Summary:

- Effective July 17th, 2020, the Vermont Agency of Human Services (AHS) implemented an optional grant program to assist Vermont health care and human service providers impacted by COVID-19. The Vermont Health Care Provider Stabilization Grant Program (hereafter called the "HCS grant") will accept applications from October 19, 2020 through November 6, 2020 at 11:59 PM EST for grant funding to cover revenue losses and expenses related to COVID-19 incurred between March 1st, 2020 and September 15th, 2020.
- Funding is available for a broad spectrum of health care and human services providers who have experienced revenue losses and increased expenses due to COVID-19. The HCS grant is not a first-come-first-served award process. Funding will be allocated based on total need demonstrated in the applications received, to the extent that funds are available.
- Unlike previous Vermont Medicaid provider assistance programs, HCS grants are **NOT** limited to Vermont Medicaid providers.
- If providers are not listed in the category of eligible health care and human services providers, they must complete the [Peer Support & Program Certification](#) sheet.[2]

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Program Eligibility

1. **If I applied for Round One of the HCS grant am I eligible to apply?**
   Yes. Applicants should log in to their account and select "reapply." In most cases, the applicant's information from the first round will migrate into the second-round application. An applicant may reapply regardless if they received an award in the first round or not.

2. **If I applied for another grant with the State of Vermont am I eligible to apply for an HCS grant?**
   Yes. The application will ask if you have received financial assistance from the State of Vermont (e.g., through the Vermont Agency of Human Services (AHS) or Agency of Commerce and Community Development (ACCD)) in one or more of the COVID19-specific Economic Recovery grant opportunities available to date. You will need to answer "yes" to that question in the application and include the total amount of funding received from the State of Vermont. Applicants are required to disclose financial relief received from federal, state, and other sources. Please see the [Financial Assistance Guidance](#) for more information.

3. **Which provider types are eligible to apply?**
   A broad array of health care and human service providers are eligible to apply for an HCS grant. This includes (but is not limited to) all Vermont-based entities of the following types and practice areas:

Acupuncturists	Nursing Homes
Adult Days	Occupational Therapy
Alcohol and Drug Abuse Counselors	Opticians
Allied Mental Health	Optometry
Ambulance providers	Osteopathic Physicians
Ambulatory Surgical Centers	Other, Not listed*
Applied Behavior Analysis	Peer Support Services & Programs*
Area Agencies on Aging	Pharmacies
Assisted Living Facilities	Physical therapists
Athletic Trainers	Physicians
Children's Integrated Services	Preferred Providers (ADAP)
Chiropractic	Primary Care & Specialty Medical Practices
Clinical Laboratories	Private Non-Medical Institutions (PNMI)
Clinics for the Uninsured	Psychoanalysts
Dentists	Psychological Examiners
Designated and Specialized Service Agencies	Radiologic Technology
Dieticians	Recovery Centers
Emergency Medical Service Providers	Residential Care
Federally Qualified Health Centers	Respiratory Care Practitioners
Hearing Aid Dispensers	Rural Health Clinics
Home Health/Hospice Agencies	Social Workers
Hospitals	Speech-Language Pathologist

Midwives	Substance Use Disorder Treatment Providers
Naturopathic physicians	Therapeutic Community Residences
Nursing	

* You must complete the [Peer Support & Program Pre-Approval Certification](#) before applying.

4. **Are there any other eligibility criteria?**
    Yes. To be eligible, a health care or human services provider applicant must meet the following criteria:
   - Is domiciled in Vermont.
    - Was operating on or before February 1, 2020.
    - Is considered a "billing provider" or has submitted a Peer Support & Program Pre-Approval Certification and received approval.
    - Is committed to maintaining participation in value-based payment initiatives, as applicable, through calendar year 2021, if already participating in calendar year 2020. Participation in a value-based payment initiative will not affect an entity's award amount.
    - Agrees to the terms and conditions of the HCS grant.

