



# Nursing Facility Medicaid Provider

This application is for Nevada Medicaid enrolled nursing facilities 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. Send this signed application to [AmericanRescuePlan@dncfp.nv.gov](mailto:AmericanRescuePlan@dncfp.nv.gov).

|   |                           |  |       |
|---|---------------------------|--|-------|
| 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 |                           |  |       |

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 \$10,000,000 which will be distributed by the Division of Health Care Financing and Policy (DHCFP) across licensed nursing facility providers who apply. The allocation of the payment is determined by the reported facility bed days for the second quarter of State Fiscal Year 2023.

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@dncfp.nv.gov](mailto:AmericanRescuePlan@dncfp.nv.gov).

An applicant 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.

- I understand the use of this one-time payment is limited to Enrolled Medicaid Providers PT 19.
- 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.

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