



COVID-19 Response Funding Opportunities & Resource Guide for Illinois Community Health Centers

IPHCA has compiled information from federal and state resources, and from our national affiliate NACHC, on various funding and resource opportunities that have been made available as a response to the COVID-19 pandemic. This is intended to be a living document – updates will be made as more resources become available and/or more information comes to light. We will share those updates with you as they are made.

Last Updated: April 14, 2020

FEDERAL FUNDING OPPORTUNITIES & RESOURCES

CHC Emergency Funds

Description

As a part of the CARES Act (Stimulus package #3), Congress included \$1.32B for CHCs for the prevention, diagnosis, and treatment of COVID-19, including staffing.

Eligible Providers

CHCs

Eligible Expenses

Funds are available to support prevention, diagnosis, and treatment of COVID-19. Maintaining health center staff to preserve capacity is considered a cost associated with the prevention, diagnosis, and treatment of COVID-19, including:

- Purchase of supplies, PPE; expenditures associated with setting up tents, drive through, walk up, and for separating those presenting with symptoms by site, in parts of center, or parking lot; and
- Addressing needs related to COVID such as testing, lab services, etc.; and
- Maintaining or increasing capacity including hiring back staff, reinstate, or reassigning staff; hiring new providers in preparation for surge; increasing staff time; shift to virtual care system; and minor renovations and reconstruction.

Reporting

To expedite distribution of this critical funding, HRSA has made funds immediately available and will collect budget and activities/costs to be supported by the funding. See the CARES technical assistance webpage for information regarding the reporting requirement submission.

To support tracking of CARES Act spending across different parts of the government, CARES awards with the activity code H8D were issued separately from a health center's operational (H80) grant award and the COVID-19 supplemental funding awarded in March (H8C). As is the case with other supplemental funding, health centers will need to separately track and account for personnel costs and activities that are supported through this funding.

Payment Process

CHCs will not need to apply. Funds will be deposited into the payment management systems directly. This is one-time funding and the performance period is 12-months. Funding is available for immediate use, and pre-award costs are permitted to support expenses related to the coronavirus public health emergency dating back to January 20, 2020.

Funds began being distributed the week of April 6, 2020. Amounts will vary by health center. The total amount each CHC will receive is comprised of a base amount of \$503,000 plus an additional \$15 per patient and \$30 per uninsured patient (per 2018 UDS data, most recent complete data set available at the time of award).

Additional Information

[BPHC Emergency Response COVID-19 FAQ](#)

[HHS Awards Billion to Health Centers in Historic COVID-19 Response](#)

Public Health and Social Services Emergency Fund

[\(Click Here to Learn More\)](#)

Description

The CARES Act (Stimulus package #3) provided \$100B to reimburse health care providers for expenses and lost revenue attributable to COVID-19 crisis.

Eligible Providers

Health care institutions on the frontlines, including CHCs

Eligible Expenses

Funds may be used to cover unreimbursed health care related expenses or lost revenues attributable to the COVID-19 public health emergency. Examples: Forgone revenue due to reduced patient volume as a result of cancelation of preventative and routine care in line with state and federal guidance; and costs associated with changing infrastructure needs, such as tents, building of structures, personal protective equipment (PPE) and other equipment, increased staffing, training, etc.

Application Process

CHCs do not need to apply. Awards will be deposited directly into payment management system.

Reporting

Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will be open the week of April 13, 2020 and will be linked here.

Payment Process

One time grants, funds available until Fund is expended.

On April 10, HHS announced that it would begin distributing the initial \$30B from the \$100B Emergency Fund in the CARES Act to assist health care providers (including health centers) with expenses and lost revenue attributable to COVID-19. Amounts from this initial round will be based on each provider's share of 2019 Medicare fee-for-service payments, so we expect these initial payments to CHCs to be relatively small.

However, HHS has stated that it will soon release a second round of payments targeting providers who "predominantly serve the Medicaid population", and "to reimburse providers for COVID-19 care for uninsured Americans." Therefore, the second round of funding should be more inclusive of CHCs.

