

**hfma**<sup>™</sup>

massachusetts-rhode island chapter

**FREE  
WEBINAR**

# **Financial Relief for CARES Act, FEMA and other COVID-19 Programs and Reporting Considerations**

**Wednesday, April 29<sup>th</sup> from 2:00 – 3:00 pm EST**

[www.MA-RI-HFMA.org](http://www.MA-RI-HFMA.org)

# Introduction

Due to the ongoing COVID-19 crisis, there have been a number of health care legislative and regulatory programs enacted to provide financial relief for health care organizations. As part of receiving these benefits, health care organizations are responsible for ensuring that associated financial and regulatory reporting requirements are met. This webinar will provide a brief overview of some key financial reporting requirements connected to various forms of COVID-19 financial relief and provide practical tips and considerations.

## Learning Objectives:



Highlights of the recent/current guidance



Understanding the various application processes



Key provisions of the terms and conditions associated with the stimulus



Understanding allowable vs. non allowable expense / loss categories



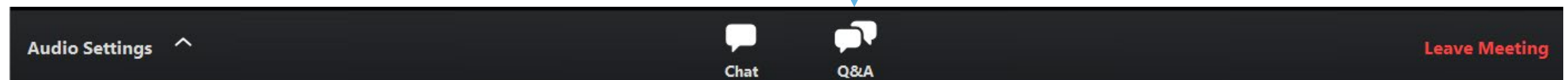
Leading practices for documenting lost revenue and COVID-19 related expenses

## Earn CPE and CEU Credits

- Number of Credits: **HFMA 1.0 / CPE 1.0**
- Please note, in order to receive CPE Credits attendees must answer three polling questions as they are presented by the speakers

## Zoom controls and functionality

- All attendees will be placed on mute for the entire length of the call
- At any time during this call, please **use the Q&A function in Zoom** to ask questions



# Speakers



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## RELEVANT EXPERIENCE

Kelly is a Partner with Deloitte who has over 25 years of experience in the health care industry. She specializes in providing regulatory compliance, risk and control-related services in the health care industry. Kelly has led numerous regulatory compliance program assessments, HIPAA/privacy program assessments, implementation projects and responses to government investigations. Many of these have involved compliance with Federal regulations such as Medicare Conditions of Participation, new Medicare payment models/programs and other clinical, coding or billing matters. She has also served on several federal projects including a compliance project for CMS and the VA.

This experience has given Kelly both a broad and deep understanding of health care (e.g., academic and community hospitals, children's hospitals, physician practices, etc.) and the impact of changing regulations not only on health care organizations but on large employers and companies in related industries. Kelly has also served several academic medical center and health system clients as an interim chief compliance officer and as an interim director of internal audit. She has assisted numerous clients with responding to government investigations, OIG audits/investigations, and self-disclosures and has led a number of Independent Review Organization (IRO) engagements.



Heather Hagan

Senior Manager

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## RELEVANT EXPERIENCE

Heather has nearly 15 years of experience providing operational improvement, enterprise and strategic risk, and regulatory compliance services to health care organizations. Heather assists clients with the facilitation of enterprise-wide risk initiatives, including responding to significant business and regulatory changes, operational improvement initiatives and compliance program transformation.

Heather also helps clients with responding to regulatory programs and disruptors, including the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the 340B Drug Pricing Program. In addition, Heather manages outsourced and co-sourced compliance and internal audit functions and leads compliance effectiveness and due diligence assessments. Heather also advises client management teams and their boards on risk-based solutions for optimizing regulatory compliance and internal audit resources and functions.

# Agenda



- 1 | Coronavirus Aid, Relief, and Economic Security Act (CARES) Overview and latest updates
- 2 | Federal Emergency Management Agency (FEMA)
- 3 | Leading Practices

# CARES Act Overview

On March 27, 2020, President Trump signed into law a **\$2 trillion** legislative package to protect the health and well-being of Americans during the COVID-19 pandemic and provide a boost to the American health care system, including **\$340 billion in emergency appropriations** to Federal agencies serving the needs of the health care sector during the crisis.

## *The CARES Act provides revenue and cash infusions for hospitals and providers*



### Providers / Hospitals

- **Public Health and Social Services Emergency Fund** – \$100 billion in payments for COVID expenses / losses\*
- **Federal Emergency Management (FEMA) Disaster Relief Fund** – adds \$45 billion to the current FEMA fund
- **Accelerated Medicare Payments** – expands current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers
- **Medicare and Hospital Payments** – weighting factor for patients discharged as having been diagnosed with COVID-19 will be increased by 20%

## *The CARES Act contains policy changes to help consumers and expand access to vaccines, drugs and medical supplies*



### Health Plan Coverage

- **COVID-19 Testing** – employer/health insurer reimbursement for COVID testing and providers in certain situations must make public a “cash price” for their coronavirus testing
- **COVID-19 Vaccines** – Health insurers must cover vaccines and other services intended to prevent COVID-19 without cost-sharing
- **High-Deductible Health Plans (HDHPs)** – expansion of telehealth to HDHPs before deductible is met
- **Medicare Coverage** – Drug plans must allow Medicare Part D prescription drug beneficiaries to receive a 90-day supply of medication during the coronavirus emergency

