



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: July 11, 2020
Subject: Grant Requests – JFO #3008-3009

Enclosed please find two (2) items, which the Joint Fiscal Office has received from the Administration.

JFO #3008 – \$910,888 from the U.S. Dept. of Health and Human Services to the Vermont Veterans Home. This is provider relief funding that was appropriated in the CARES Act. Funds will be used to offset eligible expenses stemming from the COVID-19 pandemic in FY20-21 and may be used to offset lost revenue in FY21, as permitted by federal guidance.
[JFO received 07/08/20]

JFO #3009 – \$3,167,132 from the Federal Emergency Management Agency to the VT Dept. of Public Safety. The funds will be used to provide public assistance to the eight counties impacted by a flooding event on October 31 to November 1, 2019. The total cost of the disaster was estimated to be \$3,862,356. Within the total funding package is \$2,896,767, which represents the 75% federal share of the total disaster cost. The state will provide \$395,891 from the Emergency Relief and Assistance Fund (ERAF) and the remaining costs will be borne from local or other sources. The remaining \$270,365 grant total (7% of the total disaster cost) may be used for management costs. Grant funds will be expended in FY21-22, per the grant documents.
[JFO received 07/08/20]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by July 25, 2020 we will assume that you agree to consider as final the Governor's acceptance of this request.



VERMONT

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
 [fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:						Provider Relief Funds (CARES Act) for Vermont Veterans Home							
Date:						6/19/2020							
Department:						Vermont Veterans Home							
Legal Title of Grant:						CARES Act - Provider Relief Fund							
Federal Catalog #:													
Grant/Donor Name and Address:						US Dept. of Health & Human Services							
Grant Period:						From:		4/17/2020		To:		--	
Grant/Donation						\$910,888							
		SFY 1		SFY 2		SFY 3		Total		Comments			
Grant Amount:		\$576,778		\$334,110		\$		\$910,888					
Position Information:				# Positions		Explanation/Comments							
				0									
Additional Comments:						Amount reflects the Provider Relief Funds (CARES Act) received to-date by Vermont Veteran's Home. Amount requested for FY20 will be used for COVID expenses attributable in the current fiscal year. The amount requested for FY21 will be used for eligible COVID expenses or lost revenue due to the virus (as permitted by federal guidance).							
Department of Finance & Management						Adam Greshin		Digitally signed by Adam Greshin Date: 2020.06.19 14:14:29 -0400		(Initial)			
Secretary of Administration						Susanne R. Young		Digitally signed by Susanne R. Young Date: 2020.06.22 11:21:30 -0400		(Initial)			
Sent To Joint Fiscal Office										Date			



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	03300			
2. Department:	Vermont Veterans Home			
3. Program:	Provider Relief Fund (CARES Act)			
4. Legal Title of Grant:	Provider Relief Fund			
5. Federal Catalog #:				
6. Grant/Donor Name and Address:				
Federal Health Resources and Service Administration				
7. Grant Period:	From:	4/17/2020	To: 06/30/2021	
8. Purpose of Grant:				
As part of the CARES legislation, the Vermont Veterans' Home (VVH) has received Provider Relief Fund monies due to decreased census of Medicare fee-for-service (FFS) reimbursement. So far VVH has received three (3) payments totaling \$910,888. These monies can be used to offset extraordinary expenses and lost revenues due to the coronavirus pandemic.				
9. Impact on existing program if grant is not Accepted:				
Additional expenses and lost revenue attributed to COVID-19 would have to be funded through another source. Amount budgeted for FY2020 reflects to-date COVID-coded costs in VISION + ADS bill for COVID attributable work. Amount for FY2021 reflects the balance of available funds and is expected to be used for lost revenue due to reduced bed capacity + additional COVID costs during the year.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2020	FY 2021	FY	
Personal Services	\$273,373	\$	\$	
Operating Expenses	\$303,405	\$	\$	
Grants	\$	\$	\$	
Total	\$576,778	\$334,110	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$576,778	\$334,110	\$	PRF (CARES Act)
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$576,778	\$334,110	\$	
Appropriation No:		Amount:	\$	
	3300010000		\$576,778	
			\$	
			\$	

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

			\$
			\$
			\$
		Total	\$

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

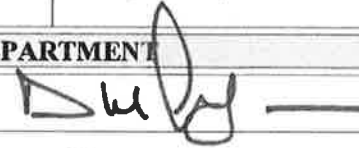
Appointing Authority Name: Allan M. Faxon, Jr., COO, Col. USMC (Ret). Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