5. **What is the difference between a "billing provider" and a "non-billing provider"?**
    A billing provider is the individual or entity that submits claims for health care services, equipment, or supplies delivered by an attending provider, and includes any offsite or satellite clinics associated with that entity. A non-billing provider is a health care provider that does not submit claims, but that may have rendered, ordered, referred, or prescribed a service that is the subject of a health care claim. If you have a National Provider Identification Number and/or a Medicaid Billing Provider Identification Number, you may be the billing provider. You can verify here https://npidb.org/ or here http://www.vtmedicaid.com/#/providerLookup

    You may not submit multiple applications for the same billing provider identification number. If numerous individuals bill under the billing provider ID, you must submit a single application.
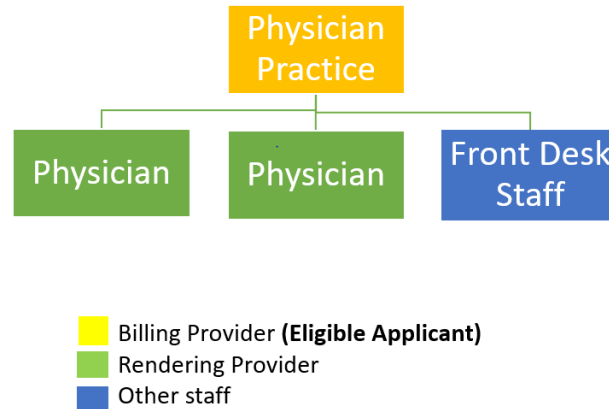
6. **How would I know if I need to submit a Peer Support & Program Pre-Approval Certification?**
Applicants only need to submit this form if they do not have a National Provider ID or a Medicaid Billing Provider ID. AHS has identified a selection of pre-approved known providers; they are listed on the certification form's first page. They are likely to be any of the following peer support providers:
    o A state-funded substance use disorder peer recovery support organization providing recovery support services directly to individuals in need.
    o A state-funded mental health peer support service organization providing peer support services directly to individuals in need.
    o A state-funded peer-run mental health program or organization that is providing direct mental health care, services and supports.
    o A self-advocacy organization for individuals with disabilities or mental health challenges providing peer support services directly to individuals in need.

    If your entity is not listed on the first page in the pre-approval certification form, you must complete the second page. Approvals need to go through legal and clinical reviews and take up to five (5) business days to complete. You should submit your pre-approval certification form no later than November 1st to ensure you have sufficient time to receive approval before the application period closes on November 6, 2020. AHS will make best efforts to expedite requests received after November 1st but cannot guarantee approvals can be completed if received after November 1st.

7. **If I applied for and/or received federal funding under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, am I still eligible to apply for HCS grant funding?**
Yes, you are still eligible to the extent that you have qualifying costs and revenue losses that remain uncovered by other sources. The HCS grant requires applicants to disclose all COVID-19-related financial assistance received to date to avoid duplicating the financial assistance received from other sources. Please see the Financial Assistance Guidance for more information.

8. **I am a rostered mental health professional that is pursuing licensure. I operate a private practice and bill for my services through a licensed supervisor. Am I considered a billing provider?**

   No. In this instance, the licensed supervisor is the "billing provider" and would need to apply on behalf of all rendering providers. Please also reference question #5 above describing the role of a billing provider.

9. **I am a sole proprietor, single-member LLC or another type of independent contractor who contracts with a health care or human services entity. Am I eligible for the HCS grant?**

   No.   Any services you provide to an entity or for which you are not the billing provider are not eligible for coverage.

   If you have your own National Provider Identification (NPI) Number, provide services under that NPI, <u>and</u> bill directly to the client, you may be eligible for *only* those services and costs related to delivering those services. Do not include revenue from an entity or for which you are an independent contractor or for which you are not the billing provider. Do not include expenses associated with delivering services to an entity or for which you are an independent contractor or for which you are not the billing provider. Please see question #5 in the Program Eligibility section, regarding the "billing provider" requirements.

10. **Are eligible health care and human services entities that operate locations nationally able to apply (e.g., a provider with one location in Vermont and one in New Hampshire)?**

    Yes, but only for the Vermont location. The applicant is responsible for disaggregating the Vermont location's data. The application must only include:
    - Vermont clients,
    - expenditures for the Vermont location, and
    - staff who pay taxes in the state of Vermont.

