

Federal COVID-19 Funding Checklist for Health Systems

Current as of April 30, 2021, 9:00 a.m. EDT UPDATED INFORMATION IN RED

This document outlines the major financial opportunities related to COVID-19 contained in the Consolidated Appropriations Act (P.L. 116-260) and the American Rescue Plan (P.L. 117-2). Funding from the previous COVID-19 relief bills enacted in 2020 is identified on our prior versions of the Federal Regulatory, Statutory COVID-19 Checklist for Health Systems. For additional information contact any of the following Strategic Health Care senior staff: paul.lee@shcare.net; devon.seibert-bailey@shcare.net; devon.seibert-bailey@

OPEN APPLICATION PERIODS:

more details in the chart below

FCC Now Accepting Applications for Round 2 of COVID-19 Telehealth Grants – the window is open from April 29 at 12:00 PM ET through 12:00 PM ET on May 6, 2021. Click here for the public notice with details and see chart below.

For construction/renovation funding for community health centers, apply to HRSA by 5:00 PM ET on June 24, 2021. Click <u>here</u> for details and see chart below.

Applications for funding for Health Center Program look-alikes (LALs) due May 14, 2021 - click <u>here</u> for press release, <u>here</u> for list of applicants eligible to apply and <u>here</u> for how to apply.

Applications for SBA's Paycheck Protection Program due by May 31, 2021. See chart below for more info.

For the Consolidated Appropriations Act – click here; click here for the SHC summary. This Act also extends the deadline to December 31, 2021 for state and local governments to spend funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Fund.

For the American Rescue Plan – click <u>here</u>; click <u>here</u> for Title-by-Title summary; click <u>here</u> for the SHC summary on the new fund for rural providers.

In addition to the itemized health care funding in the chart below, state and local governments will receive the following amounts which may ultimately flow to providers:

- \$350 billion to help states, counties, cities and tribal governments cover increased expenditures, replenish lost revenue and mitigate economic harm from the COVID-19 pandemic;
 - o Funds may be used to cover costs incurred by December 31, 2024;
 - Funds to be distributed in 2 tranches, with 50% to be delivered no later than 60 days from enactment (March 11, 2021), and the remainder no earlier than 1 year later;
 - States have to distribute funds to smaller towns within 30 days of receiving a payment from the department or pay back any undistributed funds;
- \$195.3 billion to states and the District of Columbia:
 - o \$25.5 billion equally divided to provide each state a minimum of \$500 million;
 - o \$169 billion allocated based on the states' share of unemployed workers over a 3-month period from October December 2020.
- \$130.2 billion to local governments
 - o \$65.1 billion for counties
 - o \$45.6 billion for metropolitan cities
 - o \$19.5 billion for towns with fewer than 50,000 people
- \$4.5 billion to US territories
- \$20 billion to tribal governments
- \$10 billion for a Coronavirus Capital Projects Fund to carry out projects to support work, education and health monitoring, including remote options, in response to the PHE.

For general overviews of COVID-19 funding by government agency:

HHS – For a great visual of all the funding by each appropriations bill through 2020, total amounts awarded to each state and beneficiaries in each state - click here

CDC - Financial Resources Webpage - click <u>here</u>

COVID-19 State, Tribal, Local and Territorial Funding Update – click here

COVID-19 General Funding and Grants FAQs – click here

Federal Office of Rural Health Policy - Overview of COVID-19 Funding - click here

Targeted Health Care Funding for Providers

	Funding, Grants, and Loans				
What is it?	What does it do?	Key Points	Entities Effected	Status	
\$8.5 billion in grants for rural health care providers	Additional grants for hospital and health care providers to be reimbursed for health care related expenses or lost revenue incurred in 2020 directly attributable to the COVID-19 PHE.	In the American Rescue Plan – Sec. 9911 Uses same definitions of health care related expenses/lost revenue as the Provider Relief Fund. Requires providers to apply for reimbursement through a portal. To be administered separately from the Provider Relief Fund.	Rural hospital and health care providers. Click here for detailed memo from SHC.	Awaiting details from HRSA.	
\$3 billion in additional grants for hospital and health care providers	Reimbursements for health care-related expenses or lost revenue directly attributable to the PHE.	In the Consolidated Appropriations Act - Division M Title III	Acute Care Facilities Post-Acute Physicians	Part of the Provider Relief Fund distribu- tion via HRSA	
\$24 billion remaining in Provider Relief Fund	Estimate of funds awaiting distribution for health care-related or lost revenue directly attributable to the PHE. Includes uninsured relief fund payment.	Initially established in the CARES Act Click here for FAQs; Click here for PRF distributions by state; and Click here for complete database of recipients Click here for HRSA uninsured program	Acute Care Facilities Post-Acute Physicians SNFs Nursing Homes RHCs	Part of the Provider Relief Fund distribu- tion via HRSA	