Providers who normally receive a paper check for reimbursement from CMS will receive a paper check in the mail for this payment as well, within the next few weeks.

Additional Information

[HHS Provider Relief](#)

Paycheck Protection Program

[\(Click Here to Learn More\)](#)

Description

The CARES Act Provides a total of \$349B for loan guarantees through the Paycheck Protection Program at the Small Business Administration.

Eligible Providers

Small businesses including nonprofits with up to 500 employees

Eligible Expenses

Funds can be used for payroll support (such as employee salaries, paid sick or medical leave), insurance premiums, and mortgage, rent, and utility payments.

Application Process

Call your bank or find SBA-approved lenders in your area through [SBA's Lender Match tool](#). For help, call your local [Small Business Development Center](#).

Payment Process

The loan is forgiven after the 8-week loan period without interest. Borrowers will work with lenders for any documentation. The amount of principal that may be forgiven is equal to the sum of expenses for payroll, and existing interest payments on mortgages, rent payments, leases, and utility service agreements.

Accelerated Medicare Payments

[\(Click Here to Learn More\)](#)

Description

The CARES Act allows providers that are losing revenue to apply to CMS to accelerate Medicare payments, essentially as an advance payment on future Medicare billing.

Eligible Providers

Medicare eligible health care providers experiencing emergency related revenue loss

Eligible Expenses

Up to three months of your average Medicare expenses

Application Process

Contact your Medicare Administrative Contractor (MAC.)

Payment Process

Health centers will receive three months' worth of funding, and any excess funding will not have to be paid back until 120 days later

Emergency Paid and Family Leave

[\(Click Here to Learn More\)](#)

Description

As required by the Families First Coronavirus Response Act, employers must offer:

- Paid leave: Up to 80 hours of paid sick leave to \$511/day. For caregiver leave, 80 hours to \$200/day; and
- Family leave: 10 weeks at \$200/day max. To care for a child whose school or care provider is unavailable.

Health care employers may deny leave to all employees.

Eligible Providers

Generally, organizations with less than 500 employees must offer these leave options. Detailed information, including exceptions (like “healthcare workers”) can be found [here](#).

Eligible Expenses

Paid sick and family leave

Payment Process

Employers receive a refundable tax credit for 100% of the eligible leave costs. Credit applied as refund against employer’s total portion of Social Security taxes for the period.

Economic Injury Disaster Loans

[\(Click Here to Learn More\)](#)

Description

Small Business Administration (SBA) loan for up to \$2 million, including a \$10,000 grant up front. May be used to pay fixed debts, payroll, accounts payable and other bills that can’t be paid because of the disaster’s impact.

Eligible Providers

All health centers, regardless of size.

Eligible Expenses

Fixed debts, payroll, accounts payable, and other bills that can’t be paid because of the disaster’s impact

Application Process

Apply directly at the SBA. Applicants may [apply online](#) or call 1-800-659-2955.

Payment Process

Interest rate of 2.75%, payable over up to 30 years. Can defer initial payments for up to a year.

Federal Pandemic Unemployment Insurance

[\(Click Here to Learn More\)](#)

Description

Full federal support of unemployment benefits for layoffs and job disruptions due to COVID-19. Benefit amounts determined by the weekly benefit structure in the applicant’s state, plus \$600.

Eligible Providers

All health center employees and contractors. May be additional state flexibilities.

Eligible Expenses

Unemployment benefits for layoffs and job disruptions

Application Process

Contact your state unemployment office.

Payment Process

No impact on employer’s unemployment insurance experience rate.

COVID-19 Telehealth Program

Description

CARES Act earmarked \$200M for the new Federal Communications Commission (FCC) COVID-19 Telehealth Program to address the urgent needs of health care providers and patients.

Eligible Providers

Nonprofit and public health care providers that fall within the following categories: (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; or (8) consortia of health care providers consisting of one or more entities falling into the first seven categories.

Eligible Expenses

Program offers qualified health care providers full funding to buy telecommunications services, broadband connectivity, information services, and devices necessary to enable the provision of telehealth services during this emergency period.