11. **Will I need to apply for the HCS grant and for a Federal Emergency Management Agency (FEMA) Public Assistance grant to receive all the funding I am eligible for? And if I am requested to apply for FEMA, what do I need to do?**

    If your entity is a nonprofit or private nonprofit, yes. For-profit entities are not eligible for FEMA.

    AHS requests that nonprofit and private nonprofit entities submit FEMA Public Assistance grant applications before October 31, 2020 if you have more than $3,300 in FEMA eligible costs. You do not need to apply to FEMA if you have less than $3,300 in FEMA eligible costs. For COVID-19, the process for submitting costs to FEMA is each individual provider's responsibility and must be done through FEMA's online Grants Portal.

    The first step in the FEMA application process is completing the Request for Public Assistance (RPA). The RPA is a short (10-15 minute) questionnaire that FEMA requires all applicants to fill out to determine if the applicant entity is eligible for FEMA funding. FEMA usually approves or denies the RPA within a few days. By completing your RPA, you are also simultaneously registering for your Grants Portal account, where you will be submitting your FEMA application.

Once FEMA approves your RPA, you may start a FEMA application. The Agency of Human Services will provide additional guidance documents to you before you start the FEMA application.

Expenditures (see also: Expenditure Guidance document)

1. **How do I determine the total amount of COVID-19-related Expenses?**
   An applicant may include all COVID-19-related eligible expenses in the HCS grant application even if the expense was covered by another grant opportunity as long as you include that other fund source in the financial assistance information section.   The application will calculate your total COVID-19-related eligible expenses minus your total (pro-rated) financial assistance received to date before determining if your entity has any additional unmet needs.

2. **What is likely to be an eligible expense?**
   An expense that is likely to be eligible must meet all three of the requirements below:
   - Must be a COVID-19-related expense
   - Must be an actual expense incurred during the application period March 1, 2020 through September 15, 2020
   - Must be either a new cost OR the marginal increase of a normal cost
     - A new cost, which means a COVID-19-specific cost your entity did not have prior to COVID-19, or
     - A Marginal Cost refers to the incremental costs incurred when producing additional units of a good or service. In the case of COVID-19, it specifically means the additional costs (above normal operating costs) that you had because of COVID-19.

   Applicants should review the Expenditure Guidance for more information. Please note the eligible costs included in that documentation is not an exhaustive list. If an expense meets the eligibility requirements, an applicant may include the expense in their application. Applicants can find other examples of eligible expenses from federal guidance, such as FEMA's public assistance program and/or consult with a tax professional.

3. **The expenditure costs section of the application only asks for costs through September 15, 2020. Can I include known costs for expenditures that will take place after September 15, 2020?**
   No. The HCS grant only covers actual costs during the lookback period from March 1 - September 15, 2020. Applicants may not include any costs that occurred before or after the application period.

4. **My business includes health care services, retails sales and other types of services (such as yoga classes, reiki, herbal medicine sales). Are retail sales and other types of services covered expense and revenue losses?**

    No. Costs in connection with retail sales and other types of services are not eligible for coverage. Do not include those costs on your application.

5. **The application asks for gross staff wages. Should we include the employer-paid portion of the benefit premiums?**

    Yes. Applicants should include both wages and benefits in the gross staff wages.

6. **When reporting gross staff wages, can I include other staff reimbursements such as mileage, meals, and other expenses?**

    No. Applicants should only include staff wages and benefits.

7. **When asked to upload a general ledger of COVID-19-related expenses, do the COVID-19-related expenses need to be isolated from total expenses?**

    Yes. The HCS grant program only covers COVID-19-related expenses. AHS must be able to identify COVID-19-specific expenses requested for coverage to determine if those expenses are eligible. It is the responsibility of the applicant to disaggregate information. Failure to substantiate expenses may result in the reduction of your grant award amount to those expenses validated by your documentation.

Revenue
(see also: Revenue Guidance document)

1. **What is "lost" revenue?**

    "Lost revenue" refers to revenue a health care and human services provider applicant lost due to COVID-19. This may include revenue losses associated with fewer visits, cancelled procedures/services, or state-directed shutdowns.

2. **What type of "revenue" is eligible to be covered by the HCS?**

    The HCS grant can cover COVID-19-related lost revenue for medical procedures, supplies, products, and/or services. The revenue must be for billable services recognized by the American Medical Association (such as services with CPT or HCPCS codes) and rendered by a provider who is licensed to render, order, refer, or prescribe those services in Vermont.

