Fact Sheet

COVID-19 Emergency Response Reimbursement Payments

New Provider Types Eligible

The CARES Act Steering Committee approved a one-time reimbursement for operational costs to continue safely serving clients during the public health emergency earlier this year. Select Medicaid providers were approved to submit documentation for reimbursement of approved expenses incurred from March 18-May 30, 2020. The Arkansas Department of Human Services (DHS) estimated the program would cost approximately $23 million. However, at the end of September there were still funds available.

DHS is offering additional providers that were not included in the first round of reimbursements an opportunity to be able to submit requests for these federal funds to help cover COVID-19 related expenses from March 18 – November 15.

Providers in this newly added group must submit a request for reimbursement by Oct. 30 for expenses incurred from March 18-May 30. For eligible expenses incurred between May 31 and November 15, providers must submit a request and documentation by November 25.

What eligible provider types have been added?

Providers must have been enrolled as an Arkansas Medicaid Provider on March 18, and the providers also must currently be accepting Medicaid clients. The newly eligible provider types include:

- Assisted Living Facilities
- Intermediate Care Facilities for people with developmental or intellectual disabilities
- Residential Care Facilities
- In-home Hospice Care Providers
- Personal Care Agencies
- Home Health Agencies

What types of expenses can be reimbursed?

Providers can request reimbursement for COVID-19 related operational costs, including but not limited to:

- Expanding use of telemedicine, including costs of equipment, technology, and facility upgrades
- Offering workforce support, such as training staff on providing services through telemedicine
- Purchasing or leasing specialized equipment
- Modifying intake areas or client rooms to allow for social distancing
- Buying PPE and paying for enhanced cleaning services to comply with CDC recommendations beyond normal infection control operations
- Changing business practices, such as entry screenings and shifted hours, to expand services and ensure service are provided in a safe way

Providers may propose additional improvements or costs for reimbursements, which could be considered for DHS approval.
What’s the maximum amount a provider can be reimbursed?

The one-time reimbursement amount a provider can get for costs between March 18 – May 31 depends on the size of the provider.

<table>
<thead>
<tr>
<th>Eligible Provider</th>
<th>Maximum Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care, Home Health Agencies, and In-Home Hospice (fewer than 25 employees)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Personal Care, Home Health Agencies, and In-Home Hospice (25 - 100 employees)</td>
<td>$15,000</td>
</tr>
<tr>
<td>Personal Care, Home Health Agencies, and In-Home Hospice (more than 100 employees)</td>
<td>$30,000</td>
</tr>
<tr>
<td>Assisted Living Facilities</td>
<td>$30,000</td>
</tr>
<tr>
<td>Intermediate Care Facilities</td>
<td>$30,000</td>
</tr>
<tr>
<td>Residential Care Facilities</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

If all eligible providers request reimbursement for costs incurred from May 31-November 15, the maximum reimbursement will be $2,000 per provider. If all eligible providers do not submit requests for reimbursement, the remaining funds will be distributed equitably to those providers who submitted requests for eligible expenses above that amount.

These costs must be necessary to respond to the COVID-19 public health situation. They may not be used to duplicate or supplant other funding sources, pay bonuses or increased management fees for administrative personnel, or to offset lost revenue.

How does a provider submit a request to get the reimbursement?

The provider should submit [this reporting form](mailto:caresactfunding@dhs.arkansas.gov) to DHS, describing the eligible expenses along with copies of invoices or other documents that show the actual costs. The form should be emailed to caresactfunding@dhs.arkansas.gov.

DHS will provide a single, one-time reimbursement payment for each time period. So, providers should request reimbursement of all eligible expenses in a single request for that time period.

Requests for reimbursement will be reviewed by DHS and finalized by December 15.