

Health Care Provider Stabilization Grant Program
Frequently Asked Questions

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 for grant funding to cover revenue losses and expenses related to COVID-.
- 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

Timeline:

Cycle	Time Period Covering	Application Period	Review Period	Payments
1	March 1, 2020 – June 15, 2020	July 17, 2020 – August 15, 2020	August 18, 2020 – September 15, 2020	September 15, 2020 – September 30, 2020
2	TBD	TBD	TBD	TBD

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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. 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 areas:

Acupuncturists	Nursing
Adult Days	Nursing Homes
Alcohol and Drug Abuse Counselors	Occupational Therapy
Allied Mental Health	Opticians / 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

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

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4. Are there any other eligibility criteria?

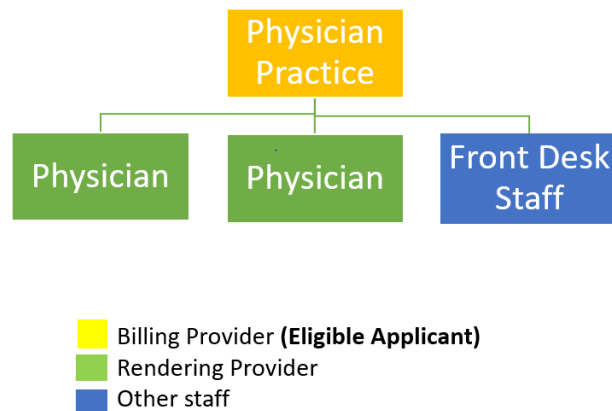
Yes. To be eligible, a health care or human services provider applicant must meet the following criteria:

- 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/>

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,

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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.

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 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

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 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.

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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.

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. 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.

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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.”

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 application period 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 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.

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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. 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.

6. 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.

7. 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.

- 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 1 2020 through December 31 2020).

More information on this topic coming soon.

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](#).

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](#).

- [Slides](#) and [Video Recording](#)

- 3. How can I stay up to date on information regarding the HCS grant program?**

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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](#).

4. 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.

5. 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.

6. 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.

7. 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.

U.S. Corporation Income Tax Return
For calendar year 2017 or tax year beginning 2017, ending 2017
OMB No. 1545-0125

Name: ABC Corp. **d Employer identification number: 32-2124444**

Number, street, and room or suite no. If a P.O. box, see instructions: 123 Main Street
City or town, state, or province, country, and ZIP or foreign postal code: Town, State 13222

C Date incorporated: 01/02/2009
D Total assets (see instructions): \$

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

1a			
1b			
1c			
2			
3			
4			
5			
6			

8. If I am awarded an HCS grant, how will the funds be distributed to me?

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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.

9. 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/> 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.

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

Unfortunately, paper copies of the application are not available.

11. 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.

Other