

Information Memorandum Transmittal Aging and People with Disabilities



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Number: APD-IM-22-048

Issue date: 5/23/2022

Topic: Provider Information

Due date:

Subject: Community Based Care Distressed Provider Relief Fund

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

The following information was provided to CBCs via a Provider Alert on 5/13/22 regarding the availability of grant assistance via the Distressed Provider Relief Fund.

Summary: Information about the Distressed Provider Relief Fund in as described in [Oregon Administrative Rule 411-029](#).

Purpose:

APD is making available the Distressed Provider Relief Fund for Community Based Care facilities. The legislature authorized this appropriation to provide a financial assistance grant to CBCs that are experiencing financial hardships and contemplating closure.

The purpose of this grant is to maintain access to facility-based care for communities where incomes are lower than average for the state and are in rural areas.

Eligible Providers:

Community Based Care Providers experiencing financial hardship. Adult Foster Homes are not included as their needs are different.

Prioritization:

Priority will be given to facilities that are:

- Predominantly in rural or frontier communities as designated by the Oregon Office of Rural Health.
- Serve communities where incomes are below the state average.
- High occupancy of individuals who receive Medicaid as of 2/28/22.
- Those facilities for which closure would create or exacerbate a lack of access to care, particularly for beneficiaries that have low income and receive Medicaid in the area.
- Those facilities that have taken steps to address their fiscal challenges, such as accessing reserve funds, qualified for the Medicaid wage add-on provided by the state and employed strategies to boost census and recruit and retain permanent staff.
- Those that can demonstrate the potential for viability in the future.

Applications:

Applications should be submitted via [this Provider Relief Fund portal](#) link and will be accepted until 6/17/22 at 5:00 p.m PDT.

Applications should include Statements of Need and financial records and shall include each of the following:

- (1) Written statement of how a potential closure of the facility would create a lack of access to care, particularly for beneficiaries who have low incomes and receive Medicaid in the area;
- (2) Written statement of steps taken to address current financial hardships, such as accessing reserve funds, being approved for the Enhanced Wage Add-on Program (OAR 411-027-0160), employed strategies to increase facility census, and recruiting and retaining permanent staff;
- (3) Written statement demonstrating how the facility plans to be financially sustainable in the future; and
- (4) Written statement of an amount that the facility is requesting to assist the facility out of financial hardship.
- (5) Submission of federal income tax return for 2019 and 2020 or written statement of why applicant is exempt from filing federal tax returns.

Application forms must include a working trial balance, income statement, and cash flow statement from individual facility and corporate parent corporation, if applicable. These documents can be combined in the application form or submitted as separate documents, at the time of submission.

Grant Approval Communication:

ODHS will notify all facilities, in writing, whether approved or not approved after July 1, 2022.

Once approved, the Department will issue payment within thirty (30) days of written approval.

Questions:

If you have questions about this program or the application process, contact Regan Sheeley at regan.sheeley@dhsoha.state.or.us; or by phone at 503-383-5482.

If you have other questions, please contact your licensing team:

CBC.team@dhsoha.state.or.us

ODHS website: www.oregon.gov/DHS/

If you have any questions about this information, contact:

Contact(s): Regan Sheeley	
Phone: 503-383-5482	Fax:
Email: regan.sheeley@dhsoha.state.or.us	