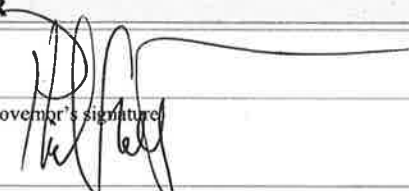
I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature:  Date: 6-19-2020
 Title: COO/Deputy
 Signature: _____ Date: _____
 Title: _____

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) **Susanne R. Young** Digitally signed by Susanne R. Young Date: 2020.06.22 11:21:01 -0400 Date: _____

15. ACTION BY GOVERNOR

Check One Box: Accepted
 Rejected
 (Governor's signature)  Date: 6/25/20

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

Health Resources and Service Administration
Processed by United Health Group/Optum Rx
P.O. Box 31376 Salt Lake City UT 84131-0376
HCH-LTR



111ADHOCPRC1Proj0141990039001-01449-01
Vermont Veterans' Home
325 NORTH ST
BENNINGTON VT 05201-1937

Date: April 17, 2020

TIN (Last 3 digits): 551

Dear Valued Provider:

Thank you for your tireless efforts during this critical time. President Trump is providing support to healthcare providers fighting the COVID-19 pandemic. The President signed the bipartisan CARES legislation that provides \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. Recognizing the importance of delivering funds in a fast and transparent manner, the Department of Health and Human Services (HHS) is distributing \$30 billion of the relief funds immediately. **These are payments to healthcare providers, not loans, and will not need to be repaid.**

Who is eligible for funds from the initial \$30 billion?

Billing entities who received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for this initial rapid distribution. **Your organization qualifies and you will automatically receive payment soon.**

How are payment amounts determined?

Providers will receive a portion of the initial \$30 billion distribution based on their share of total Medicare FFS reimbursements in 2019. Providers can obtain their 2019 Medicare FFS billings from their organization's revenue management system.

How will payments be distributed?

HHS is partnering with UnitedHealth Group to deliver funds. You will receive payment within two weeks via Automated Clearing House (ACH) to the Medicare routing number and account number you have on file with HHS. The automatic payments will come via Optum Bank with "HHSPAYMENT" as the payment description. Payments to practices that are part of larger medical groups will be sent to the group's central billing office. All relief payments are made to provider billing organizations based on their Taxpayer Identification Numbers (TINs).

What action should I take?

Within 30 days of receiving the payment, you must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. Terms and conditions can be found on hhs.gov/providerrelief. Should you choose to reject the funds, you must also complete the attestation to indicate this. The CARES Act Provider Relief Fund Payment Attestation Portal, available through hhs.gov/providerrelief, will guide you through the attestation process to accept or reject the funds. Not returning the payment within 30 days of receipt will be viewed as acceptance of the Terms and Conditions.

Whom can I contact for more information?

For additional information, please visit hhs.gov/providerrelief or call the CARES Provider Relief line at (866) 569-3522.

Thank you for all you are doing to support and protect the American people during this difficult time.

Eric D. Hargan
Deputy Secretary
United States Department of Health and Human Services

Health Resources and Service Administration
Processed by UnitedHealth Group/Optum Rx
P.O. Box 31376 Salt Lake City, UT 84131-0376
HCH-LTR



150ADHOCPRC2Adhoc2CW010009001-04908-01

Vermont Veterans Home
325 North St
Bennington VT 05201-1937



May 29, 2020

Organization: Vermont Veterans' Home
TIN (Last 3 digits): 551

Dear Valued Provider:

Given the critical importance of Skilled Nursing Facilities and unique challenges faced as you work to protect seniors and your staff during this pandemic, a decision has been made to grant each Skilled Nursing Facility a fixed distribution per facility of \$50,000 plus an additional distribution of \$2,500 per bed.

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act, which provide \$175 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get treatment for COVID-19.

In allocating the funds, HHS is working, among other things, to address both the economic harm across the entire healthcare system due to the stoppage of elective procedures, as well as the economic impact on providers particularly impacted by COVID-19, and to do so as quickly and transparently as possible.

Targeted allocation for Skilled Nursing Facilities

The COVID-19 pandemic has impacted the viability of Skilled Nursing Facilities (SNFs) in a variety of ways. Since the beginning of 2020, SNFs have experienced a decline in patient census and increases in the cost of labor, and personal protective equipment among other things.

The Department of Health and Human Services (HHS) will make relief fund distributions to SNFs based on both a per-facility basis and per-bed basis. Each SNF will receive a fixed distribution of \$50,000 plus an additional distribution of \$2,500 per bed.

Qualifying SNFs must attest that they will only use Provider Relief Fund payments for permissible purposes, as set forth in the Terms and Conditions, and agree to comply with future government audit and reporting requirements.

How will payments be distributed?