Eligible providers that made qualifying purchases on or after March 13, 2020 may apply to receive funding support for those purchases through the Program.

In addition, Program support will be available to eligible health care providers for services that require monthly recurring charges, such as broadband connectivity or remote patient monitoring services, through September 30, 2020.

- Telecommunications Services and Broadband Connectivity Services: Voice services, and Internet connectivity services for health care providers or their patients.
- Information Services: Remote patient monitoring platforms and services; patient reported outcome platforms; store and forward services, such as asynchronous transfer of patient images and data for interpretation by a physician; platforms and services to provide synchronous video consultation.
- Internet Connected Devices/Equipment: tablets, smart phones, or connected devices to receive connected care services at home (e.g., broadband enabled blood pressure monitors; pulse-ox) for patient or health care provider use; telemedicine kiosks/carts for health care provider site.

Application Process

The application opened on April 13, 2020. Interested health care providers must complete several steps to apply for funding through the COVID-19 Telehealth Program.

Three steps interested providers can take immediately to prepare to apply for the COVID-19 Telehealth Program: (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC); (2) obtain an FCC Registration Number (FRN); and (3) register with System for Award Management.

Providers seeking to participate in the Program must obtain an eligibility determination from the Universal Service Administrative Company (USAC) for each site that they include in their application. Health care provider sites that USAC has already deemed eligible to participate in the Commission's existing Rural Health Care (RHC) Programs may rely on that eligibility determination for the Program. Interested health care providers that do not already have an eligibility determination may obtain one by filing an FCC Form 460 (Eligibility and Registration Form) with USAC.

Applicants that do not yet have an eligibility determination from USAC can still nonetheless file an application with the Commission for the COVID-19 Telehealth Program while their FCC Form 460 is pending with USAC.

To submit an application and request for funding, the applicant must first obtain an FCC Registration Number (FRN). Additionally, to receive payment through the Program, applicants must be registered with the federal System for Award Management. While interested parties do not need to be registered with the System for Award Management in order

to submit an application, the Wireline Competition Bureau of the FCC strongly encourages them to start that process early.

Payment Process

Program provides selected applicants with full funding for these eligible telehealth services and devices. Commission will award funds to selected applicants on a rolling basis until the funds are exhausted or until the current pandemic has ended.

Only applicants registered through the System for Award Management will be able to receive COVID-19 Telehealth Program funding. To register with the system, go to <https://www.sam.gov/SAM/> with the following information: (1) DUNS number; (2) Taxpayer Identification Number (TIN) or Employment Identification Number (EIN); and (3) Your bank's routing number, your bank account number, and your bank account type, i.e. checking or savings, to set up Electronic Funds Transfer (EFT). You will receive a confirmation email once the registration is activated.

Additional Information

[FCC Guidance COVID-19 Telehealth Program Application Process](#)

Connected Care Pilot Program

Description

\$100 million will be allocated over 3 years to defray costs of providing telehealth services to patients in their homes

Eligible Providers

TBD

Eligible Expenses

Program would provide funding for selected pilot projects to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population.

Application Process

TBD – We will update as we can

Payment Process

TBD

Coverage of COVID-19 Testing & Treatment

Description

Uninsured: Illinois elected to implement the State Option in Families First Coronavirus Response Act to extend Medicaid eligibility to the uninsured for the purposes of COVID-19 diagnostic testing. At the time of drafting this document, Illinois had applied to also cover the cost of COVID-19 treatment under Medicaid [via an 1115 Waiver proposal](#) and approval was pending.

Underinsured: IRS guidance published on March 11, patients with “high deductible health plans” may be able to get both testing and treatment for COVID-19 covered by their insurance before they meet their deductibles.

Private Insurance: Families First Coronavirus Response Act (Stimulus package #2) required health plans to provide diagnostic testing for COVID-19. CARES Act (Stimulus package #3) clarified that all testing for COVID-19 covered by private insurance plans will be without cost sharing.