    Costs in connection with retail sales and other types of services are not eligible for coverage under this grant program. Do not include those costs on your application.

3. **How does AHS determine my lost revenue for medical procedures, supplies, products, and/or services?**

    AHS estimates the lost revenue from March 1, 2020 through September 15, 2020 by comparing estimated revenue in that period to an "average" month from the applicant's historical baseline. To create the historical baseline, applicants are required to provide data going back to January 1, 2019, or the first full month the provider began delivering services.

4. **In the application's revenue section, why am I being asked to provide both billed and paid amounts?**

It is often the case that different health care insurers pay different rates for the same service. Providers of health care services often include a billed amount on a claim that is different from the amount an insurer ultimately reimburses for that service. Using the information provided by the applicant, the application will calculate an estimate (what % of your billed amount is, on average, paid) and apply that same percentage to the March 1 – September 15, 2020 data.

Example: Provider delivers one health care service. For one unit of service, the provider has a billed rate of $400. Provider has four clients, and they all have different payers.

Providers Client List	Insurance Type / Payer	Billed Rate	Paid Amount
Mary Doe	Medicaid	$400	$300
Jane Doe	Contracted Commercial Insurance	$400	$325
Joe Doe	Out of Network / Non-contracted Insurance	$400	$400
John Doe	No insurance / Self Pay	$400	$350
Total		**$1,600**	**$1,375**

The provider billed $1,600 total but received $1,375. The provider received approximately 86% of the billed amount.

Some providers bill what they expect to be paid. For those providers, your billed rate may be the same as your paid rate. In the application, if your billed rate is your paid amount, put the same number in the Billed Rate and Paid Amount columns.

Many providers bill as noted in the table above, with varying differences between the Billed Rate and the Paid Amount. Those providers must include both the Billed Rate and the Paid Amount in the respective columns for their baseline data.

5. **My entity does not contract with insurance companies (e.g., BCBSVT, MVP, Medicaid); we work with clients who pay directly for their services. Are we eligible to apply for HCS grant funds?**

Yes. Revenue from direct patient/client payment should be reported in the billable services section of the application if it meets the eligibility requirement defined in question #2 in the Revenue Section.

6. **Does the loss of revenue associated with keeping a room empty for quarantine purposes qualify for HCS grant funding?**

Yes. The applicant's baseline data (which for most providers will be calendar year 2019) will tell us your average bed count. An applicant's COVID-19-related eligible revenue loss will be calculated as the difference between your baseline (average count) and your current count.

Example: Your organization has a maximum capacity of twenty (20) beds with two (2) individuals per room. Due to social distancing requirements, you needed to maintain a maximum capacity of ten (10) beds with only one individual per room. During calendar year 2019, you were filling fifteen (15) beds on average. In this example, your COVID-19-revenue loss would be five (5) beds.

7. **Do HCS grants cover expenses my entity paid during the temporary shutdown, (e.g. rent, utilities, internet, phone)?**

    It is assumed that rent and utilities are paid using revenue generated by your entity. HCS grants do not directly pay for rent or utilities, but they do cover qualifying lost revenue that would normally be used to cover these types of expenses. Providers may use HCS grant awards to cover any costs that the lost revenue otherwise would have covered.

8. **What if I have not yet filed my 2019 State and Federal taxes?**

    If you have not yet filed your 2019 State and Federal taxes, you may substitute your most recently-filed taxes.

9. **Which medical procedures, supplies, products, and/or services revenue should I include in the billed and paid amounts for the billable services section?**

    All billable services revenue reported in this application should be for Date of Service (DOS).

    The billed/paid dates do not change the Date of Service. If you delivered a service on December 20, 2019, billed for it on December 26, 2019, and received payment for it on January 2, 2020 – your DOS is still December 20, 2019.

10. **I am a sole proprietor or owner. Can I include my salary as gross staff wages?**

    Sole proprietors and/or owner's applicants may choose to include their personal wages in the "gross staff wages." The applicant needs to be consistent.

