Summary:
- Effective July 17th, 2020, the 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 July 17th, 2020 through August 15th, 2020 at 11:59 PM for grant funding to cover revenue losses and expenses related to COVID-19 incurred between March 1st, 2020 and June 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 another grant with the Vermont Agency of Human Services or the Agency of Commerce and Community Development (ACCD), am I eligible for an HCS grant?**
   Yes. The application will ask if you have received financial assistance from the State of Vermont (e.g., through the Agency of Human Services (AHS) or Agency of Commerce and Community Development (ACCD)) in one or more of the COVID19-specific financial relief opportunities available to date. You will need to answer “yes” to that question in the application. Applicants are required to disclose financial relief received from federal, state, and other sources.

2. **If I applied for and received assistance from the earlier Medicaid Provider Retainer Program, or Medicaid Sustained Monthly Retainer Program, do I need to apply again for this grant?**
   Yes. You will need to complete a new application for this Health Care Provider Stabilization Grant Program. Check out the Application Readiness & Documentation Upload Guide for more information about what you will need to support your application.

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:

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

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<table>
<thead>
<tr>
<th>Naturopathic physicians</th>
<th>Therapeutic Community Residences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td></td>
</tr>
</tbody>
</table>

* 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 have 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.
   - Provider agreement 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 who 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, you are likely to be the billing provider. You can verify here: [https://npidb.org/](https://npidb.org/)

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. However, applicants are encouraged to include all NPIs/Medicaid Billing Provider Ids on one application to reduce their administrative work.
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 first page of the certification form. They are likely to be any of the following peer support providers:

- A state-funded substance use disorder peer recovery support organization providing recovery support services directly to individuals in need.
- A state-funded mental health peer support service organization providing peer support services directly to individuals in need.
- A state-funded peer-run mental health program or organization that is providing direct mental health care, services and supports.
- 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 both legal and clinical reviews and can take up to five (5) business days to complete. You should submit your approval no later than August 8th to ensure you have sufficient time to receive approval before the application period closes. AHS will make best efforts to expedite requests received after August 8th but cannot guarantee reviews received after August 8th.

7. **Dental Examiners are listed as eligible applicants. Does this include dentists and dental offices?**
Yes.

8. **If I applied for and/or received federal funding under the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, am I still eligible 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.

The application will only ask you to disclose grants. Applicants should not include loans and advanced payments. AHS is only looking for information on financial assistance your entity will not need to pay back and/or will not be held as advances against future claims. Examples of federal grants you must include (but are not limited to):

- The Payroll Protection Program Funds
- 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
9. 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 would need to apply on behalf of all rendering providers. Please also reference question #5 above describing the role of a billing provider.

10. I am a sole proprietor 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 is not eligible for coverage.

   If you have your own National Provider Identification (NPI), provide services under that NPI, and bill directly to the client, you may be eligible for only those services and costs related to delivering those services. Do not include payments from an entity or for which you are an independent contractor or for which you are not the billing provider. Do not include costs 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.

11. Are eligible health care and human services entities, who 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.

12. Will I need to apply for the HCS grant and the Federal Emergency Management Agency (FEMA) to receive all the funding I am eligible for?
   For-profit entities may receive up to 100% of all eligible COVID-19-specific revenue losses and qualifying expenses from the Agency of Human Services (AHS). For-profit entities are not eligible to apply for FEMA funding.

   Non-profit and private non-profit entities may be reimbursed up to 100% of all eligible COVID-19-specific revenue losses and qualifying expenses through a combination of AHS and FEMA.

<table>
<thead>
<tr>
<th>REIMBURSABLE AREAS</th>
<th>FOR-PROFIT ENTITIES</th>
<th>NON-PROFIT &amp; PRIVATE NON-PROFIT ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19-specific All Payer Revenue Losses</td>
<td>Up to 100% from AHS</td>
<td>Up to 100% from AHS</td>
</tr>
</tbody>
</table>
| Federally reimbursable COVID-19-specific Expenses | Up to 100% from AHS          | Up to 25% from AHS  
|                                                |                              | Up to 75% from FEMA                     |

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<table>
<thead>
<tr>
<th>COVID-19-specific Vermont-Expanded Reimbursable Coverage</th>
<th>Up to 100% from AHS</th>
<th>Up to 100% from AHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other COVID-19-specific Eligible Expenses</td>
<td>Up to 100% from AHS</td>
<td>Up to 25% from AHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Up to 75% from FEMA</td>
</tr>
</tbody>
</table>

More information on this topic coming soon.

Expenditures (see also: Expenditure Guidance document)

1. **What can health care and human service providers use the HCS grant for?**
   HCS grants are being issued to help provide economic support to health care provider organizations impacted by the COVID-19 public health emergency. The funds can be used both to cover revenue changes and new or marginal costs increases to COVID-19, such as:
   - All-payer revenue changes
   - COVID-19-related staff training
   - COVID-19-related personal protective equipment (PPE)
   - COVID-19-related costs of increasing or expanding telehealth.

