



# COVID-19: What we know today

## CARES Act Provider Relief Fund

The Provider Relief Funds supports American families, workers, and the heroic healthcare providers in the battle against the COVID-19 outbreak. HHS is distributing \$175 billion to hospitals and healthcare providers on the front lines of the coronavirus response.

Note: HHS expects to distribute \$15 billion to eligible Medicaid and CHIP providers through the Provider Relief Fund. Join our webcast to learn more about the application process. Please pre-register to reserve a spot on your preferred date:

- [Tuesday, June 23, 2020 at 2 PM ET](#) 
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- [Thursday, June 25, 2020 at 2 PM ET](#) 
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## More Provider Relief Fund info. from OHCA

### [Key points can be found by clicking here.](#)

- What else do we know about the Provider Relief Fund Medicaid Targeted Distribution? The Department of Health and Human Services (HHS) updated its [frequently-asked questions \(FAQs\)](#) on the Provider Relief Fund (PRF) with new information about the Medicaid Targeted Distribution announced yesterday. Starting on page 32, the FAQs cover questions such as who is eligible (Medicaid providers who received payments under the PRF General Distribution cannot apply for the Targeted Distribution), how the payment will be calculated (2% of gross patient revenue for one of three years), and what documentation must be uploaded to the online application portal. Providers have until July 20, 2020, to submit an application. No specific time period after a provider applies is given for payments to start. HHS [opened the portal](#) to apply for these funds. The HHS site includes [instructions for applying](#) and a [PDF version of the online form](#). Before applying, we recommend you first review the FAQs carefully and collect the documentation necessary to submit your application accurately through the portal, as it cannot be corrected once submitted. This is especially important for providers who have multiple tax identification numbers (TINs), to ensure the correct TIN is used in the application

From OPRA- A few things before applying for Provider Relief funds-

It is our understanding that every provider who provides Medicaid services is eligible for the funds. However, if you somehow already received funds from the Provider Relief Fund you are not eligible for this round of funding.

We do not know the timeline for actually receiving the funds after you submit your information. HHS and CMS have never directly released payments to Medicaid providers. We anticipate this could be a messy process. If you reach out for assistance from HHS, document every conversation you have in case something goes wrong with your submission. If you have issues with the portal, take screenshots of the issues to the best of your ability.

You do not need to enter the information right away. Please take time to read through the [instructions](#), [terms and conditions](#) and [frequently asked questions](#) before submitting any

information. [Here](#) is a form that should help you gather some of the necessary information before submitting.

Once you submit the information, your entries cannot be edited.

If you accept the funds, your agency's name and amount of money received will eventually be made public.

To accept the funds, you have to agree to the terms and conditions. Vorys [published information](#) on the terms and conditions in line with the first few distributions of the Provider Relief Fund. We have some outstanding questions about the terms as they pertain to our services and will share answers as we have them.

### **DODD announces temporary ADS acuity changes**

In new guidance released today, DODD announced a series of temporary adjustments to acuity levels for services provided in small-group Adult Day Services (ADS) settings with 10 people or fewer. As all ADS settings continue to be limited in size by the state's [current public health order](#), all reimbursement for small-group ADS can now take place at the current level for Acuity Group C (i.e. lower staff-to-client ratios), offering providers greater operational stability as they await re-opening guidelines for large-group ADS.

Group size information will be required on all claims, but it need not be included in people's ISPs. Providers will be permitted to bill for the medical or behavioral add-ons as appropriate and community integration add-on if applicable. DODD's Medicaid Billing System has been updated to accept new billing codes included in the guidance.

The new billing model will be used for any small-group ADS services rendered on or after June 1 until the end of the month. At OACB's insistence, DODD has agreed to a 30-day review and renewal period for this temporary acuity change, which is only expected to remain in effect until large-group ADS is permitted to fully reopen.

OACB is confident that these temporary changes, which are the direct result of the association's advocacy with DODD over the past two weeks, will ensure that our system has the capacity to resume services at pre-pandemic levels once the COVID-19 emergency concludes.

Link to DODD's memo: <https://dodd.ohio.gov/wps/portal/gov/dodd/about-us/communication/news/guidance-center-based-services>

### **Expansion of good cause for refusing return to work from OHCA**

Governor DeWine also signed an [executive order](#) that expands the definition of good cause for an employee who is receiving Unemployment Compensation not to return to work during the COVID-19 State of Emergency. An employee forfeits unemployment benefits if they refuse to return to work without good cause. For the duration of the emergency period, good cause now includes the following situations:

A medical professional recommends that the employee not return to work because they fall into a category considered high-risk for catching COVID-19 by CDC and their employer cannot offer teleworking options.

The employee is 65 years of age or older.

There is tangible evidence of a health and safety violation by the employer that does not allow the employee to practice social distancing or hygiene or to wear PPE.

The employee potentially has been exposed to COVID-19 and is subject to a quarantine period prescribed by a medical or health professional.

The employee must stay home to care for a family member who is suffering from COVID-19 or is subject to a prescribed quarantine period by a medical or health professional.