\$8.75 billion to CDC for vaccines	Supports federal, state, local, territorial and tribal public health agencies to distribute, administer, monitor, and track coronavirus vaccination to ensure broad-based distribution, access, and vaccine coverage, including: \$4.5 billion for State, local, Territorial, and Tribal Public Health Departments; and \$300 million for a targeted effort to distribute and administer vaccines to high-risk and underserved populations, including racial and ethnic minority populations and rural communities.	In the Consolidated Appropriations Act CDC provided \$3 billion out of the \$8.75 billion that should be hitting states about now. Click here for a state-by-state breakdown of funds. Click here for the CDC general announcement which includes information about another \$19 billion being made available for testing, tracing, etc.	Tribal hospitals, clinics, and urban health centers Funding largely to flow through state and local public health departments	1 st payment to states happened in February 2021. Keep tabs on your state and local public health department
\$8.5 billion to CDC for vaccine activities	Supplemental funding opportunity for state, locality and territorial vaccine distribution grants.	In the American Rescue Plan – Sec. 2301 Funds for CDC to (1) conduct activities to enhance, expand, and improve nationwide COVID–19 vaccine distribution and administration, including activities related to distribution of ancillary medical products and supplies related to vaccines; and (2) provide technical assistance, guidance, and support to, and award grants or cooperative agreements to, State, local, Tribal, and territorial public health departments for enhancement of COVID–19 vaccine distribution and administration capabilities, including—	Flows to state, local and territorial public health departments	Keep tabs on your state and local public health department

		(A) the distribution and administration of vaccines; (B) the establishment and expansion, including staffing support, of community vaccination centers, particularly in underserved areas; (C) the deployment of mobile vaccination units, particularly in underserved areas; (D) information technology, standards-based data, and reporting enhancements, including improvements necessary to support standards-based sharing of data related to vaccine distribution and vaccinations and systems that enhance vaccine safety, effectiveness, and uptake, particularly among underserved populations; (E) facilities enhancements; (F) communication with the public regarding when, where, and how to receive COVID–19 vaccines; and (G) transportation of individuals to facilitate vaccinations, including at community vaccination centers and mobile vaccination units, particularly for underserved populations. Sec. 2302 Includes \$1 billion for vaccine confidence activities.		
\$10 billion for vaccines in underserved communities	Includes approximately \$6 billion for community health centers, \$3 billion through the CDC to increase vaccine confidence and \$330 million to invest in community health workers. Includes grants and cooperative agreements for FQHCs and certain qualified entities under	In the American Rescue Plan – Sec. 2601 Click <u>here</u> for the fact sheet and <u>here</u> for HRSA's state-by-state graphic identifying the allocation of funds. For additional	CHCs, FQHCs	For construction /renovation funding, apply to HRSA by

sections 4 and 6 of the Native Hawaiian Health Care Improvement Act

\$150 million for 100 Health Center Program look-alikes (LALs) – applications due 5/14 - click here for press release, here for list of applicants eligible to apply and here for how to apply

\$1 billion to support construction, expansion, alteration, renovation, and other capital improvements to modify, enhance, and expand health care infrastructure at community health centers for an estimated 1,376 awards. Click here for the press release. Applications are due in HRSA's Electronic Handbooks by 5:00 p.m. ET on Thursday, June 24, 2021. Click here for the Notice of Funding Opportunity; click here for details, including information on webinars 5/6 and 5/18.

On 4/29 HRSA awarded \$32 million to 122 organizations that provide training and technical assistance support to HRSA Health Center Program-supported health centers. Click here for press release with links to awardees.

details on grant submissions, a webinar and slide deck, click <u>here</u>.

