



OKLAHOMA State Department of Health

Long Term Care CARES Grant Application

Additional information about the Long Term Care CARES Grant may be found at <https://coronavirus.health.ok.gov/ltc-cares-grant>.

The last question requires the upload of a [completed W-9 form found at IRS.gov](#). Please have this form completed and ready to upload before beginning this application.

Enter the information for the Licensed Operating Entity. The next page will collect information on the facility license and facility name (DBA name).

FEIN/TIN

DUNS#

Licensee Name

Address

Licensed Operating Entity Address

City

LOE City

State

LOE State

Zip

LOE Zip

Phone

LOE Phone

Email Address

LOE email

Contact Name

LOE Contact

Financial accountability (click all that apply)

- Required tax filings or reporting is current**
- Uses the services of an external accounting/auditing firm**
- Experience with the administration of federal funds including Medicare funding**
- Financial Statement Audit performed in the past 5 years**
- Highly qualified financial staff
- No knowledge of financial staff having been jailed, convicted, or are currently under investigation.
- Duties are segregated under good internal controls when possible.
- Funds for this grant will be accounted for separately.
- Financial staff is bonded or insured against fraud.
- Financial policies and procedures are in place.

Highly compensated employees:

80% or more of prior year revenues are from Federal awards, and \$25 million or more in annual gross revenues are from federal awards, and the public does not have access to compensation information filed under SEC or IRS requirements?

Yes

No

Facility Information

The entry for License number and Facility name should match that shown on the facility license. Call our licensure desk at Health Facility Systems at 405-271-6868 for assistance.

License Number

NH0000

Facility Name/DBA

Facility Name

Number of Residents on February 1, 2020

Adult Day Care (ADC) - \$217/resident

0

Assisted Living Facility (ALF) - \$533/resident

0

Intermediate Care Facility for Individuals with Development Or Intellectual Disabilities (ICF/IID) - \$935/resident

0

Nursing Facility (NF) - \$935/resident

45

Residential Care Facility (RCF) - \$336/resident

0

Approved Infection Prevention Plan - \$15,000

No

Yes

Review the following statements and click each box to acknowledge.

The Applicant certifies that they are a licensed Adult Day Care Facility, Assisted Living Facility, Continuum of Care Facility, Intermediate Care Facility for Individuals with Intellectual Disabilities, Nursing Facility or Skilled Nursing Facility. or Residential Care Facility.

The Applicant certifies that LTC CARES Grant funds will only be used for allowable costs as follows:

- training and services of a qualified infection preventionist as established in the Facility's Infection Prevention and Control Monitoring Plan (IPCMP) and the Facility's Phased Reopening Plan (FRRP) that exceed any existing requirements for such services as specified in applicable state and federal licensure or certification requirements;
- development, update, and completion of an IPCMP, assessment and compliance monitoring system on or after June 1, 2020, that incorporates the guidance and requirements of the Phased Reopening Plan;
- development and implementation of a IPCMP compliance monitoring system;
- testing for the COVID-19 virus using a test able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly;
- increased staffing for monitoring, excursions, and visitation;
- communication devices to aide in resident visitation and telehealth;
- visitation adaptation and supervision;
- excursions and outings adaptation and supervision;
- additional cleaning and disinfecting supplies;
- personal protective equipment;

The Applicant shall maintain documentation to support all allowable costs under the LTC CARES Grant, including , but not limited to, other information necessary to substantiate the reimbursement of costs under this IPCMP Grant award as described in 45 CFR § 75.302 – Financial management and 45 CFR § 75.361 through 75.365 – Record Retention and Access, for a period of no less than five (5) years. The provider is required to promptly submit copies of such records and cost documentation upon the request of the OSDH or Inspector General of the United States Department of Health and Human Services. The Provider shall fully cooperate in all audits, investigations, or inquiries from the OSDH, Inspector General of the United States Department of Health and Human Services, or other oversight agencies who ensures compliance with these

and Human Services, or other oversight agencies who ensures compliance with these Terms and Conditions and the Terms and Conditions of the IPCMP Grant.

The Applicant and its representatives certifies that all information provided in this application and accompanying documents are true, correct, accurate and complete, to the best of its knowledge. The Applicant and its representative acknowledges that any known omission, misrepresentation, or falsification of any information contained

in this Application or future reports may be punishable by criminal, civil, administrative penalties, including but not limited to, exclusion from state health care programs, and/or the imposition of fines, civil damages, and/or imprisonment.

The Applicant agrees to return any LTC CARES Grant funds not expended by December 1, 2020. The unused LTC CARES Grant funds must be returned to the Oklahoma State Department of Health no later than December 15, 2020.

The Applicant agrees as a condition to receive LTC CARES Grant funds or any other grant, no Provider may require employees or contractors to sign any agreement or statement that limits or prohibits the reporting of fraud, waste, or abuse to a representative of a State or federal law enforcement department or agency or a representative of a State or federal agency authorized to receive such information. However, nothing herein shall contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

The Applicant agrees that no LTC CARES Grant funds may be used, in whole or in part, as consideration for any agreement, contract, or memorandum of understanding of any kind with another who has been convicted, suspended, or debarred for violation of state or federal statute within the previous Twenty-Four (24) months, unless, the awarding government agency has determined that the conviction, suspension, or debarment is not necessary to protect the interests of the government.

Please attach a completed W-9 form found at [IRS.gov](https://www.irs.gov).

LOE W9.pdf

0.1 MB

application/pdf