

## **DSS Standards for Coronavirus Relief Fund (CRF) Payments to Nursing Home Providers**

Updated June 9, 2020

In accordance with Governor Lamont's Executive Order No. 7NN, and Section 17b-11 of the Connecticut General Statutes, the Department of Social Services (DSS) has adopted these Standards (DSS Standards) to govern the details of CRF payments and conditions thereof.

1. All provisions of the Notice of CRF Payment and all DSS letters to providers regarding CRF are incorporated by reference into these DSS Standards as if fully set forth herein.
2. A trial balance, payroll register and census report for the emergency period must be submitted with the Nursing Facility COVID-19 Emergency Period Reporting Form/Hardship Request.
3. Only costs and expenses incurred due to the COVID-19 public health emergency consistent with federal law and CRF guidance with supporting documentation will be eligible for CRF payments. Nursing home providers may submit supplemental reports and additional documentation outlining these incurred COVID-19 related costs. Applicable documentation DSS will consider includes, but is not limited to: audited financial reports, payroll documents, census reports, billing registers, receipts, invoices, payment statements, payments made to suppliers, electronic health record reports, and any other record showing incurred costs related to COVID-19 that the nursing home provider submits for DSS consideration. DSS reserves the right to reject any document it deems insufficient or unrelated to COVID-19 incurred costs and expenses.
4. In addition to submitting the required form, nursing home providers may also submit any applicable supplemental documentation to detail their requests for hardship relief.
5. After receiving any report or document submitted by the nursing home provider, DSS may seek additional information or documents and may request alternative formats, as DSS deems necessary.
6. Providers designated by the Department of Public Health as COVID Recovery Facilities and Alternative COVID Recovery Facilities shall provide a detailed schedule of start-up costs incurred to DSS within 15 days of the facility opening. DSS shall review start-up costs and agrees to reimburse reasonable and necessary costs for the purpose of preparing the facility to provide a safe environment to facilitate care of COVID-19 positive residents. The facility shall provide close down costs within 90 days after the closure of the facility. Providers are required to submit all close down costs that are reasonable and necessary. DSS will also consider any necessary and reasonable costs above the \$600 rate during the operating period of the facility. Facilities will work directly with DSS on all applicable costs and reporting submissions.
7. Recipients of CRF payments are subject to all applicable DSS audits and fully agree to cooperate with any audits, and desk reviews of financial documents and financial reports.
8. These DSS Standards are posted to the DSS website at <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Nursing-Home-Reimbursement/Medicaid-Nursing-Home-Reimbursement>. DSS may amend the DSS Standards at any time. Facilities are encouraged to review the website frequently to ensure that the latest version of DSS Standards are utilized.