

COVID-19 FINANCIAL RELIEF FOR TEXAS ENTITIES

LOANS

[Coronavirus Aid Relief Economic Security Act \(CARES\)](#)

AGENCY: **Small Business Association (SBA)**

PROGRAM:

[Paycheck Protection Program](#): An SBA loan that helps business keep their workforce employed during the COVID-19 crisis. Provides loan forgiveness for retaining employees by temporarily expanding the traditional SBA 7(a) loan program.

ELIGIBILITY: Any business, 501(c)(3) non-profit organization, 501(c)(19) veterans' organization, or Tribal business concern (sec. 31(b)(2)(C) of the Small Business Act) with the greater of 500 employees, or that meets the SBA industry size standard if more than 500. Any business with a NAICS Code that begins with 72 (Accommodations and Food Services) that has more than one physical location and employs less than 500 per location. Sole proprietors, independent contractors, and self-employed persons

[DOT Program Website](#)

[DOT Borrower Application Form](#)

AGENCY: **Department of Treasury**

PROGRAM:

[Payroll Tax Delay](#): Allows employers to delay payment of the employer's part of the social security portion of the Federal Insurance contributions Act between the date of enactment and December 31st, 2020. It functions as an interest-free loan for 9 months to be repaid over the course of 2 years.

ELIGIBILITY: All employers may defer the deposit and payment of the employer's share of social security tax. However, employers that receive a loan under the Small Business Administration Act, as provided in section 1102 of the CARES Act (the Paycheck Protection Program (PPP)), may not defer the deposit and payment of the employer's share of social security tax due on or after the date that the PPP loan is forgiven under the CARES Act.

[AHA Summary](#)

AGENCY: **Department of Treasury and Federal Reserve**

PROGRAM:

[Main Street Lending Program](#): Four-year loans through the Federal Reserve that bear an interest rate not to exceed 2% with no principal or interest due for one year. Loans range from a minimum of \$1 million to a maximum of the lesser of \$25 million or four times the borrower's total EBITDA.

ELIGIBILITY: Business with up to 10,000 employees or up to \$2.5 billion in 2019 annual revenues. Guidance from the Fed from April 9th does not address eligibility status of nonprofits. Businesses will be required to certify and meet certain conditions regarding use of the loan, maintaining requirements, and other attestations.

[4/13 AHA Letter](#)

[4/9 AHA Special Bulletin](#)

[4/9 Federal Reserve Announcement](#)

[4/3 AHA Letter](#)

[3/31 AHA Summary](#)

[Goldman Sachs, LiftFund Partnership with Governor Greg Abbott](#)

AGENCY: **Private/Public Partnership**

PROGRAM:

[LiftFund](#): Public and private partnerships to assist small business. Please note that there is limited funding for the special programs, but LiftFund offers COVID-19 loan to assist small businesses during this time.

ELIGIBILITY: Business must be in operation as of August 1, 2019, have experienced a decrease in revenue by at least 15% as a result of COVID-19 and business owners are able to have a consultation reviewing a six-month recovery plan and working capital plan. Applicant must be able to properly cover expenses and new loan payment and must be in good standing with creditors for the past six months

HEALTHCARE PROGRAMS

[Families First Coronavirus Response Act \(FFCRA\)](#)

AGENCY: [Health and Human Services \(HHS\)/Center for Medicaid Services \(CMS\)/Health and Human Services Commission \(HHSC\)](#)

PROGRAM (Enhanced Federal Funding):

Medicaid enhanced federal funding 6.2 percentage point increase to Medicaid Federal Matching Rate: Texas' Federal Medical Assistance Percentage goes from 60.89% to 67.09% federal portion (32.91% state share). Effective Jan. 1, 2020 through the end of the quarter in which the public health emergency (and any extensions) end. Yields approximately \$481.5m per quarter in cost avoidance to the state.

ELIGIBILITY: Applies to base and supplemental Medicaid expenditures during the applicable period. Based on date of expenditure to the provider not date of service or IGT call date. States must attest to meeting the eligibility-related conditions pertaining to maintenance of effort, prohibition on cost sharing, and extending eligibility duration for current enrollees.

[Coronavirus Aid Relief Economic Security Act \(CARES\)](#)

AGENCY: [Health and Human Services \(HHS\)/Center for Medicaid Services \(CMS\)/Health and Human Services Commission \(HHSC\)](#)

PROGRAM (Delayed Funding Cuts): Medicaid DSH cuts delayed through Nov. 30, 2020: \$4 billion reduction nationwide in FY 2021. Texas FY 2021 reduction estimated at \$450 million or 23%. \$8 billion reductions would apply nationwide annually for FY 2022-2025.

ELIGIBILITY: All Medicaid DSH Hospitals. No action required

AGENCY: [Federal Communications Commission \(FCC\)](#)

PROGRAM (Grant Funding):

COVID-19 Telehealth Grant Program: \$200 million Program would immediately support health care providers responding to the pandemic by providing eligible health care providers support to purchase telecommunications services, information services, and devices necessary to enable the provision of telehealth services during this emergency period. It would provide selected applicants with full funding for these eligible telehealth services and devices.

ELIGIBILITY: Health care providers seeking to participate in the COVID-19 Telehealth Program must obtain an eligibility determination from the Universal Service Administrative Company (USAC) for each health care provider 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 COVID-19 Telehealth 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.**

AGENCY: [U.S. Department of Agriculture \(USDA\)](#)

PROGRAM (Grant Funding):

Rural Distance Learning & Telemedicine Grants: \$72 million available to support Distance Learning and Telemedicine programs that help rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another. Applications accepted April 14-July 13, 2020. The agency is providing this additional filing window for those that could not complete applications prior to the Window 1 deadline. This window also makes available up to \$25 million received from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). [Announcement of Second Application Window](#)

ELIGIBILITY: Rural or urban entities that provide direct clinical services through a telehealth network. Services must be delivered to rural areas.

