











Dr. Morgan McDonald,
MD FAAP FACP

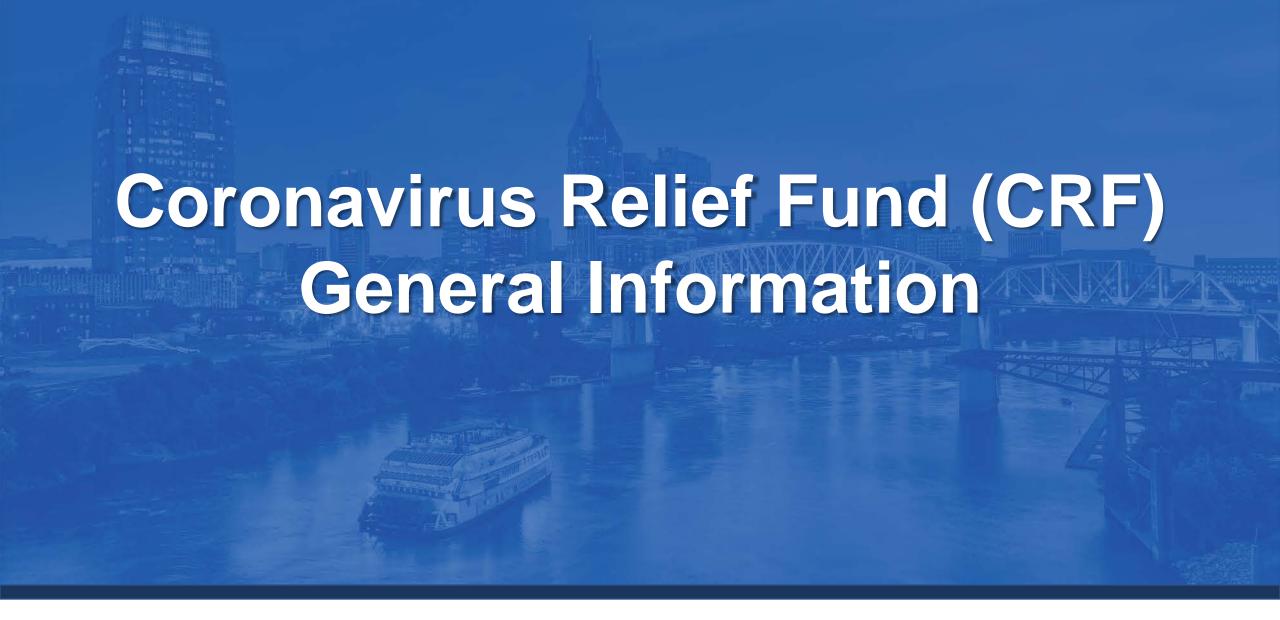
Deputy Commissioner for Population Health

J.T. Blalock, CPA, CHFP

Megan Hudson, CISA









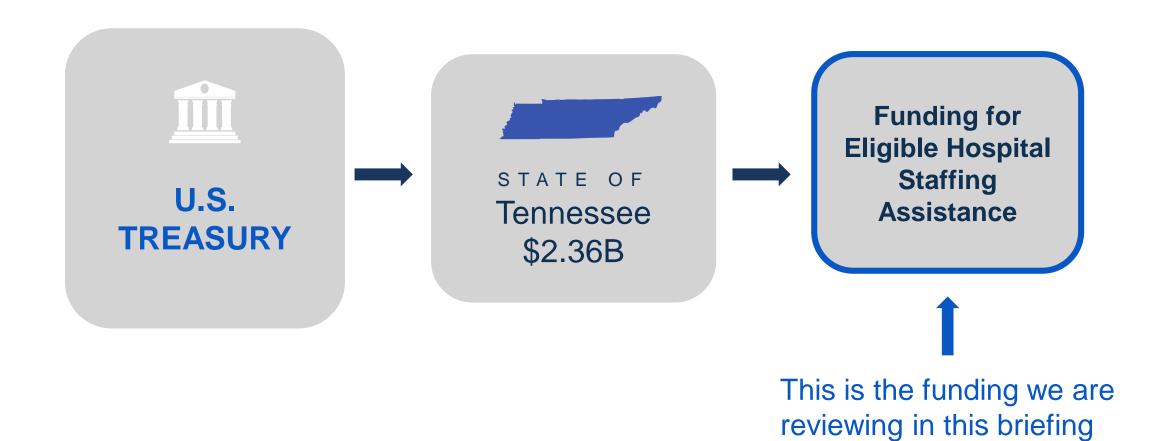


CRF General Information

- 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.



