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## ***COVID-19 Long Term Care Stabilization Program***

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In response to the COVID-19 Public Health Emergency, the Governor has established the COVID-19 Long-Term Care Stabilization Program to help stabilize front line work of certain Medicaid providers that is not able to be conducted remotely. The program includes providers that support aging seniors and people with developmental disabilities, as well as individuals with mental health and substance abuse disorders, youth residential treatment providers, and developmental disability service providers who provide residential or community/home-based care. The program will provide temporary stabilization funding to incentivize front line, direct care workers to remain or rejoin this critical workforce during the COVID-19 Emergency. The program will help ensure that these critical providers who support some of New Hampshire's most vulnerable persons are able to provide continued services throughout the COVID-19 Emergency.

### **Qualifying Medicaid Providers**

Medicaid providers that deliver care and other supportive services in a residential, facility, or community setting are eligible to participate in this program. Providers that support aging adults, people with mental health complexity, individuals with substance use disorder, people with developmental disabilities, and at risk youth are eligible to participate in the program. This includes providers who deliver certain front-line services through the developmental services system, those who provide qualifying choice for independence waiver services, and nursing facility services. Residential SUD, mental health providers, youth residential treatment providers, and Community Mental Health Centers (CMHCs) are considered eligible. In addition to Medicaid funded services, the program is also available to front line workers at the New Hampshire Veterans Home and the John H. Sununu Youth Services Center (SYSC).

The eligible Medicaid provider types are guided by the New Hampshire Employment Security (NHES) industry classification codes, based upon facility types and service types. Regardless of the classification codes, the services being provided will guide the decision-making process. Facilities and organizations must be enrolled New Hampshire Medicaid providers[1] and must provide the services described in the Emergency Order – as determined by NHES and DHHS - to participate in this program. If a provider is uncertain if it delivers qualifying services, please submit an application and the applicant will be notified if eligible for the program.

### **RESIDENTIAL MENTAL HEALTH AND SUD FACILITIES**

### **OTHER RESIDENTIAL CARE FACILITIES, INCLUDING YOUTH RESIDENTIAL TREATMENT PROVIDERS**

### **INDIVIDUAL AND FAMILY SERVICES**

### **COMMUNITY MENTAL HEALTH CENTERS**

### **NURSING CARE FACILITIES**

### **ASSISTED LIVING FACILITIES**

### **SERVICES FOR ELDERLY AND DISABLED (NON-RESIDENTIAL)**

### **RESIDENTIAL INTELLECTUAL AND DD FACILITIES**

The State recognizes that this program does not cover all workers or providers that are impacted by the COVID-19 Public Health Emergency. The State is continuing to investigate funding and regulatory opportunities designed to help mitigate the fiscal challenges this crisis presents for all health and human service providers.

### **Qualifying Front-line Employees**

These funds will be available to individuals that provide Medicaid funded services directly to individuals in residential, home, facility, and community settings as well as other front line workers who are at a greater risk of exposure to COVID-19 as a result of their employment. To be eligible, the individual must be employed by, or contract with, a qualifying Medicaid provider.

A worker who does not work within a Medicaid funded program or does not work directly with Medicaid enrollees is not considered a qualifying employee for the purposes of this program.

### **Process for Eligible Providers and Qualifying Employees to Receive Funds**

To participate, Medicaid funded organizations, that are Medicaid enrolled providers and direct bill, with qualifying employees may file an application through the NHES online portal at [WWW.NHES.NH.GOV](http://WWW.NHES.NH.GOV) by clicking on “LONG TERM CARE PAYMENT”.

Qualifying employers will need to download the application available on the website and submit to [LTCSPAYMENT@NHES.NH.GOV](mailto:LTCSPAYMENT@NHES.NH.GOV). NHES will then contact applicants to confirm receipt of all applications and will then communicate with the applicant as to the status. Successful applicants will then be provided with a Memorandum of Understanding (MOU) to be reviewed and executed by the appropriate representative of the business. The applicant will then return the signed MOU together with other necessary state contracting documents, as detailed in the MOU, back to NHES via the same e-mail address.

Upon acceptance of the signed MOU the employer will then be required to file a weekly payment certification form with NHES by downloading the form from the NHES website and submitting via the provided e-mail address. Weekly certification forms are required to include all direct care service employees, both full-time and part-time, for which the employer is seeking the **LTCS** payment. The employer is able to submit each weekly payment certification starting on each Sunday and is always certifying as to employment for the prior weekly period Sunday through Saturday.

Payments will then be processed by NHES as weekly payment certification forms are received. Payments will be issued directly from NHES to the applicant/employer.

Qualifying employers will initially receive checks directly from NHES, which the provider will then provide to the employee. The second phase of the program is funded through Medicaid, pending CMS approval. Once CMS approves the plan, DHHS will make payments to eligible employers to provide a stipend to their qualifying employees.

**Note regarding providers within the developmental services system:** Providers under contract with the Area Agencies (AAs) will work through their 10 area agencies, who are designated as NH’s organized healthcare delivery system. Area Agencies are the “Medicaid providers” of record, so the Area Agencies need to complete the enrollment with NHES for their vendors. These providers who contract with the Area Agencies must work closely with the AAs to confirm that their employee requirements are identified in the Area Agency application through

NHES. This will ensure that neither they (provider/vendor) nor their employees are paid more than once a week or more than \$300 per week under the program.

### **Participating Provider Attestation on Use of Funds**

The funds from the Long Term Care Stabilization Program may only be used to provide stipends for qualifying employees. As part of the application process, Qualified Medicaid Providers must attest that the funds will go to their appropriate front-line employees. Qualified Medicaid Providers who receive a stipend for employees who are not directly involved with serving clients or who do not need to be physically present in the facility or the client's home are subject to having the funding rescinded.

### **Stabilization Funding**

NHES will distribute \$300 per week in stipends to full-time qualifying frontline workers and \$150 per week in stipends to part time qualifying frontline workers from the Federal stimulus funds. These amounts are intended to be similar to planned increases in subsequent payments to qualifying Medicaid providers designed to support qualifying frontline workers through the State's Medicaid program.

A full-time worker is an individual who works for 30 hours or more a week for an individual employer. For the purposes of this program, an individual is considered part-time if he or she works less than 30 hours a week. A minimum of eight (8) hours per week is required for an individual to be eligible for the part-time stipend. An individual may not receive more than a total of \$300 per week in stipends, even if that individual provides qualifying services for more than two Qualified Medicaid Providers.

### **Program Duration**

This is a short-term program intended to provide financial support as quickly as possible while the State seeks any necessary amendments to the Medicaid State Plan and/or Appendix K approvals through the 1915 (c) waivers from CMS in order to operationalize additional Medicaid assistance. The first phase of the program will conclude as soon as additional payments can be made through the state's Medicaid program, or if Medicaid funds are not available, the overall program will end on June 30, 2020.

***Please check back for additional program information which will be provided through published answers to FAQs.***