all be found on the <u>COVID-19 Relief Funds</u> <u>webpage.</u>

14. Are reimbursements being granted for building renovations? For example, our agency made renovations to our building that included the installation of a rear exit to provide a means of social distancing.

Such renovations would be reimbursable as long as they are being completed in order to provide enhanced safety for HCBS participants and/or staff due to COVID-19 concerns.

- 15. Would the disruption of claims fall under the Business Interruption or Increased Expenses category?
 - **4** Business Interruption.
- 16. Can providers submit a reimbursement request for a combination of Business Interruption and Increased Expenses?
 - ∔ Yes.
- 17. Is a provider eligible to be reimbursed for testing administered by agency nursing staff?
 4 Yes, as long as the testing is related to COVID-19.