



FACILITY ELIGIBILITY FOR REIMBURSEMENT THROUGH \$10 MILLION CARES ACT FUNDS APPROVED FOR LONG-TERM CARE FACILITIES

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PURPOSE/BACKGROUND

On August 14, 2020, Idaho's Coronavirus Financial Advisory Committee (CFAC) approved \$10 million in federal CARES Act funds to be dedicated to reimbursing long-term care facilities for specific costs related to COVID-19 that are not reimburse-able through other funding sources. Long-term care facilities include skilled nursing facilities, assisted living facilities, and intermediate care facilities for the intellectually disabled. Other providers are not eligible to seek reimbursement for COVID-related costs through this funding source.

This document provides the instructions for providers to apply for reimbursement and also provides a description of the three categories of costs that can be reimbursed using the funding approved for this purpose. Reimbursement for these specific expenses is retroactive to March 1, 2020.

Facilities can register starting Wednesday, October 28, 2020.

Facilities can begin submitting applications starting Monday, November 2, 2020

HOW TO APPLY

Step 1: Register with the Idaho State Controller's Office

Operators of long-term care facilities must first register with the Idaho State Controller's Office at <https://id-controller.viewpointcloud.com/categories/1086>

The registration process is simple, and the on-line registration form is self-explanatory. During the registration process, the facility will be assigned a unique ID number. Providers must have the unique ID number in order to complete and submit an application for reimbursement.

Step 2: Complete the on-line application(s)

Operators of long-term care facilities can submit application(s) for reimbursement through the State Controller's Office at <https://id-controller.viewpointcloud.com/categories/1086>

There is a separate application for each of the three categories of costs. The criteria for eligible costs for each of the three categories is outlined below.

ELIGIBILITY CRITERIA FOR REIMBURSEMENT

Long-term care facilities can seek reimbursement for costs that fall into three categories:

- Reimbursement for up-front, one-time costs for transitioning to a COVID-exclusive facility or for creating a COVID-exclusive wing/unit within the facility;
- Reimbursement for costs associated with transporting residents to COVID-exclusive facilities/units; and
- Reimbursement for additional daily rate for care provided to COVID-positive residents

Reimbursement for up-front, one-time costs for transitioning to a COVID-exclusive facility or for creating a COVID-exclusive wing/unit within the facility:

- Facility must obtain written approval from the Department of Health and Welfare's Division of Licensing and Certification for the facility's transition plan. As of 10/28/2020, facilities that have been approved as COVID-exclusive or are operating an approved COVID-exclusive unit include:
 - Twin Falls Manor in Twin Falls
 - Arbor Valley of Cascadia in Boise
 - Veranda at Barber Station in Boise

Note: The team reviewing and approving reimbursement applications knows which facilities have been approved to operate a COVID-exclusive facility or for creating a COVID-exclusive wing/unit within the facility, so there is no proof of approval required to be submitted with the application for reimbursement in this category.

- Facility must admit residents who have tested positive for COVID-19 or are symptomatic of COVID-19 from hospitals, other facilities, and other care locations. Facilities that receive reimbursement for their one-time transition costs are prohibited from denying admission of COVID-positive residents unless there are no vacant beds in the facility or wing/unit or unless the resident has conditions requiring care the facility is not licensed to provide.
- Costs associated with relocating or cohorting COVID-positive residents in an existing facility are not eligible for reimbursement through the CARES Act funds approved for the purpose of establishing COVID-exclusive facilities/units.
- Examples of eligible one-time expenses include capital expenditures, such as architect fees, general contractor fees, and related costs to create a secure memory unit in a facility that had not previously had such a unit (for COVID-positive residents who also have Alzheimer's or dementia), HVAC system maintenance or enhancements, and adding UV lighting. Reimbursement requests for construction must include the date the construction was completed or will be completed. Construction must be completed, and products received and operational by December 30th. Any costs associated with construction not completed, or equipment not received nor operational, by that date will be the facility's responsibility.
- Examples of eligible one-time operational costs include initial facility or unit cleaning, an initial supply of personal protective equipment, costs to relocate residents who do not have COVID, and costs of moving equipment or furniture. Reimbursement

requests for these types of services or equipment must include the date the services/equipment were received or will be received. These types of services and equipment must be received by December 30th. Any costs associated with these types of services or equipment not received by that date will be the facility's responsibility.

- For reimbursement of one-time expenses related to creating a secure unit for COVID residents, the facility must include with its reimbursement request the justification for creating a secure unit.

Reimbursement for costs associated with transporting residents to COVID-exclusive facilities/units

- Facilities must seek Medicaid reimbursement for the non-emergency medical transportation for Medicaid participants before requesting reimbursement through this funding source. Eligible costs (not reimbursable through Medicaid, Medicare, or a private insurance company) include those costs associated with transporting residents in one of the following situations:
 - From a hospital to an approved COVID-exclusive facility/unit;
 - From an approved COVID-exclusive facility/unit;
 - From another care setting to an approved COVID-exclusive facility/unit;
 - From a COVID-exclusive facility/unit to another care setting;
 - From a resident's home to an approved COVID-exclusive facility/unit

Reimbursement for Additional Daily Rate for Care Provided to COVID-Positive Residents

- The additional rate is \$54 per resident, per day for care provided to COVID-positive residents for a maximum of 20 days.
- When submitting requests for reimbursement, facilities should not list individual resident names on the reimbursement request. For purposes of resident privacy, facilities should list residents as Resident 1, Resident 2, etc.
- When audited, if a facility's attestation of the number of COVID-positive residents they cared for in a month exceeds the number of residents reported to the facility's local health district for that facility, the facility will have to repay the reimbursement for the unreported residents. This requirement does not apply to COVID-exclusive facilities but does apply to COVID-exclusive units within a facility.
- Facilities must also maintain the documentation that supports their reimbursement requests.

QUESTIONS?

The Department will answer questions about the application process or the eligibility criteria through email at alc@dhw.idaho.gov