    If the applicant chooses to include the owner or sole proprietor wages, applicant must include those wages in the gross staff wages baseline data (the questions asking about 2019) *and* in the gross staff wages application data (the questions asking about March 1 – Sept 15). Applicant must also include the sole proprietor or owner's wages in the total operating costs.

    If the applicant chooses not to include the owner or sole proprietor wages, applicant must leave those wages out of all aforementioned data inputs.

11. **If we did not experience any revenue loss, can we leave the entire revenue changes section as zero?**

    The Agency of Human Services strongly suggests that applicants include all data inputs.

Financial Assistance To-Date (see also: Financial Assistance Guidance document)

1. **The application says we only need to include financial assistance that is a grant and do not need to include loans or advances. What about the Payroll Protection Program (PPP) and/or the April Retainer?**
Applicants must disclose the total dollar award amounts of all COVID-19-related financial assistance that is a grant *or* may be eligible for forgiveness, including the PPP and the April Medicaid Retainer on the application.

2. **Our entity has pro-rated the funds we received. Do we need to include the total amount of financial assistance we received, or can we include just include the amount we pro-rated to the application period?**
Applicants must disclose the total dollar award amounts of all COVID-19-related financial assistance to date. Applicants may not pro-rate financial assistance, even if they have done so in their internal books. AHS will pro-rate certain types of financial assistance across a ten-month period (March 2020 through December 2020).

3. **Do I need to report dollars received under the Pandemic Unemployment Assistance (PUA) Program?**
Yes. If you are an individual/sole proprietor or single member LLC who received funds under the Pandemic Unemployment Assistance (PUA) program, you must report those dollars in the Financial Assistance section as "Other" financial assistance.

About the Application – Generally

1. **I am having trouble with registration – what should I do?**
    If you completed another application (for ACCD, Women-owned business, etc.), you will be told:
        If this is your first time applying for COVID-19 relief funding, please create an account below. Your username will be your e-mail address with **_".vtgrants"_** added to the end.
    Not sure if you need to create an account?
    - If you already created a user log-in for the **Vermont Emergency Economic Recovery Grant Portal**, please use your existing user name and login here.f you applied for **Pandemic Unemployment Assistance (PUA)** through the Vermont Department of Labor, please create a new user account for the HCS grant.

2. **I am having trouble with my password reset and/or the system is telling me I already have an existing account even though this is my first time applying for a grant.**
    Please consult the following for Troubleshooting Password Issues on DVHA's COVID-19-website.
    - Slides and Video Recording

Last Updated: Monday, October 12, 2020.

3. What is the application submission timeline?

Time Period for Qualifying Costs[3]	Application Submission Period	Estimated Application Review	Estimated Notification Period
Mar 1, 2020 – Sept 15, 2020	Oct 19, 2020 – Nov 6, 2020	Nov 6, 2020 – Nov 30, 2020	Dec 1, 2020 – Dec 30, 2020

Applications must be submitted electronically using the online application portal between October 19, 2020 and November 6, 2020 at 11:59 PM EST. All applications will be reviewed after the application period closes. Funding determinations will be made based on the total need demonstrated in all applications received, and subject to available funding. Funding will be issued as one or more grant payments beginning in December.

4. How can I stay up to date on information regarding the HCS grant program?
The latest information regarding the HCS grant program will continue to be posted on the COVID-19 page of the DVHA website as it becomes available. The website is the best place to check for up-to-date information.   To sign up for periodic e-mail updates about important program announcements, complete this online form.

5. May I partially fill out the application and return to it later?
Yes. Once registered on the application portal, you will be able to save your information and return later to complete it. All applications must be submitted no later than November 6, 2020 at 11:59PM EST to be considered for this grant.

6. My accounting software cannot produce information for a half month (e.g., June 1 – June 15, June 16 – June 30, and Sept 1 - 15). How can I account for this on my application?
If you cannot produce a half month, an applicant may include fifty percent (50%) of the full month. The applicant's total dollar amount from both applications (June 1 – 15 and June 16 – 30) cannot exceed June's total (as supported by the documentation).

7. What will happen if AHS needs more information after I submit my application?
AHS has indicated all items of information required to make its determination. The applicant is responsible for ensuring that all information and documents are accurate and complete upon submission. Incorrect and/or missing information may result in an application being rejected or in payments being reduced or delayed.

