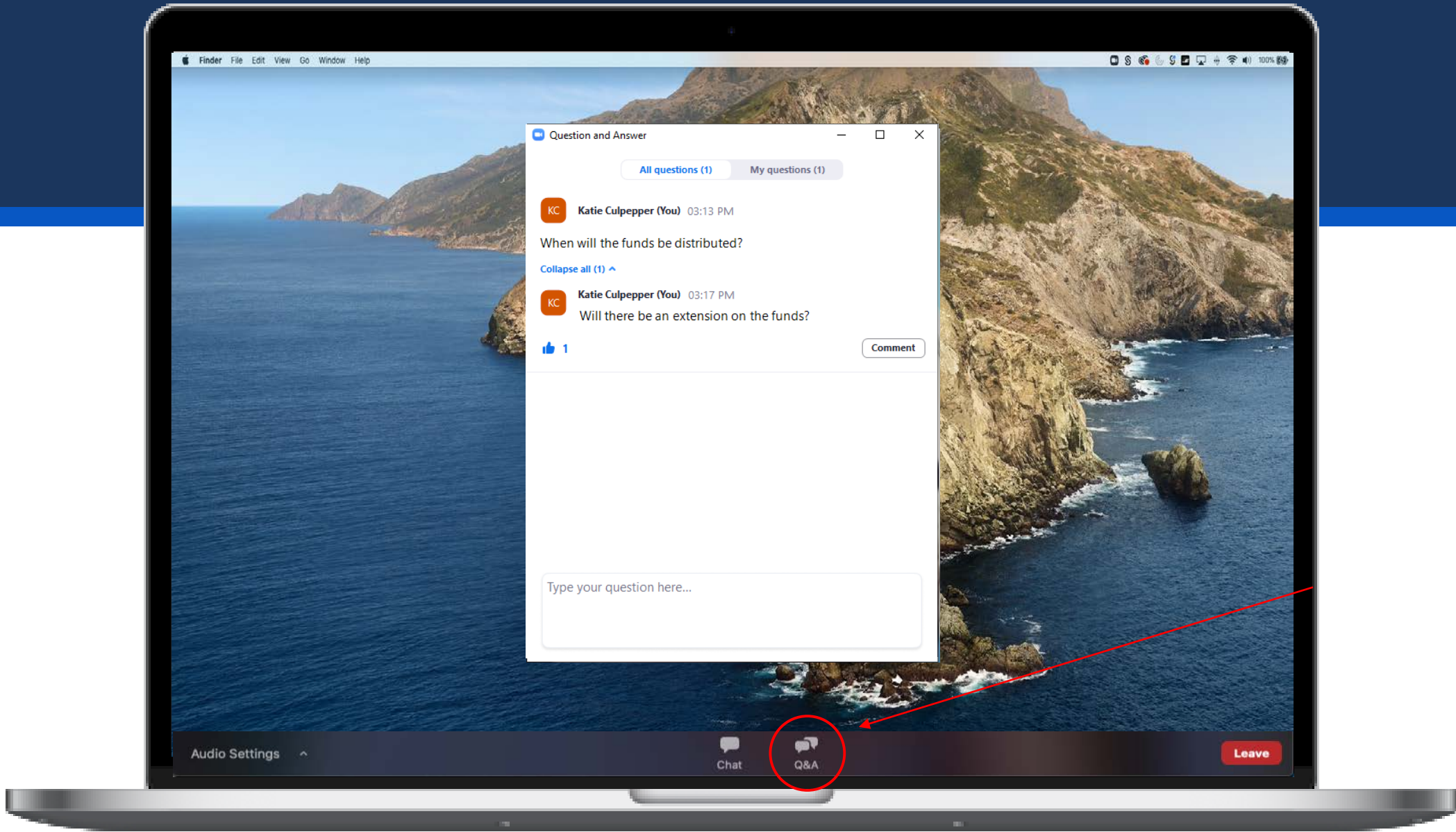




COVID-19 Hospital Staffing Assistance Program

Recipient Briefing





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Coronavirus Relief Fund (CRF) General Information

