



CARES Act Provider Relief Fund: Phase 3

Last updated on October 9, 2020

Overview

The Department of Health and Human Services (HHS) has opened **Phase 3** of the [CARES Act Medicaid Provider Relief Fund \(PRF\)](#), due **Friday, November 6**. Phase 1 was for Medicare providers and included “targeted distributions” for providers in areas of exceptional need. Our services became eligible in Phase 2, which applied to Medicaid providers, including HCBS waiver programs.

Phase 3 reopens the application process to providers eligible for prior Phases and distributions, even those who already received funding.

To learn about the application process:

- Visit “[How to Apply](#)” on the CARES Act [For Providers page](#).
- Review the 6 application steps through [this slide deck](#).
- Read the [Phase 3 Fact Sheet](#) and [Phase 3 FAQs](#).

Before you apply:

1. Read the [Phase 3 Application Instructions](#).
2. Download the [Phase 3 Application Form](#).
3. Read the [Phase 3 Terms and Conditions](#).

The [application form](#) corresponds with the information you will provide in the [online application portal](#), helping you prepare the materials you’ll need. The most up-to-date materials will always be available at [CARES Act Provider Relief Fund: For Providers](#).

Phase 3 Funding Distribution

- The base relief offered through the PRF is 2% of program revenue, regardless of financial loss or additional expenses caused by COVID-19. In previous distributions, only this base funding was available.
- **Phase 3 offers the opportunity for even more funding based on demonstrated financial need and fund availability.**
- If you **did not** apply and receive base funding during Phase 2, you will be able to apply for it through Phase 3 and may also be considered for additional funding.
- If you **did** receive base funding through Phase 2, you can provide additional information through the application portal to be considered for additional funding.

	Eligible for base relief (2% of program revenue)	Eligible to be considered for additional funding
Did not previously apply for or receive base relief	✓	✓
Previously applied but did not receive base relief	✓	✓
Previously applied and received base relief	✗	✓

Program Eligibility

The language about this funding is centered around medical providers, which makes it a bit confusing, but **most IDD service providers are eligible**. Below is a summary of eligibility clarification available in the [FAQs](#).

- HHS presumes that all Medicaid providers have been impacted by the pandemic and all clients are potentially COVID-19 patients. Thus, if you are a Medicaid provider, you are eligible for COVID-19 relief funding.
- A “Medicaid provider” is defined as a provider whose services are funded by Medicaid. **If you bill the state (via Regional Center) for services reimbursed by Medicaid, including under waivers, you are eligible.**
- DDS submitted to HHS a list of tax identification numbers (TINs) for all their Medicaid providers. From the HHS perspective, the measure of eligibility as a Medicaid provider is whether your TIN is on that list. If you qualify but your TIN was erroneously missing from the list, HHS will review other factors to determine your eligibility.
- The quickest way to find out your eligibility for base relief is to [begin your application through the Portal](#) by submitting your TIN for verification.
- You are still eligible if you received a PPP loan or State of Emergency (SOE) billing for absences.

Additional Information and Application Tips

- Your base relief allocation is 2% of your revenue for services.
- You can't use federal funds such as the PPP loan for the same expense twice.
- Take screenshots of every page throughout the application process, so you have record of what you were asked and what you agreed to at the time you applied.
- Track all your COVID-19 expenses in one place in case you need to show them.
- Frequently check [the website](#) for updates to terms and conditions.
- If you previously applied and had your TIN validated, you will not need to complete that step again in Phase 3.
- If you previously applied and want to be considered for funding beyond base relief, you will edit your application in the portal to include newly requested financial information.
- Providers who received funding from Phase 2 and apply for additional funding from Phase 3 must be aware of reporting requirements for both distributions.

Reporting

Before accepting and using PRF funding, you must be familiar and prepared to comply with reporting requirements and the Terms and Conditions for your distribution.

Review these resources:

- [Reporting Requirements and Auditing](#)
- [Terms and Conditions](#) (listed by distribution)
- [Summary Reporting Requirements Fact Sheet](#)
- [Post-Payment Notice of Reporting Requirements](#)