Medicaid: As a condition of accepting enhanced federal matching dollars, [states must agree to cover testing services and treatment for COVID-19](#), including vaccines, specialized equipment, and therapies, for any quarter in which the temporary increased FMAP is claimed.

Medicare: [Part B \(Medical\) covers testing when ordered by a doctor and treatment of symptoms](#).

Eligible Expenses

COVID-19 testing and treatment

Billing and Coding Guidance from CMS

- [Frequently Asked Questions to Assist Medicare Providers \(PDF\) \(3/6/20\)](#)
- [Fact sheet: Medicare Coverage and Payment Related to COVID-19 \(PDF\) \(3/5/20\)](#)
- [Fact sheet: Medicaid and CHIP Coverage and Payment Related to COVID-19 \(PDF\) \(3/5/20\)](#)
- [COVID-19: New ICD-10-CM Code and Interim Coding Guidance \(2/20/20\)](#)

Federal Assistance to States

Description

State and local governments will receive \$150B to help alleviate budgetary pressures, with \$8B set aside for tribal governments, as authorized by the CARES Act. Information as to how these funds will be disseminated in Illinois and for what purposes is yet to be determined, but this additional federal funding is critically important to sustaining our health care delivery system. We will provide updates as we learn more about how these additional funds will be used.

CHC Funds in Coronavirus Preparedness and Response Supplemental Appropriations Act (Stimulus Package #1)

Description

As a part of the Coronavirus Preparedness and Response Supplemental Appropriations Act, the [US Department of Health and Human Services \(HHS\)](#) directed \$100M to CHCs to support their COVID-19 response, including screening and testing needs, acquisition of medical supplies, and other telehealth capacity building.

Eligible Providers

CHCs

Eligible Expenses

Awards will give health centers the flexibility to meet evolving COVID-19 needs in their respective communities including, but not limited to, expanding COVID-19 screening and testing capacity, purchasing supplies such as PPE, and providing safety education.

Application Process

Grants were based on 2018 Uniform Data System (UDS), specifically number of patients and number of uninsured patients.

Payment Process

[Forty-five Illinois CHCs received awards totaling \\$3,666,867.](#)

STATE FUNDING OPPORTUNITIES & RESOURCES

Medicaid Telehealth

Description

By employing various administrative authorities and mechanisms for federal approval, Illinois Department of Healthcare and Family Services (HFS) has granted significant regulatory relief to promote broader use of the use of telehealth during the COVID-19 crisis. Examples include allowing patients and providers to utilize telehealth from their homes, reimbursement for visits conducted over the phone (no visual interaction required), and utilizing things like FaceTime, Facebook Messenger, Skype, etc.

[Click here to review IPHCA Telehealth Overview document.](#)

Additional Information

More information on Medicaid Telehealth available via [HFS Virtual Healthcare Expansion Codes](#), [HFS Telehealth Billing Instructions](#), [HFS Telehealth FAQs](#), [Illinois' approved 1135 Waiver](#), and [Governor Pritzker's Executive Order 9](#).

Illinois COVID-19 Response Fund

Description

The United Way of Illinois and the Alliance of Illinois Community Foundations, in collaboration with the Office of Governor JB Pritzker, are establishing the [Illinois COVID-19 Response Fund \(ICRF\)](#) to raise funds from individual, corporate, and foundation donors to be disbursed to nonprofit organizations across the state serving individuals, families and communities hit hardest by the COVID-19 pandemic.

Eligible Providers

Community foundations and nonprofit organizations supporting local residents

Eligible Expenses

Emergency food and basic supplies, interim housing and shelter, primary health care services, utility assistance, direct financial assistance for household expenses, supports for children and other vulnerable populations, and nonprofit safety and operations assistance

Application Process

There is currently not an open application process for the ICRF. Please provide your information in the [Google Form](#) and the ICRF Team will provide updates as they become available.

Payment Process

ICRF will provide flexible resources to local community foundations and nonprofit organizations across the state to supply essential resources to the individuals and households most impacted by the pandemic. The fund is designed to be flexible so it can deploy resources to address possible additional areas of community need as they develop.