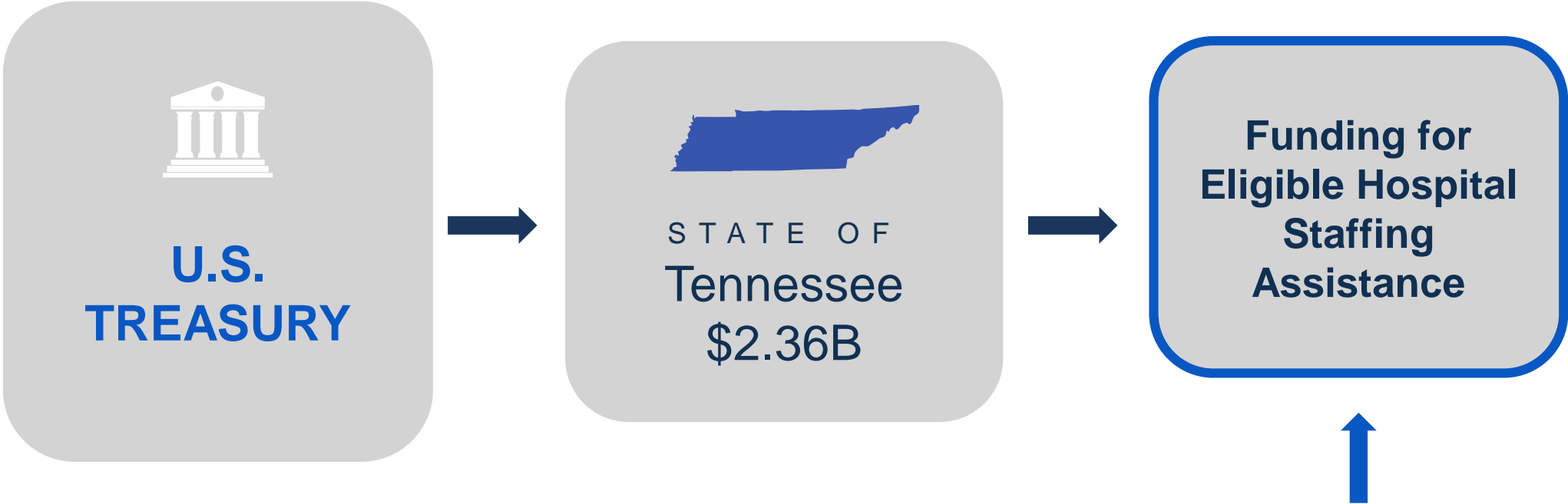
CRF General Information

- Title V of the CARES Act established the Coronavirus Relief Fund (CRF).
- \$150 billion appropriation to make payments for specified uses to states, Tribal governments, territories, and large units of local government.
- U.S. Treasury's funding allocation methodology is based on relative state population.



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CRF General Information



This is the funding we are reviewing in this briefing

CRF – Treasury Guidance

- Cost must be necessary expenditures due to the COVID-19 public health emergency
- Costs must not be accounted for in the most recent budget approved as of March 27, 2020 for the applicable State or government
- Costs must be incurred between March 1 and December 30, 2020
- Costs cannot be already covered by other Federal funding (FEMA, EDA, PPP, etc.)
- Subject to Treasury OIG Audit and Single Audit Act



TN CARES COVID-19 Hospital Staffing Assistance Program Information

TN CARES Hospital Staffing Assistance Program

- The state of Tennessee has allocated funds to cover increased staffing costs associated with hospital expansions throughout the state for a minimum of 12 floor beds or 6 ICU beds in addition to the hospital's current staffed capacity.
 - Currently, the maximum 4-week grant period cost eligibility per hospital is **\$259,200**.
- Hospitals may qualify using a 7-day average based on data reported to Tennessee Department of Health regarding *hospital capacity and percentage of COVID-positive patients*.
- Eligibility will be determined every 14 days on every other Tuesday using data reported into the ***Healthcare Resource Tracking System (HRTS)***
 - Last day of eligibility determination is December 22, 2020.



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Eligibility Requirements

- Only hospitals in Tennessee that meet the eligibility requirements outlined below will be eligible to receive funding under the program:
 - a) Meet the following floor bed utilization and COVID-patient rates for either of the two most recent 7day periods:
 - Adult staffed floor bed utilization averaged 75% or more AND COVID-19 positive patients occupy 10% or more of staffed floor beds;
 - OR**
 - Adult staffed floor bed utilization averaged 85% or more AND COVID-19 positive patients occupy 6% or more of staffed floor beds;
 - OR**
 - Adult ICU staffed bed utilization averaged 70% or greater AND COVID+ patients occupy 30% or greater of total adult staffed ICU beds.
 - b) The hospital is not using the funding in this contract to supplant other federal funding, including HHS and FEMA assistance.

Eligibility Timing

Date of TDH Data Pull/ Notification of hospital eligibility:	ONE of these week periods must meet eligibility criteria:	Hospital can invoice for reimbursable expenses in this period:
September 1, 2020	August 18 – 24 OR August 25 – 31	August 18 – September 14
September 15, 2020	September 1 – 7 OR September 8 – 14	September 1 – 28
September 29, 2020	September 15 – 21 OR September 22 – 28	September 15 – October 12
October 13, 2020	September 29 – October 5 OR October 6 – 12	September 29 – October 26
October 27, 2020	October 13 – 19 OR October 20 – 26	October 13 – November 9
November 10, 2020	October 27 – November 2 OR November 3 – 9	October 27 – November 23
November 24, 2020	November 10 – 16 OR November 17 – 23	November 10 – December 7
December 8, 2020	November 24 – 30 OR December 1 – 7	November 24 – December 21
December 22, 2020	December 8 – 14 OR December 15 – 21	December 8 – December 30



