

Health Care Provider Stabilization Grant Program¹

Financial Assistance to Date Guidance

Overview

The Health Care Provider Stabilization Grant Program requires applicants to include all COVID-19-related financial assistance received to date before calculating award amounts. By federal requirement, the Agency of Human Services (AHS) cannot duplicate the financial assistance received from other sources. Likewise, to accept federal funds, applicants must disclose all financial assistance received to date for COVID-19.

The Health Care Provider Stabilization Grant Program is funded with Federal dollars and is subject to the requirements of Single Audit found at 2 CFR § 200 Subpart F. This guidance contained in this document can assist applicants in identifying examples of COVID-19-specific financial assistance but is not intended as a complete and exhaustive list. The applicant is responsible for ensuring all information on the application is complete and accurate to the best of their knowledge.

Types of Financial Assistance

Applicants should not include loans, such as the Economic Injury Disaster Loans (EIDL) from the United States Small Business Administration (SBA) or private loans.

Applicants should not include accelerated/advanced payments known to be held against future claims, such as the Medicare Accelerated/Advanced Payment Program.

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. Those include, but are not limited to, the following:

- The Vermont Agency of Human Services (AHS), the Vermont Agency of Commerce and Community Development (ACCD), or any other State of Vermont disbursement, such as:
 - The Medicaid April Retainer Payment
 - The Medicaid Sustained Monthly Payment (May, June, and/or July)
 - The Designated Agency and Specialized Service Agency Financial Relief
 - The Children's Integrated Services Financial Relief
 - The Nursing Home Emergency Financial Relief
 - The Private Non-Medicaid Institution (PNMI) Emergency Financial Relief
 - The Economic Recovery Grant
 - The Women-Owned Business Grant
 - The Sole Proprietor Grant
- The Payroll Protection Program Funds

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- Centers for Disease Control (CDC) grants
- Federal Emergency Medical Assistance (FEMA)
- Federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds
- Federal Department of Health and Human Services (HHS) funds
- Federal Health Resources and Service Administration (HRSA) funds
- The Vermont Community Fund grant
- Other

If you answer “yes” to receiving any of the above, you will be asked (in most cases) to provide the amount of funds you received.

* Have you received any additional COVID-19 related financial assistance?

Yes No

* Name(s) of Other Assistance ⓘ

enter name(s) and break downs here and total amount below if more than 1 source

* Total Amount of Other Assistance Received ⓘ

\$5,000.00

If you have received any other form(s) of COVID-19-related financial assistance, that is known to be a grant or may be eligible for loan forgiveness, you will need to list each in the “Other” box and provide the total sum of the “Other” assistance that was received.