

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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Vermont Department of Mental Health			
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, Salt Lake City, UT			
7. Grant Period:	From:	4/17/2020	To:	06/30/2021
8. Purpose of Grant:	As part of the CARES legislation, the Vermont Psychiatric Care Hospital (VPCH) has received Provider Relief Fund monies due to decreased census of Medicare fee-for-service (FFS) reimbursement. So far VPCH has received one (1) payment totaling \$106,527.77. 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 for FY2021 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	\$	\$106,527.77	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
Total	\$	\$	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source CRF CARES Act)	\$	\$106,527.77	\$	
Total	\$	\$106,527.77	\$	
Appropriation No:		Amount:	\$	
	3150070000		\$106,527.77	
			\$	
			\$	

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		\$
		\$
		\$
	Total	\$106,527.77

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: Sarah Squirrell, Commissioner Department of Mental Health Agreed by:
E-SIGNED by sarah squirrell on 2020-09-28 18:29:44 GMT (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.

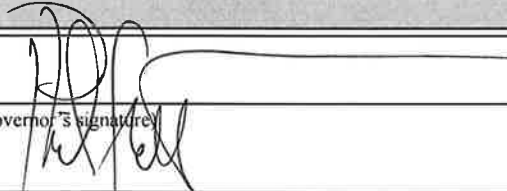
13. AUTHORIZATION AGENCY/DEPARTMENT

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: <small>E-SIGNED by sarah squirrell on 2020-09-28 18:29:45 GMT</small>	Date:
	Title: AHS DMH Commissioner	
	Signature: <small>E-SIGNED by Jenney Samuelson on 2020-09-29 14:39:39 GMT</small>	Date:
	Title: AHS Deputy Secretary	

14. SECRETARY OF ADMINISTRATION

Approved: (Secretary or designee signature) **Kristin Clouser** Digitally signed by Kristin Clouser Date: 2020.10.01 15:58:28 -04'00' Date:

15. ACTION BY GOVERNOR

Check One Box: Accepted  Date: 11/2/20

Rejected

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

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(*) 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
 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 Psychiatric Hospital (DMH)				
Date:	9/30/2020				
Department:	DMH				
Legal Title of Grant:	Provider Relief Fund				
Federal Catalog #:					
Grant/Donor Name and Address:	US Dept. of Health & Human Services				
Grant Period:	From:	4/17/2020	To:	6/30/2021	
Grant/Donation	\$106,527.77				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$	\$106,527	\$	\$106,527	SFY2 is FY2021

Position Information:	# Positions	Explanation/Comments

Additional Comments: Amount reflects the Provider Relief Funds (CARES Act) received to-date by DMH on behalf of VPCH. This amount was already factored into the FY2021 As Passed budget and was used to reduce as equivalent amount of Global Commitment funds in the DMH deptId. DMH received funds on 4/17/2020 but submitted the AA-1 to DFM on 9/29/2020 after the budget passed both chambers.

Department of Finance & Management	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2020.09.30 16:10:32 -0400</small>	(Initial)
Secretary of Administration	Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2020.09.30 16:10:32 -0400</small>	(Initial)
Sent To Joint Fiscal Office		Date

Candace Elmquist
Digitally signed by Candace Elmquist
 Date: 2020.09.30 13:05:05 -04'00'



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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

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



111ADHOCPRC1Proj0141990039001-00744-01

State Of Vermont
350 FISHER RD
BERLIN VT 05602-9162

Date: April 17, 2020

TIN (Last 3 digits): 264

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