Eligibility Requirements

- Funds will be available on a reimbursement basis (between August 18, 2020 and December 30, 2020)
 - Supporting documentation must be provided to substantiate all funds requested
- Once a hospital has been determined to be eligible, the hospital and their Regional Health Coalition will be notified immediately, and allowable expenses will be reimbursed for four weeks (28 days) total
 - Hospital must provide primary and secondary contact information to **Shannon Velasquez (shannon.velasquez@tn.gov)**.



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Eligibility Requirements

- b) Any expense reimbursed under this contract is not reimbursed under any other program
- c) If applicable, the hospital first exhausts all funds from the federal Department of Health and Human Services CARES Act Provider Relief Fund earmarked for staffing before invoicing the State for further funding under this contract;
- d) The hospital attests it will not use the funding in this contract to directly recruit staff from other Tennessee hospitals;
- e) The hospital follows all applicable State and federal laws for hiring medical staff; and
- f) The hospital meets all State and federal standards for providing healthcare.



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TN CARES Hospital Staffing Assistance Program General Information

- Funds must be spent on **necessary costs** incurred by designated hospitals in response to the COVID-19 public health emergency.
- Hospitals to expand floor and ICU capacity and TDH will **reimburse** at least a portion of the staffing costs associated with these expansions.



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Examples of Eligible Expenses

Allowable expenses for COVID-19 related patient care are limited to:

- Hazard Pay
 - Additional pay for performing hazardous duty or work involving physical hardship related to COVID-19
- Overtime pay for ***clinical staff***
- Pay differentials for staff willing to work shifts beyond their normal schedule
- Payments to a supplemental staffing agency
- Housing and travel costs for staff to the extent such is not already covered by the staffing contract

*The costs will be eligible if they were incurred within the period of August 18, 2020 through December 30, 2020.

Examples of Ineligible Expenses

Costs that would **not be eligible** expenditures of these funds:

- Damages covered by insurance
- Expenses that have been or will be reimbursed under any federal program
- Reimbursement to donors for donated items or services
- Workforce bonuses, ***other than hazard pay or overtime***
- Severance pay
- Legal settlements

*Recipients may **not** give funds to any other entity and must spend the funds through their Hospital.

TN CAMS Portal

Tennessee CARES Act Management System

- The Tennessee CARES Act Management System (“TN CAMS”) will serve as the portal for recipients to request funds for reimbursement.
- Once eligible expenses have been incurred, recipients will submit Requests for Funds (“RFF”) in TN CAMS.
- The RFF process will require the recipient to upload all necessary supporting documentation to substantiate their expenses.
- Upon review of documentation and approval, funds will be disbursed through the State’s Edison system



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COVID-19 Hospital Staffing Assistance Program

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Under this program, the state of Tennessee through the Tennessee Department of Health (TDH) has allocated Coronavirus Relief Funds to cover increased staffing costs associated with hospital expansions throughout the state for a minimum of 12 floor beds or 6 ICU beds in addition to the hospital's current staffed capacity. Only hospitals in Tennessee that meet the eligibility requirements outlined below will be eligible to receive funding under the program:

- a. Eligibility will be determined every 14 days for acute care hospitals according to data reported into the Healthcare Resource Tracking System (HRTS), with the last determination being December 22. Eligible hospitals are those that meet the following criteria according to the most recent 7 days:
 - Adult staffed floor bed utilization is 75% or more AND COVID-19 positive patients occupy 10% or more of staffed floor beds;
 - OR**
 - Adult staffed floor bed utilization is 85% or more AND COVID-19 positive patients occupy 6% or more of staffed floor beds;
 - OR**
 - Adult ICU staffed bed utilization is 70% or greater AND COVID-19 positive patients occupy 30% or greater of total adult staffed ICU beds.
- b. The hospital meets the requirements in Section a. for any consecutive seven days within each period for which reimbursement is requested;
- c. The hospital is not using the funding in this contract to supplant other federal funding, including HHS and FEMA funding. This requirement is not meant to preclude the hospital





Additional Contact Form

Secondary Contact Information

Name

Email

Phone

I would like to deactivate my account and request an additional contact

Additional Contact Information

Name

Email

Phone

Please fill out this form if you would like to request a secondary contact for your organization. Each field is required to ensure TN CAMS has the appropriate information necessary for your team. You may request an additional contact for your organization; however, requesting an additional contact will deactivate your account once the additional contact has been created.

SUBMIT





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<https://tncaresact.tn.gov/tdh-hospital>



Questions?
support@tncaresact.com

THANK YOU!



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