Click <u>here</u> for press release.

Funds(1) to plan, prepare for, promote, distribute, administer, and track COVID-19 vaccines, and other vaccine-related activities; (2) to detect, diagnose, trace, and monitor COVID-19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID-19; (3) to purchase equipment and supplies to conduct mobile testing or vaccinations for COVID–19, to purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and to hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas; (4) to establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID-19, and to carry out other health workforce-related activities; (5) to modify, enhance, and expand health care services and infrastructure; and (6) to conduct community outreach and education programs activities. Covers expenditures from onset of PHE to the end.

5:00 p.m. ET on Thursday, June 24, 2021. Click here for details.

\$22.4 billion for the Public Health & Social Services Emergency Fund to support testing, contact tracing	Includes funding for other activities to monitor and suppress COVID-19, including reimbursement for health care related expenses or lost revenue attributable to COVID-19	In the Consolidated Appropriations Act – Title III Includes \$2.5 billion for a target effort in high-risk and underserved populations, including racial and ethnic minority populations and rural communities. Includes support for workforce to scale up academic, commercial, public health, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other related activities related to COVID–19 testing.	Funding largely to flow through state and local public health departments	Keep tabs on your state and local public health department
\$7.66 billion for public health workforce expansion	Funding for state, local and territorial public health departments to establish, expand and sustain their public health workforce. \$100 million for Medical Reserve Corps.	Funding for costs, including wages and benefits, related to the recruiting, hiring, and training of individuals to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts who are employed by the State, territorial, or local public health department involved; or (ii) a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established	Largely state and local public health departments; nonprofit private or public organization with public health expertise	Keep tabs on your state and local public health department

		relationships with such State, territorial, or local public health departments, particularly in medically underserved areas.		
\$47.8 billion for testing and tracing activities	For testing to contain the virus and mitigate its effects, hire staff for contact tracing, provide PPE for frontline health workers, and take other steps to combat the virus, such as enabling isolation and quarantine. On 4/16, the administration announced \$1.7 billion to be used to fight COVID-19 variants: • \$1 billion to expand genome sequencing; • \$400 million to support innovation initiatives including the launch of new innovative Centers of Excellence in Genomic Epidemiology; • \$300 million for National Bioinformatics Infrastructure The first tranche of funding will be distributed to states beginning in May. Click here for the details by state.	In the American Rescue Plan - Sec. 2401 HHS to use funds in part to provide grants to state, local public health departments for activities to detect, diagnose, trace, and monitor infections and related strategies and activities to mitigate the spread of COVID—19; to establish and expand testing and contact tracing capabilities, including through investments in laboratory capacity, such as academic and research laboratories, or other laboratories that could be used for processing of COVID—19 testing; community-based testing sites and community-based organizations; or mobile health units, particularly in medically underserved areas; (award grants to, or enter into cooperative agreements or contracts with, State, local, and territorial public health departments to establish, expand, and sustain a public health workforce	Largely state and local public health departments; academic and research labs or other labs that could be used for testing; community-based organizations; mobile health units	Keep tabs on your state and local public health department
\$7 billion for	Expands access for students, families, and	In the Consolidated Appropriations Act –	Acute Care	Apply for
broadband	unemployed workers.	Title IX, sec. 903	Facilities Post-Acute	the FCC's COVID-19
	Includes \$250 million for FCC's COVID-19 telehealth program for health care providers'	FCC's grant application window is open from 4/29 at 12:00 PM ET through 12:00	Physicians	telehealth program

	telecommunications services and connected devices and \$300 for rural broadband. For details on all broadband funding opportunities, click here for a slide presentation from HRSA. Patients may be eligible for the Emergency Broadband Benefit program opening May 12. Click here for press release and here for the notice.	PM ET on 5/6. Click here for the public notice with details. Click here for the press release and here for the report and order.		from 4/29 to 5/6
\$1 million for grants to rural hospitals for telehealth	Funding through the Small Rural Hospital Improvement (SHIP) grant program through HRSA.	In the Consolidated Appropriations Act - click <u>here</u> .	Rural Hospitals	Awaiting info from HRSA
\$4.25 billion for SAMHSA	 \$1.65 billion for the Substance Abuse and Prevention Treatment Block Grant; \$1.65 billion for the Mental Health Services Block Grant; \$600 million for Certified Community Behavioral Health Clinics; \$50 million for suicide prevention programs; \$50 million for Project AWARE to support school-based mental health for children; \$240 million for emergency grants to States; and \$10 million for the National Child Traumatic Stress Network; Not less than \$125 million of funds provided to SAMHSA must be allocated 	In the Consolidated Appropriations Act – not limited to COVID-19, included here as an additional funding opportunity.	Varies by grant	SAMHSA Click here for FY 2021 SAMHSA COVID-19 Funded Grants to date

