

Application for Indiana Medicaid Assisted Living Provider COVID-19 Relief Funds

Assisted Living Facility Name (include any DBAs used): _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Medicaid Provider ID: _____

Provider Contact Name: _____

E-mail _____ Phone: _____

COVID-19 related expenses incurred during the months of February 2020 through March 2021 on behalf of Indiana Medicaid A&D and TBI waiver members.

Housekeeping / Maintenance	\$ _____
Personal protective equipment (PPE)	\$ _____
Dietary / Room Delivery	\$ _____
COVID-19 related training	\$ _____
COVID-19 testing/screening (Resident or Staff)	\$ _____
Overtime/Hero Pay	\$ _____
Technology enhancements	\$ _____
Other: (describe below)	\$ _____
Total:	\$ _____

Description: _____

Please provide the amount of any Federal relief aid received. This will not affect the amount of State aid and is being asked for informational purposes only. \$ _____

By entering my name below, I affirm under the penalties of perjury, that the costs reported are accurate to the best of my knowledge and understand that all statements made on this application are subject to audit by FSSA and that inaccurate information may be subject to payment recoupment and other legal action. I understand that the recipient of relief funds is responsible for compliance with requirements of the CARES Act, including maintaining appropriate records and cost information as required by law, and that the reported expenses have not been reimbursed through any other provider relief program.

Signature of Officer: _____ Date: _____

Please return the completed form to stephen.bordenkecher2@fssa.in.gov by July 31, 2021.

INSTRUCTIONS

Application for Indiana HCBS Assisted Living Provider COVID-19 Relief Funds

The FSSA and Indiana State Budget Agency recently approved relief funds for Assisted Living providers serving participants of the Aged and Disabled and TBI Medicaid waiver programs utilizing federal funds available under the CARES Act. These funds will only be used to reimburse COVID-19 related expenses incurred between February 1, 2020 and March 31, 2021 on behalf of Medicaid Waiver recipients. While we appreciate the efforts each provider has made in addressing the needs of Hoosiers during these challenging times, please understand that this initiative may not cover all reported expenses.

In order to get the relief to eligible Assisted Living organizations as quickly and efficiently as possible, OMPP is relying on each applicant organization to be aware of their responsibilities in the use of CARES Act funding, and to provide the requested information according to these line-by-line instructions:

Assisted Living provider Name (include any 'Doing Business As' names used) - It is important to include any DBAs to facilitate matching with your Medicaid provider file and the federal relief databases.

Provider Address – Please use the address of the primary office used to communicate with Indiana Medicaid.

Medicaid Provider ID - This will be a 9-digit number along with an alphabetic location modifier. Do not enter the National Provider Identification (NPI) number. Relief funds will be released by individual location.

Agency Contact Name - Contact information should be provided for the agency officer signing the application.

COVID-19 related expenses incurred during the months of February 2020 through March 2021 - Eligible expenses include only those expenses incurred during these months and each expense must be directly related to Medicaid waiver participants and to the COVID-19 pandemic. COVID-19 related expenses incurred on behalf of non-waiver residents, managed care, private insurance, or private pay residents are not eligible for reimbursement under this plan.

Please provide the amount of any Federal relief aid received - This will not affect the amount of State aid and is being asked for informational purposes only.

Signature of Officer – This may be a manual or electronic signature

Return the signed document – The due date for applications is July 31, 2021.

Send the completed application to stephen.bordenkecher2@fssa.in.gov with "AL COVID Relief Application" in the Subject line.