8. What is a Vermont Employer ID? Is it different than my Federal EIN?
Applicants will be asked for their Vermont Employee Identification Number (EIN) and their Federal EIN.
- The Vermont EIN is a 7-digit number used for Vermont Department of Labor filings. Providing this number is not required but helps populate some of the application required fields. If your Vermont EIN is not listed, you must "Add Company." This information will later be used to issue the award amount.
- The Federal EIN is a 9-digit number used for federal tax filings. This information is used to locate other billing provider IDs associated with this number and to ensure that the HCS grant program only receives one application per Federal EIN.

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9. **Is it possible for me to complete my application in a paper copy?**
   Unfortunately, paper copies of the application are not available and will not be accepted.

10. **Can I upload more than one PDF per section of the application?**
    No. Applicants need to combine all documentation into a single PDF per application section. If the file size if greater than 10MB (system limitation size), the applicant may split the file into one or more PDFs and upload in the "Other" document section.

11. **If an organization is a nonprofit that is not required to complete a State Tax return, what should be uploaded in that section of the application?**
    Nonprofit organizations do not need to supply state tax returns but will need to provide their Federal Form 990 or Form 990-EZ. If a state tax return cannot be uploaded, please upload a copy of the Federal Form 990 or Form 990-EZ in its place.

12. **What if an entity has multiple billing NPIs and/or Medicaid Billing Provider ID Numbers? The application only allows for one of each to be submitted.**
    Please chose one billing NPI and/or Medicaid Billing Provider ID Number(s) to include in the application text. AHS uses an internal database to identify other provider identification numbers associated with your entity.

Awards (see Terms & Conditions Guidance document)

1. **I have been awarded an HCS grant. What are the terms and conditions of the grant award? How can the funds be used? Are there additional reporting requirements?**
   Grant recipients should carefully review Section II of their award letter, which includes information on Conditions of Receipt and Records Available for Audit. HCS grants are intended to provide retroactive payment for COVID-19 related revenue losses and expenses during the time periods covered by the application cycles:
   - Cycle 1 grants are for revenue losses and expenses from March 1 through June 15, 2020
   - Cycle 2 grants are from March 1 through September 15, 2020

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COVID-19 revenue losses and expenses are outlined in the following documents:
- Revenue Guide
- Expenses Guide
- Terms & Conditions Guide

Because the grant application required the submission of detailed information on revenue losses, expenses, and other sources of assistance, AHS does not require additional reporting. However, recipients should maintain detailed records of revenue losses and expenses, as outlined in Section II of the award letter.

2. **Are HCS grant funds taxed?**
   Yes. Entities that receive grant funds will be sent a Form 1099 that is reported to the IRS and Vermont Department of Taxes as income.

3. **If I am awarded an HCS grant, how will the funds be distributed to me?**
   Funding will be issued as one or more grant payments issued via a check. Unfortunately, we are not able to offer direct deposit at this time.

4. **Can you provide more information about the "order of precedence" in spending funds from multiple sources?**

   Section II of the grant award letter contains the following information:
   > "Under the express terms of Vermont Act 136, which authorizes this grant program, grant funds may be used only to cover expenses that are not compensable by other federal funding sources...

   The order of precedence of the grantee in spending funds is as follows:
   1. Pro-rated (35% per this application process) other federal financial assistance such as direct payments from federal Health & Human Services (HHS), federal Health Resources & Services Administration (HRSA), and the federal Paycheck Protection Program (PPP);
   2. Vermont CRF award (this award and earlier relief from Vermont);
   3. Balance of other federal financial assistance same as sources in #1 above."

   We cannot provide individual guidance to grant recipients on the order in which funds from various sources are spent, how they are spent, and how they are recorded in financial records. We would recommend that you consult with financial and legal experts to obtain individualized guidance. However, there are some general requirements that apply to all recipients. As noted in the above language, "grant funds may be used only to cover expenses that are not compensable by other federal funding sources." In addition, each grant program has a deadline by which the funds must be spent. In the case of the HCS Grant Program, that date is December 30, 2020. The intent of the "order of precedence" language above is to provide guidance to meet those general requirements.