AGENCY: **Health Resources and Services Administration (HRSA)**

PROGRAM (Grant Funding):

[Telehealth Network Grant Program](#): The funding opportunity is aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). **Date(s) to Apply:** 02/11/2020 to 06/15/2020 **Estimated Award Date:** 09/01/2020

ELIGIBILITY: Eligible applicants include rural or urban nonprofit entities that will provide direct clinical services through a telehealth network. Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based, community-based organizations and tribal organizations are eligible to apply. Services must be provided to rural areas, although the applicant can be located in an urban area. [HRSA Notice of Funding Opportunity](#)

AGENCY: **Health and Human Services (HHS)/Center for Medicaid Services (CMS)**

PROGRAM (Grant Funding):

[Public Health and Social Services Direct Emergency Funding for Healthcare Providers](#): Direct Funding for Healthcare Providers. \$100 billion to reimburse healthcare providers, including hospitals, for expenses or lost revenues attributable to COVID-19. Funding may be used for building or construction of temporary structures, leasing of properties, medical supplies and equipment, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity. Funds cannot reimburse expenses / losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

4/10 Payment - \$30 billion will be paid based on a provider's share of \$484 billion in total Medicare FFS reimbursements in 2019. Payments will not need to be repaid. Approximately 566 Texas Hospitals are expected to receive an estimated \$940 million out of the \$30 billion pool.

ELIGIBILITY: 4/10 distribution will be made to all facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019. No action necessary to receive the funds, but hospitals will need to attest to receipt and acknowledge terms and conditions within 30 days.

Terms include quarterly reporting requirements, documentation requirements, a condition that payments only be used for expenses and lost revenue attributable to COVID-19 not reimbursed from other sources, a requirement that providers not collect out of pocket expenses beyond in-network facilities related to COVID-19, and other conditions.

[CMS Terms and Conditions](#)

[3/31 AHA Letter](#)

AGENCY: **Health and Human Services (HHS)/Center for Medicaid Services (CMS)**

PROGRAM (Accelerated Payment):

[Medicare Hospital Accelerated and Advanced Payment Program](#): Qualified facilities may request up to a six-month advanced lump sum or periodic payment. Most hospital types could elect to receive up to 100% of the prior period Medicare FFS payments, with Critical Access Hospitals able to receive up to 125%. A qualifying hospital is not required to start paying down the loan for 120 days and has at least 12 months to complete repayment. Standard program interest rate applies following the 12-month period (10.25%), though AHA has requested this be waived or reduced. MACs will work to review and issue payments within a week of the request. As of 4/8, CMS reports the agency has distributed \$34 billion to Part A and B providers.

ELIGIBILITY: To qualify for advance/accelerated payments the provider must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
- Not be in bankruptcy,
- Not be under active medical review or program integrity investigation, and
- Not have any outstanding delinquent Medicare overpayments.

[Application Form](#)

[3/28 AHA Summary](#)

[3/28 CMS Fact Sheet](#)

[3/30 AHA Letter Requesting Flexibility](#)

[4/3 CMS Clarification to AHA](#)

Social Security Act

AGENCY: **Health and Human Services Commission (HHSC)**

PROGRAM (Payment Timeline):

[Medicaid Disproportionate Share Hospital Program Early DSH Payment:](#) Final FY 2020 DSH Payment moved from June 2020 to May. [DSH Payment Calendar](#)

ELIGIBILITY: All DSH hospitals. No Action Required

AGENCY: **Center for Medicare and Medicaid Services**

PROGRAM:

[Medicare Payment for High-Production Coronavirus Lab Tests:](#) Medicare will nearly double payment for certain lab tests that use high throughput technologies to rapidly diagnose large numbers of 2019 COVID-19 cases. This will expand COVID-19 testing for people with Medicare.

ELIGIBILITY: Medicare will pay laboratories for the tests at \$100 effective April 14, 2020 through the duration of COVID-19.

1115 Waiver

AGENCY: **Health and Human Services Commission (HHSC)**

PROGRAM (Payment Timeline):

Medicaid Uncompensated Care Payment: Final FY 2020 UC payment moved from September 2020 to June 2020

ELIGIBILITY: All Medicaid UC Hospitals. No action required

[UC Payment Calendar](#)

Stafford Act

AGENCY: **Federal Emergency Management Agency (FEMA)**

PROGRAM (Public Assistance):

[FEMA Public Assistance:](#) Reimbursement available for certain expenses for areas with a presidential major disaster declaration. Expenses include labor/supply costs for mass care operations, measures taken to protect patients and staff, overtime paid to employees, PPE, contractors performing emergency protective work, and other costs. Cannot duplicate financial assistance from other sources and FEMA is to be the payor of last resort, including insurance payments. 25% non-federal share required.

ELIGIBILITY: Private non-profit organizations

[FEMA Simplified Application](#)

[FEMA Eligible Emergency Protective Measures](#)

[Tidal Basin Webinar Slides](#)

[Tidal Basin Webinar Recording](#)

[Public Assistance Program and Policy Guide](#)

AGENCY: **Federal Emergency management Agency (FEMA) and Texas Department of Emergency Management (TDEM)**

PROGRAM (Grant Funding):

[Pandemic Response Grants:](#) TDEM will receive more than \$236 million in federal grants to aid in its response to the COVID-19 pandemic.

ELIGIBILITY: State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for Public assistance through the Texas Division of Emergency Management (TDEM). This process will be further defined and communicated by TDEM as information becomes available from FEMA.