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| (For DHS Use Only) |

**Requesting Costs Above Cap Payments from Arkansas Coronavirus Relief Fund:**

Skilled Nursing Facilities (SNFs) must use this form to request **COVID-19 Costs Above Caps Payments** from the Arkansas Coronavirus Relief Fund (“ACRF”). The ACRF is federally funded under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These are not Medicaid or Medicare funds.

Qualified SNFs may receive up to a maximum of $150,000 for necessary, unreimbursed expenses incurred due to the COVID-19 public health emergency during the period March 1, 2020 through June 30, 2020. See Section 3, Terms and Conditions, for minimum qualifications and other requirements.

**Separate Form Required for Requesting ACRF Cluster Payments:**

To request ACRF Cluster Payments, please use the separate request form provided by DHS. ACRF Cluster Payments are solely for qualified SNFs with one or more COVID-19 patients in a given week during March-June 2020. Please see that request form for details.

**Section 1 – Information on Request and Facility**

1. Date of Request: Click or tap to enter a date.
2. Period Covered in Request: Click or tap to enter a date. – to – Click or tap to enter a date.
3. SNF Medicaid Provider Identification Number: Click or tap here to enter text.
4. Full Name of Skilled Nursing Facility: Click or tap here to enter text.
5. Facility Address: Click or tap here to enter text.
6. Full Name of Person Completing Request: Click or tap here to enter text.
7. Email Address of Person Completing Request: Click or tap here to enter text.
8. Telephone Number of Person Completing Request: Click or tap here to enter text.

**Section 2 – COSTS ABOVE CAP PAYMENT**

**Requesting an ACRF Costs Above Cap Payment**: Qualified skilled nursing facilities may each receive up to a maximum of $150,000 for necessary, unreimbursed expenses incurred due to the COVID-19 public health emergency during the period March 1, 2020 through June 30, 2020. Excluded are that portion of the Facility’s COVID-19 costs, if any, reimbursable under Medicaid direct and indirect cost caps applicable to the Facility and the March-June 2020 period.

**FOR THE TIME PERIOD ENTERED IN SECTION 1(B):**

**Amount Requested for** **ACRF Costs Above Cap Payment?**

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| $ |

Maximum of $150,000 Per Qualified SNF for March 1, 2020 thru June 30, 2020

**Percentage Estimates of COVID-19 Expenses Incurred:**

For the amount requested above and the time period entered in Section 1(B), please provide percentage estimates of the general types of COVID-19 incurred expenses associated with the ACRF Costs Above Cap Payment requested. These estimates will help DHS understand funding use prior to receiving the expense documentation due by August 30, 2020.

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| **Type of COVID-19 Expenses During Time Period**  **for the Requested Costs Above Cap Payment** | **Estimated Percent** |
| Staffing | % |
| Environmental Modifications to Physical Structure or Systems | % |
| Additional Supplies | % |
| Additional Equipment | % |
| Specialized Equipment | % |
| Specialized Services | % |
| Staff Training | % |
| Other (please briefly describe): | % |
| Estimated percentages must equal 100% | % |

**Section 3 – Terms and Conditions**

As a condition of receipt of Cost Above Caps Payments or Cluster Payments from the Arkansas Coronavirus Relief Fund (“ACRF”), the skilled nursing facility named in Section 1 (D) on Page 1 (“Facility”) hereby acknowledges and agrees to the following Terms and Conditions. **Check each box to confirm your Facility’s understanding and acceptance of the Terms and Conditions:**

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|  | **Minimum Qualifications of Facilities Requesting Payment:**  To request ACRF Cost Above Caps Payments or ACRF Cluster Payments (“ACRF Payments”), a skilled nursing facility must, during the period March 1, 2020 through June 30, 2020, be all of the following:   1. An Arkansas licensed skilled nursing facility (SNF); 2. Not owned or operated by the State of Arkansas; 3. Enrolled in the Arkansas Medicaid program as a skilled nursing facility; and 4. Serving and accepting Arkansas Medicaid beneficiaries as patients. |
|  | **Other Sources of Payment for COVID-19 Expenses:**  ACRF Payments shall not duplicate or supplant funding the Facility receives from any other source of payment for COVID-19 expenses, including future Medicaid rate increases attributable to COVID-19 costs. To the extent that COVID-19 costs funded by ACRF Payments are subsequently reimbursed under another federal or state program, the Facility’s ACRF Payments will be reconciled and recovered. |
|  | **Lost Revenue and Certain Expenses Excluded:** The Facility shall not request or use ACRF Payments (1) to offset the loss of revenues (i.e., Medicaid, Medicare, commercial insurance, or private pay revenue) experienced during the COVID-19 public health emergency; or (2) for the following expenses: (a) supplemental wages, retention bonuses, or similar financial incentives to retain facility staff; (b) bonus payments to reward staff performance or presentism; or (c) increased management fees paid to the Facility’s parent company (or a subsidiary or related party thereof), except to pay the direct or fair market costs of nursing and other direct care services, infection control and prevention services, staff training, supplies, or equipment provided to the Facility. |
|  | **Records and Audits:** The Facility shall maintain appropriate financial records (i.e., documentation of expenses incurred, payments made to staff and vendors, and funding received from other federal or state sources for reimbursement of COVID-19 costs) sufficient to substantiate the Facility’s COVID-19 expenses claimed for ACRF Payments received. The Facility shall retain such records for no less than seven (7) years and make them available to the Arkansas Department of Human Services (DHS), federal HHS Office of the Inspector General (OIG), and any other lawful federal or state authority, upon request. The Facility shall fully cooperate with any state or federal audit concerning ACRF Payments. |
|  | **Deadline for Payment Requests and Expense Documentation:** By August 31, 2020: (1) all Facility requests for ACRF Payments must be submitted to DHS, and (2) the Facility shall submit receipts to substantiate the Facility’s COVID-19 expenses pertaining to the ACRF Payments received. The Facility shall return to DHS any portion of ACRF Payments received for COVID-19 expenses that are not reasonably substantiated with receipts or other documentation. |

**ATTESTATION**

I do hereby attest that all the all of the statements and facts contained in the forgoing Payment Request Form are true and correct to the best of my knowledge and belief. I further attest that I am an officer or agent of the Skilled Nursing Facility named herein and authorized to submit this Payment Request on behalf of the Facility.

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Signature of Officer or Agent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Upon completion, please submit this Payment Request Form to the attention of **“ACRF Costs Above Cap Payment**”at [DCWP@dhs.arkansas.gov](mailto:DCWP@dhs.arkansas.gov).