

COMMONWEALTH of VIRGINIA

KAREN KIMSEY DIRECTOR

Department of Medical Assistance Services

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November 30, 2020

Dear Nursing Facility Provider:

The Department of Medical Assistance Services (DMAS) has modified the definition of eligible costs for the State's allocation of federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to nursing facilities in two important ways.

First, eligible costs for reimbursement from this funding will now be defined as COVID-related costs incurred for the period of March 1, 2020 through October 31, 2020 consistent with the recently signed Budget. This is a change from the previously defined period of July 1, 2020 through October 31, 2020. There is no change to the reimbursement limits under this program. This funding is designated to Nursing Facilities (NF) to address staffing shortages, increasing infection control measures, and purchasing personal protective equipment (PPE), as well as complying with the new testing requirements related to COVID-19.

Second, the Commonwealth is modifying how funds received from the federal Department of Health and Human Services Provider Relief Fund (PRF) are treated for calculating payments. The Commonwealth will now recognize <u>any</u> valid use of PRF (under HHS guidance) as reducing the amount of PRF that must be offset by eligible expenses before payment under this program. **This is a change to the program as previously we were not allowing the offset of lost revenues. Revenue losses still are not considered valid expenses for reimbursement from the Virginia CARES Act program.**

Please note, if your facility received funding through the Provider Relief Fund (or other federal support), you now have two options:

- 1) Report the revenues and related expenses on the invoice form. The invoice form will offset all revenues prior to determining allowable expenditures.
- 2) Complete the attached attestation, attesting that the costs you are submitting for reimbursement are net of any Federal support received. Federal support received may be used to cover lost revenues (as permitted by the federal program), and/ or you would decrement your expenses by the Federal support received.

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Please refer to the original notification letter distributed by DMAS on August 17, 2020 outlining the details of this program.

Reminder: Expenses must be for COVID-19 related expenses that 1) would not have been incurred in a non-pandemic year; and 2) have not been otherwise been paid for by another funding source.

As a reminder, reimbursement is contingent on funding availability. If reimbursement requests exceed available funding, reimbursements may be prorated. If, however, all funds available for this program are not used by participating NF providers, unspent funding may be allocated at the end of the program to participating providers based on unreimbursed allowable COVID-19 expenses previously reported. Therefore, it may be advantageous to report unreimbursed March – June expenses, even if you have already received the maximum reimbursement / ceiling amount.

Please note that invoice submission for participation in this program is voluntary. **No invoices may be submitted after December 30, 2020**. Once received, MSLC will review the submitted information and notify you of any adjustments to your submission. Once the allowable reimbursements are identified and approved, payments will be processed. DMAS will process payments every two weeks on a rolling basis.

Enclosed you will find an updated invoice form to complete and submit to MSLC for reimbursement. Please use this form for any future submissions. Detailed instructions are included with the form. All completed forms should be sent via e-mail to caresactinvoicing_nf@mslc.com.

If you have any questions, please e-mail caresactinvoicing_nf@mslc.com.

Sincerely,

Karen Kimsey, Director

Department of Medical Assistance Services