2. **The expenditure costs section of the application only asks for costs through June 15, 2020. Can I include known costs for expenditures that will take place after June 15, 2020?**
   No. This application cycle only covers actual costs during the lookback period from March 1 - June 15, 2020. Applicants may not include future costs or any cost that occurred before or after the application period. If funds permit, the next application cycle will cover actual costs from June 16– through September 30, 2020.

3. **My business includes health care services and retails sales and other types of services (such as yoga classes, reiki). 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. If still available, the Economic Recovery Grant provided by the Agency of Commerce and Community Development may be the better grant option for you as it may cover more of your business losses than the HCS grant.

4. **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.

5. **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. Applicants may include other items, including other staff reimbursements, as “total operating expenses.”

6. **Can I use my schedule C “total expenses” for operating costs?**
Revenue (see also: Revenue Changes Guidance document)

1. In the claims-based revenue section of the application, 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 – June 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.

<table>
<thead>
<tr>
<th>Providers Client List</th>
<th>Insurance Type / Payer</th>
<th>Billed Rate</th>
<th>Paid Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Doe</td>
<td>Medicaid</td>
<td>$400</td>
<td>$300</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Contracted Commercial Insurance</td>
<td>$400</td>
<td>$325</td>
</tr>
<tr>
<td>Joe Doe</td>
<td>Out of Network / Non-contracted Insurance</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td>John Doe</td>
<td>No insurance / Self Pay</td>
<td>$400</td>
<td>$350</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$1,600</strong></td>
<td><strong>$1,375</strong></td>
</tr>
</tbody>
</table>

   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 each column.

   Many providers bill as noted in the table above. For those providers, you must include both the billed rate and the paid amount in each column for the baseline data.

   The application process must account for both variations of providers.

2. 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 for HCS grant funds?
   Yes. Revenue from direct patient/client payment is eligible for HCS grant funds and should be reported in the “Self Pays” line of the “Claims-Based Revenue” section of the application.
3. **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.

4. **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.

5. **When uploading my 2019 Federal and State tax forms, do I need to include every page of both returns?**
   Yes.

6. **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 recent filed taxes.

7. **Which claims should I include in the billed and paid for the “Claims-based revenue” section?**
   All claims-based 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.

8. **I am a sole proprietor or owner. Can I include my salary as gross staff wages?**
   Sole proprietors and/or owner 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 – June 15). Applicant must also include the sole proprietor or owner 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.
9. **NEW! How should Medicare Advantage and/or Medicare supplemental plans, as Medicare or as commercial?**

Applicants may include it in either category or listed separately as “Other.” AHS is flexible in how providers categorize their payors to allow for various types of accounting software. The important thing is applicants may not include the same information more than once. Applicants must also indicate what is included in which section in the document payer breakdown.

10. **NEW! My accounting software does not break out revenue by all payers in the month by month income statements. How can I meet this requirement?**

Applicants should categorize the payers as matches your accounting software. Categorization must be consistent throughout the entire application. Applicants must indicate which payers are included in each category.

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

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

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**Financial Assistance To-Date (see also: Financial Assistance To Date 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.

   
   More information on this topic is coming soon.

You must disclose receipt of both 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, or can we include just the pro-rated amount for the application period?**

You must include the total amount. You may not pro-rate financial assistance in the application, even if your entity has done so in your internal books.

Applicants must disclose the total dollar award amounts of all COVID-19-related financial assistance. 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?**

   No. This information does not need to be included in your application.

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### 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](https://vtgrants.gov), please use your existing user name and [login here](https://vtgrants.gov).
   If 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](https://vtgrants.gov).
   • [Slides](https://vtgrants.gov) and [Video Recording](https://vtgrants.gov).

3. **What is the application submission timeline?**

<table>
<thead>
<tr>
<th>Time Period for Qualifying Costs</th>
<th>Application Submission Period</th>
<th>Application Review/Award Period</th>
<th>Planned Payments Disbursement Period</th>
</tr>
</thead>
</table>

   Applications must be submitted electronically using the online application portal between July 17, 2020 and August 15, 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 late-August for the first application cycle.

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](https://vtgrants.gov) 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](https://vtgrants.gov).

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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.

6. **My accounting software cannot produce information for a half month (e.g., June 1 – June 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.
   
   If applying in the second payment cycle covering June 16 – June 30, the applicant’s total cost from both applications (June 1 – 15 and June 16 – 30) cannot exceed June’s total.

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.

9. **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 beginning in late-August for the first application cycle. Unfortunately, we are not able to offer direct deposit at this time.

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10. **My organization is an eligible entity, but it does not have an NPI. Can I use my Medicaid Billing ID instead?**

   No. The field is validated to accept only National Provider Ids.

   Please visit [https://npidb.org/](https://npidb.org/) to confirm that you do not have an NPI. After confirming, submit a question/issue through the Online Submission Form requesting approval, please include at least one Medicaid Billing Provider Id so that we can validate your eligibility.

11. **Is it possible for me to complete my application in a paper copy?**

   Unfortunately, paper copies of the application are not available.

12. **NEW! 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.