HHS is partnering with UnitedHealth Group to deliver funds. Your organization's payment will be sent via Automated Clearing House (ACH). The automated payments are sent via Optum Bank with "CARES Act SNF Pmt*HHS.GOV" in the payment description. Payments are sent to the group's central billing office. All relief payments are made to provider billing organizations based on their Taxpayer Identification Numbers (TINs).

What action should I take?

Within 90 days of receiving this payment, you must sign an attestation confirming receipt of the funds and agreeing to the **Terms and Conditions** of payment, accessible from **hhs.gov/providerrelief**. Should you choose to reject the funds, you must also complete the attestation to indicate this. The **CARES Act Provider Relief Fund Payment Attestation Portal** accessible from **hhs.gov/providerrelief**, will guide you through the attestation process to accept or reject the funds. Not returning the payment within 90 days of receipt will be viewed as acceptance of the **Terms and Conditions**.

Where can I find more information?

Please visit **hhs.gov/providerrelief** or call the provider support line at (866) 569-3522; for TTY dial 711.

Thank you for all you are doing to support and protect the American people during this difficult time.

Eric D. Hargan
Deputy Secretary
United States Department of Health and Human Services



STATE OF VERMONT

APRIL 17, 2020

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PAYMENT INFORMATION:

CREDIT: \$41,719.92
EFFECTIVE DATE: 04/17/2020
INPUT FORMAT: ACHCCD+

CREDIT PARTY

DEBIT PARTY

ROUTING ID: 221172186
DEMAND ACCT: 8877770493

ROUTING ID: 124384877
ACCT:
COMPANY ID: 1911911912

NOTE: PAYMENT ADDENDA FORMAT ERROR
NOTE: TOO MANY ELEMENTS IN SEGMENT.
PMT: TRN 1 750010741 1911911912 CARES ACT RELIEF PAYMENT HHS
.GOV
PMT: PH 866-569-3522
TRACE NUMBER: 124384872104699
SETTLEMENT DATE: 04/17/2020
RECEIVER: Vermont Veterans' Home
ZZ: 043821551
ORIGINATOR: US HHS Stimulus

STATE OF VERMONT

APRIL 17, 2020

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PAYMENT INFORMATION:

CREDIT: \$106,527.77
EFFECTIVE DATE: 04/17/2020
INPUT FORMAT: ACHCCD+

CREDIT PARTY

DEBIT PARTY

ROUTING ID: 221172186
DEMAND ACCT: 8877770493

ROUTING ID: 124384877
ACCT:
COMPANY ID: 1911911912

NOTE: PAYMENT ADDENDA FORMAT ERROR
NOTE: TOO MANY ELEMENTS IN SEGMENT.
PMT: TRN 1 750007095 1911911912 CARES ACT RELIEF PAYMENT HHS
.GOV
PMT: PH 866-569-3522
TRACE NUMBER: 124384872101465
SETTLEMENT DATE: 04/17/2020
RECEIVER: State Of Vermont
ZZ: 036000264
ORIGINATOR: US HHS Stimulus

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PAYMENT INFORMATION:

CREDIT: \$376,668.44
EFFECTIVE DATE: 04/24/2020
INPUT FORMAT: ACHCCD+

CREDIT PARTY DEBIT PARTY
ROUTING ID: 221172186 124384877
DEMAND ACCT: 8877770493 ACCT:
COMPANY ID: 1911911912

NOTE: PAYMENT ADDENDA FORMAT ERROR
NOTE: TOO MANY ELEMENTS IN SEGMENT.
PMT: TRN 1 750319903 1911911912 CARES ACT RELIEF PAYMENT HHS
.GOV
PMT: PH 866-569-3522
TRACE NUMBER: 124384877218248
SETTLEMENT DATE: 04/24/2020
RECEIVER: Vermont Veterans' Home
ZZ: 043821551
ORIGINATOR: US HHS Stimulus



STATE OF VERMONT

MAY 22, 2020

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PAYMENT INFORMATION:

CREDIT: \$492,500.00
EFFECTIVE DATE: 05/22/2020
INPUT FORMAT: ACHCCD+

CREDIT PARTY

DEBIT PARTY

ROUTING ID: 221172186
DEMAND ACCT: 8877770493

ROUTING ID: 124384877
ACCT:
COMPANY ID: 1911911912

NOTE: PAYMENT ADDENDA FORMAT ERROR
NOTE: TOO MANY ELEMENTS IN SEGMENT.
PMT: TRN 1 750364965 1911911912 CARES Act SNF Pmt HHS.GOV PH 866-
PMT: 569-3522
TRACE NUMBER: 124384877398200
SETTLEMENT DATE: 05/22/2020
RECEIVER: Vermont Veterans' Home
ZZ: 043821551
ORIGINATOR: US HHS Stimulus