CRF General Information

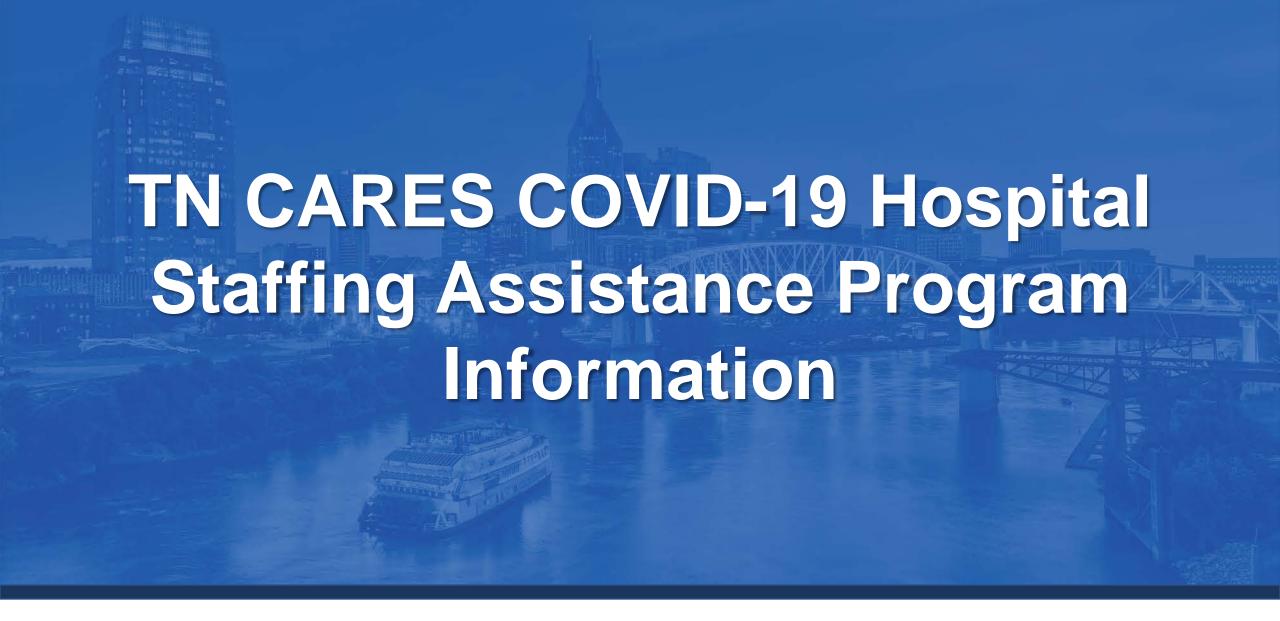




CRF – Treasury Guidance

- 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 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.



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;

<u>OR</u>

 Adult staffed floor bed utilization averaged 85% or more AND COVID-19 positive patients occupy 6% or more of staffed floor beds;

<u>OR</u>

- 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).



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.



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.



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.







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



TN CAMS



COVID-19 Hospital Staffing Assistance Program

Agricultural and Forestry

TDA Application

FAQ

Applicant Information

Industries and
Contacts

Webinar

Hospital Staffing Assistance

Recipient Guidelines

<u>FAQs</u>

Local Government

Allocations

<u>FAQ</u>

Town Halls

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;

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- 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



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TN

TENNESSEE CARES ACT MANAGEMENT SYSTEM

Request for Funding

The request must demonstrate that the cost meets all of the following Specify Cost, Date(s), and Association · Necessary expenditures incurred due to the public health emergency is this a joint expense with another jurisdiction? . Costs are not accounted for in the most recently approved budget · Costs were incurred and expended between March 1, 2020 and December 30, 2020 Have you applied for any other source of federal funding for the expenses for which you are seeking an advance or reimbursement in this request? Additionally, the costs must be clearly categorizeable as one of the O Yes O No · Payroll for public health and safety employees substantially dedicated Have you been granted any other federal funds for the expenses for which you are to reponse or mitigation of COVID-19 seeking an advance or reimbursement in the request? . Budgeted personnel and services diverted to a substantially different O Yes O No use due to COVID-19 Was the expense incurred over multiple dates? · Improvements to telework capabilities of public employees ○ Yes ○ No · Medical expenses · Public health expenses Request Amount · Distance learning · Economic support · Expenses associated with the issuance of tax anticipation notes Expense Category Payroll for public health and safety employees substantially dedicated to reponse or mitigation of COVID-19 Budgeted personnel and services diverted to a substantially different use due to COVID-19 improvements to telework capabilities of public employees Medical Expense Public Health Expense Distance Learning Economic Support Expenses Expenses associated with the issuance of tax anticipation notes Please provide any additional information that supports your determination that these expenses are eligible and necessary and meet the requirements set forth in section 601(d) of the Social Security Act as outlined in the U.S. Treasury Guidance.

Upload Supporting Documentation

	SUPPORTING DOCUMENT	COMMENT	
	Choose File No file chosen		
	Once this samp		00
	A CRC A MRP (Annual)		00
	Alternal types: get, gog, gong, gong, langs, spop, left, park, park, left, left, front, cellt palk, ollor, apet, parks, ollo, ettas, errel, ans, rome, reptit, reput, langs, worse, fark, drivin, got, par rac, oll, sing, par rac, oll, sing, par rac, oll, sing, parks, pa		
	maps, more than, strong gar, per rais, mil. map. tree, rais.		
ADD	1 more flows		
ADD	1 more items		

Attached is a listing of supporting documentation that is required for different types of expense submitted for reimbursement. By checking this box, I certify that I have attached all required documentation. I also acknowledge that additional information or documentation may be requested during the review of this Request.

☐ I acknowledge

I certify to the best of my knowledge and belief that the Request and supplementing documentation is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties (or fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Additionally, I acknowledge that County/City has an affirmative obligation to identify and report any duplication of benefits. I understand that the State has an obligation and the authority to deobligate or offset any duplicated benefits. I further understand, all funds are subject to recapture and repayment for non-compliance and could require repayment at a later date should an audit determine payments to be an unaflowable cost.

Finally, I certify that I have read and agree to the terms and conditions as outlined in the State of Tennessee's Coronavirus Relief Fund Recipient Guidelines.

☐ I acknowledge

SUBMIT

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Log out | My account

Additional Contact Form

TN TENNESSEE CARES ACT MANAGEMENT SYSTEM

Secondary Contact Information	Please fill out this form if you would like to request a secondary contact
Name	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
Email	additional contact will deactivate your account once the additional contact has been created.
Phone	
☐ I would like to deactivate my account and request an additional contact Additional Contact Information	
Name	
Email	
Phone	
SUBMIT	

HORNE



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







THANK YOU!



Dr. Morgan McDonald, MD FAAP FACP



J.T. Blalock, CPA, CHFP



Megan Hudson, CISA