	to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs.			
\$3 billion For SAMHSA Block Grant programs	\$1.5 billion for Community Mental Health Services Block Grant \$1.5 billion for Prevention & Treatment of Substance Abuse Block Grant	In the American Rescue Plan – Sec. 2701 & Sec. 2702 Click here for the press release; click here for the Community Mental Health Services Block Grant supplemental distribution for FY2021 and here for the Substance Abuse Block Grant supplemental for FY2021	Funding distributed to states	Check with your state health department
\$80 million	Funding for mental health and substance use disorder training for health care professionals; grants for health care providers to promote mental health among their health professional workforce	In the American Rescue Plan – Sec. 2703	Health professions schools, academic health centers, State or local governments, Indian Tribes and Tribal organizations	HRSA
\$20 million	Education campaign – mental health/substance use disorder services by health care professionals	In the American Rescue Plan – Sec. 2704	For the benefit of health care professionals	CDC
\$40 million	Grants for health care providers to promote mental health among health professional workforce	In the American Rescue Plan – Sec.2705	For the benefit of health care professionals	HRSA
\$420 million for grants to Certified Community Behavioral Health Clinics	Expansion grants	In the American Rescue Plan – Sec. 2713	Community Behavioral Health Clinics	HRSA

\$100 million	Funding for behavioral health workforce education and training	In the American Rescue Plan – Sec.2711	For the benefit of health care professionals	HRSA
\$200 million to support infection control in SNFs and \$250 million for "strike teams"	Assists SNFs – funding to be provided up until one year after the end of the PHE	In the American Rescue Plan – Sec. 9401 and Sec. 9402	SNFs	HHS
\$500 million in Emergency Rural Development Grants for Rural Health Care	An emergency pilot program is to be established within 150 days of the Act through the Department of Agriculture.	In the American Rescue Plan – Sec. 1002 Funds may be used to (1)increase capacity for vaccine distribution; (2) provide medical supplies to increase medical surge burse for revenue lost during the COVID–19 pandemic, including revenue losses incurred prior to the awarding of the grant; (4) increase telehealth capabilities, including underlying health care information systems; (5) construct temporary or permanent structures to provide health care services, including vaccine administration or testing; (6) support staffing needs for vaccine administration or testing; and (7) engage in any other efforts to support rural development determined to be critical to address the COVID–19 pandemic, including nutritional assistance to vulnerable individuals, as approved by the Secretary.	Rural providers	Ag Dept.

SBA Loans for Paycheck Protection Program (PPP)	Continues funding PPP through 6/31/21; applications may be made through 5/31/21.	The Consolidated Appropriations Act extended the program through 3/31/21 and increased authorizations to \$806.50 billion. The American Rescue Plan provided an additional \$7.25 billion and made some larger not-for-profits eligible. The Paycheck Protection Program Extension (P.L. 117-6) - click here Extends funding and application period. Click here for the Treasury Department website with all details.	Acute Care Facilities Post-Acute Physicians Insurance	Applications due by 5/31/21
Tax Credits for paid sick leave for employees	Allows small and midsize employers - any business, including tax-exempt organizations - with fewer than 500 employees, to claim refundable tax credits that reimburse them for the cost of providing paid sick and family leave to employees due to COVID-19, including leave taken by employees to receive or recover from COVID-19 vaccinations. The tax credits are available to eligible employers that pay sick and family leave for leave from April 1, 2021, through September 30, 2021.	American Rescue Plan – Title IX, Subtitle A, Part V, Sec. 9641-9643 Click here for White House Fact Sheet, here for IRS fact sheet with links to relevant forms.	Acute Care Facilities Post-Acute Physicians Insurance with less than 500 employees	