Provider Attestation/Invoice

Session Law 2020-80, Section 3.3 (67) states the following:

$5,000,000 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to be allocated to group homes for individuals with intellectual or developmental disabilities, or both, to support the implementation of recommended Centers for Disease Control and Prevention guidance for preventive measures to address the introduction and spread of COVID-19 among residents and staff of these facilities. As used in this subdivision, "group home" means any facility that (i) is licensed under Chapter 122C of the General Statutes,(ii) meets one of the definitions of a supervised living facility under 10A NCAC 27G .5601(c)(1) through 10A NCAC 27G .5601(c)(3), and 10A NCAC 27G .5601(c)(6),and (iii) serves minors or adults whose primary diagnosis is mental illness or a developmental disability but may also have other diagnoses.

Group homes fall under 10A NCAC 27G .5601, which states "[s]upervised living is a 24-hour facility which provides residential services to individuals in a **home environment** where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the **residence**." In turn, licensed facilities not operating as a private residence/home environment serving individuals with a mental illness in excess of twelve (>12) beds are eligible to receive this funding at the specific rate defined below.

Each home is eligible to receive a payment of $791.98 per bed the home is licensed. There must be at least one active consumer residing in the home to receive this funding. For example, if the home is licensed to serve 3 individuals (i.e. 3 beds), regardless of the current number of individuals currently served, the group home would receive $2,375.94 as long as at least one individual is served.

In submitting this provider attestation for a **one-time payment** of Choose an item. **$**, the provider is confirming that their current licensure falls under one of the following .5600 licensure categories in accordance to their current (i.e. 2020) NC DHSR issued license. Select the applicable license noted on your current DHSR issued license:

☐"A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;

☐"B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;

☐"C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;

☐"F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G

.0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) – non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).

The provider completing this attestation is also confirming that this funding will be or has been utilized to support the implementation of recommended CDC guidance for preventative measures to address the introduction and spread of COVID-19 among residents and staff of these facilities. Examples include, but are not limited to the following:

- Purchase of Personal Protective Equipment (PPE), hand sanitizer and/or approved Environmental Protection Agency (EPA) registered disinfectants related to increased group home demands related to COVID-19
- Expenses related to increased or emergency staffing
- Purchase of thermometers
- Expenses related to higher costs of essential travel for the resident (i.e. going to and from work, grocery shopping, accessing public transportation, in-person medical/dental/behavioral health appointments)
- Preparation related to visitation for family members, close relatives or friends
- Purchase of equipment to support digital platforms to engage with family and friends in the community
- Purchase of equipment or supplies needed to coincide with the facility's policy (or Infection Control Plan, where applicable) on visitation, communal dining, and group/outside activities
- Expenses related to COVID-19 related training for provider agency staff

The following requirements are also applicable in order to receive this funding:

- The provider agency must have an active mental health licensure (applicable licensures defined above).
- The provider agency plans to provide services throughout the remainder of the state fiscal year.
- Allowable use of this funding is limited to expenses for the preventative measures outlined above during the time period of July 1, 2020 to December 30, 2020.

Sites Not Eligible:

- ICFs are **not** eligible for this funding.
- Unlicensed AFLs are **not** eligible for this funding.
- Providers with a "Summary Suspension" are **not** eligible for this funding.
- Licensed facilities that are not currently serving individuals in the group home.

In completing the following section, the provider attests and affirms understanding all funding requirements to receive this funding. Providers are expected to maintain all records of expenditures related to this funding and will be required to provide such documentation upon request. Failure to adhere to this guidance or provide evidence of allowable expenses as defined will result in the payback of funds.

Provider Agency:	
Provider Site Name:	
MHL Number:	
Number of Beds Licensed:	
Number of Individuals Supported as of the date of the request:	
Member(s) Name(s):	1.
Member(s) DOB/Age:	1.
Authorized Provider Signature:	
Authorized Signature Name:	
Date of Submission:	