

RI Children's Services and Early Intervention COVID Relief Fund Provider Questions and Answers – Updated 6/30/20

QUESTIONS RELATED TO AGENCY ELIGIBILITY:

Are social skills groups included in eligible services?

Yes. The first paragraph of the program guidance that outlines services does include social skills groups. However, keep in mind that the agency should report on social skill groups that fall under Medicaid services.

Why is there a requirement for agencies to have served 75% of rostered families in services during January/February 2020 (pre-COVID)?

This percentage was developed as a baseline based on previous data collection. Provider agencies reported during non-COVID times that there was at least 75% completion rate for the following measures:

- Family Contact within 7 Days of Referral
- Face to Face intake within 21 days of Initial Family Contact
- Treatment Plans developed within 30 days of intake
- Treatment beginning within 30 days of authorization

Why is EOHHS requiring the pursuit of other funding streams?

It is a federal requirement for agencies to leverage other funding streams and grants to avoid lapsing into repayment agreements and closing. This is a protection to provider agencies.

Will the Kids Connect clinician need to be an in-person service to be counted toward the 75% of families being served?

No. Kids Connect providers should report a child/family as receiving services if they are participating in any of the following:

- The child is receiving services in a classroom with a Therapeutic Integration Specialist (TIS)
- The child/family is receiving telehealth services from the clinician in any capacity (see Kids Connect Guidance Document)

Could you provide more clarification on Item #1 in the Terms and Conditions section?

In the guidance document, there are two links to assist with understanding and applying for the HRSA relief funds.

QUESTIONS RELATED TO COMPLETING THE APPLICATION:

Should we report on Medicaid losses exclusively?

No, agencies should not feel limited and should report overall losses including commercial payors.

Specific to ABA services, what type of care/services can be counted toward this fund?

All services billed to Fee for Service Medicaid (including Katie Beckett) and Managed Care.

Can you clarify the costs that can be reported as a loss related to occupancy?

All expenses related to occupancy incurred since 3/6. This can include expenses (or differential) incurred as a result of COVID, and can also include typical expenses not covered due to the pandemic.

What if we receive PPP or other funds and it doesn't cover or more than covers an expense as expected? How do we report this ahead of time so that we are not looking as if we are being fraudulent?

On the application the provider agency will list ALL costs/expenses (whether those costs/expenses are covered by another funding source or not), anticipated relief funding applied for, and any relief funding received.

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Will there be a list of acceptable PPE items to report?

On the application, the PPE and Cleaning Supply line leaves it open for you to report on items that you need.

Can you use the funding for expenses that you are incurring now?

Yes. As long as the reported expenses included in the application have not been covered by another grant/relief-type fund.

What is the exact timeline for the application process?

Please note that the following timelines are expected and have not been confirmed as of today.

- Wednesday 7/8 – EOHHS expects application go live and EOHHS to begin receiving applications
- Friday 7/17 – EOHHS expects to begin making final decisions on funding awards and sending out grant agreements.
- 7/20 and beyond – EOHHS expects to receive signed grant agreements from approved provider agencies and will begin processing payments through MMIS.

What supporting materials and data will be required for the application?

When the application is finalized, it will be clear as to what is required.

Is it typical to show before/post COVID expenditures with other similar funds?

Yes. A baseline of expenditures and revenue is needed to show total impact of COVID.

Are we able to provide Profit and Loss statements rather than breaking down the numbers into this application?

The application must be completed as is.

How are we to account for the fact that revenues are over inflated from collections of Accounts receivables even though our firm is not billing much since COVID?

Application now requests "Revenue Based on the Services Rendered for Each Month". Meaning what was billed out, not what was received.

QUESTIONS RELATED TO MONTHLY REPORTING:

Will EOHHS develop a Family Engagement Plan Template?

A template for monthly reporting will be provided including expectations for family engagement data.

Will EOHHS develop guidance on how long agencies should keep families on their caseloads if they refuse to resume in-person services?

EOHHS prioritizes safety when considering in-person visits. The expectation will be to ensure that children and families are receiving services by any means necessary (in-person and telehealth options) while respecting the family's needs. It will be imperative that provider agencies document these decisions to show due diligence and to support clinical decisions regarding the service delivery method.

As we attempt to create and carry out a re-opening plan to provide more services in-person, will PPE be made available for provider agencies?

EOHHS, in collaboration with RIDOH and other State agencies, is working on a process to make it possible for provider agencies to request PPE support to ensure enough supply for the level of in-person service delivery expected. In addition, guidance will be provided on the use of PPE based on based on RIDOH's public health and infection control standards and a suggested formula to calculate potential PPE needs. More detailed information will be forthcoming including how to formally request PPE based on a justification of need. Provider agencies should continue to independently seek resources for PPE whenever possible.

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OTHER RELATED QUESTIONS:

Will there be more PPE made available for agencies?

We have raised your PPE concerns/requests to the State's PPE group. As stated, OHHS, in collaboration with RIDOH and other State agencies, is working on a process to make it possible for our providers to request PPE support to fill gaps in supply. Providers should continue to source as much PPE as possible independently. The process we are developing will provide a recommendation on the use of PPE based on RIDOH's public health and infection control standards and provide some tips and tricks on ways to potentially calculate need. We will share more detailed information as we have it, including the form to be used to request and provide justification for PPE needs.