



Assisted Living Facility

Medicaid Provider

Section I: Instructions

This application is for Nevada Medicaid enrolled Assisted Living and Residential Facilities for Groups that render long-term services. Facilities that are not enrolled with Medicaid complete the non-Medicaid form. Only one application will be accepted per facility and all fields must be filled in to be considered a complete application. The signed application should be sent to AmericanRescuePlan@dhcpf.nv.gov.

Section II: Provider Information

PROVIDER NAME		DOING BUSINESS AS NAME (if applicable)	
STREET ADDRESS		CITY	STATE
			ZIP
COUNTY	PROVIDER TELEPHONE NUMBER	PROVIDER EMAIL ADDRESS	
CONTACT NAME	CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS	

NATIONAL PROVIDER IDENTIFICATION NUMBER

Section III: Information

The American Rescue Plan Act of 2021 (ARPA) created the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program. The Nevada Governor's Office has authorized approximately \$5,000,000 which will be distributed by the Division of Health Care Financing and Policy (DHCFP) across Assisted Living or Residential Facility for Groups that apply. The allocation of the payment is determined by the licensed bed count reported for each Assisted Living or Residential Facility for Group issued by the Bureau of Health Care Quality and Compliance in the Division of Public and Behavioral Health.

In order to implement the one-time payment, facilities in good standing with the Division of Health Care Financing and Policy (not terminated, on payment suspension, or other status that would prohibit distribution of payments to the applying provider) must apply to be eligible for the one-time payment and in completing this document. Payment receipt may take up to a month once the application is submitted, reviewed and approved.

An award letter containing the amount of the one-time payment will be issued to the applicant. If the funds cannot be expended as specified, any unspent funds must be returned to Nevada Division of Healthcare Financing and Policy. Instructions for returning funds can be obtained by e-mailing AmericanRescuePlan@dhcpf.nv.gov.

Applicants must comply with any requests for information by the Division within 15 business days from the receipt of the notification. If the Division determines the payments were inappropriately spent, or not spent in accordance with the requirements of the funding, the Division has the authority to recoup payments.

Section IV: Attestation

- I understand the use of this one-time payment is limited to Medicaid Providers PT 55, 57, PT 58 and PT 59.
- I attest that I am a current Medicaid provider in good standing with the Division of Health Care Finance and Policy under state and federal law (including but not limited to the Federal Office of Inspector General and the Centers for Medicare and Medicaid Services).
- I attest that I will comply with the reporting requirement for the one-time payment and understand that the Nevada Division of Health Care Financing and Policy will be conducting an audit of how these funds were utilized.
- I attest that the provider designated in Section II will use the one-time payment issued from Nevada Division of Health Care Financing and Policy as prescribed for workforce recruitment and retention, workforce shortage needs and training & education costs.

<i>Authorized Representative Signature:</i>	<i>Authorized Representative Printed Name:</i>	<i>Date:</i>