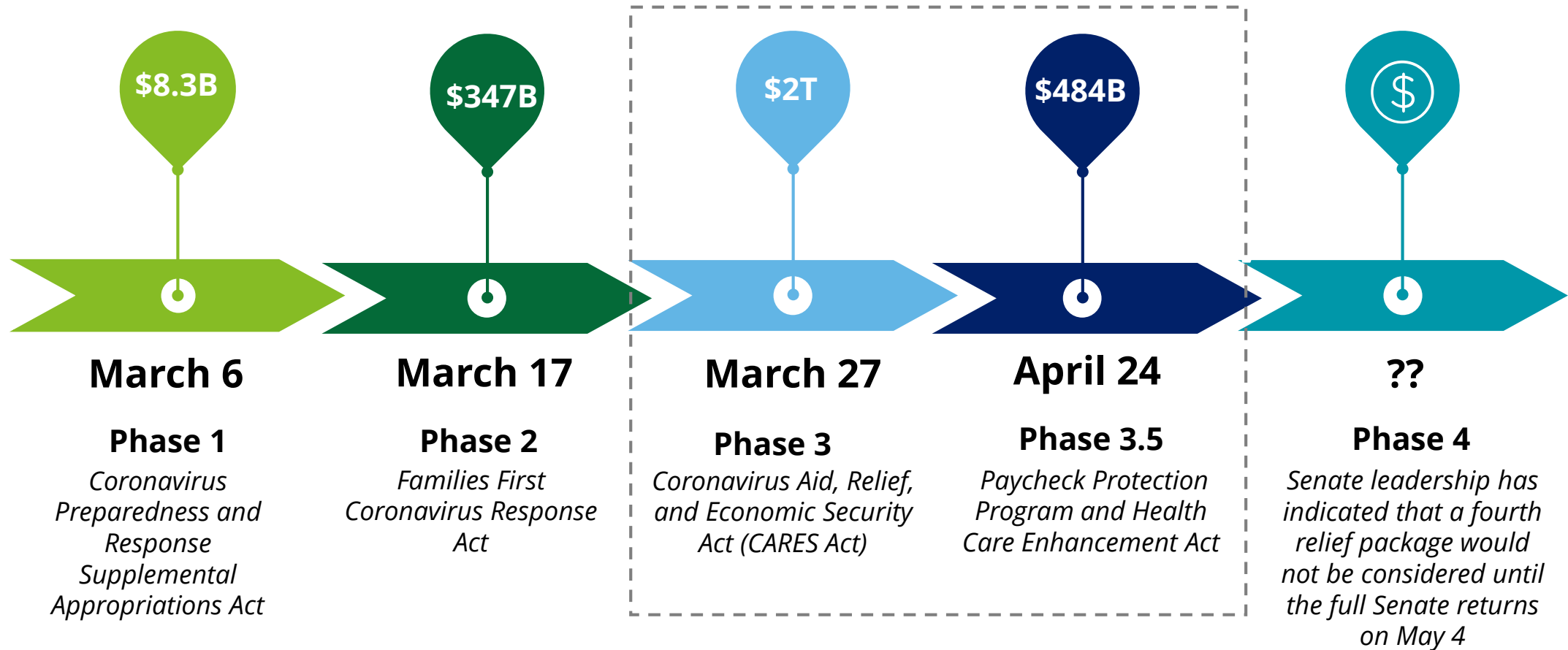


### Drugs & Devices

- **Medical Supplies** – expands the National Strategic Stockpile to procure personal protective equipment, ventilators, and other medical supplies for federal and state response efforts.
- **CDC/Vaccine Funding** – funding to prevent, prepare for, and respond to coronavirus, domestically or internationally
- **Drug & Device Shortages** – establishes notification, risk management, and reporting for drug and device supply chains
- **Over-the-Counter Drugs** – creates an administrative order process for determining whether a nonprescription drug is “generally recognized as safe and effective”

# Where the industry has been; where it is going

Beginning in early March 2020, the Federal Government has enacted a series of legislation aimed at stabilizing the economy and providing emergency funding to assist to businesses, hospitals, and individuals, in the response to the COVID-19 pandemic. The legislation has been divided into phases, the most recent phase 3.5 was signed by the President on April 24, 2020.



# The CARES Act (Phase 3) | Provider Relief Fund

The CARES Act provides for an estimated **\$2 Trillion** in aid relief. Within this legislative package is significant relief funding for health care providers through the Public Health and Social Services Emergency Fund.

## \$100B

### Provider Relief fund for Hospitals & Health Care Providers

The Department of Health and Human Services (HHS) was allocated \$100 billion in funding for reimbursement to Hospitals & Healthcare Providers to ensure healthcare providers continue to receive the support they need for COVID-19 related expenses and lost revenue.

*This \$100B fund is also referred to by HHS as the "Provider Relief Fund"*

What is Covered?	Who is Eligible?
<ul style="list-style-type: none"> <li>• <b>Building or construction of temporary structures</b></li> <li>• <b>Leasing of properties</b></li> <li>• <b>Medical supplies and equipment</b>, including personal protective equipment and testing supplies</li> <li>• <b>Increased workforce and trainings</b></li> <li>• <b>Emergency operation centers</b></li> <li>• <b>Retrofitting facilities</b></li> <li>• <b>Surge capacity</b></li> </ul>	<ul style="list-style-type: none"> <li>• Entities/providers involved in the <b>testing, diagnoses, or care</b> for individuals with possible or actual cases of <b>COVID-19</b>, including:                             <ul style="list-style-type: none"> <li>• <b>Public entities</b></li> <li>• <b>Medicare or Medicaid enrolled suppliers or providers</b></li> <li>• <b>For-profit and not-for-profit entities not otherwise described that the HHS Secretary may specify</b></li> </ul> </li> </ul>
<p style="text-align: center;"><b>Key Information</b></p> <ul style="list-style-type: none"> <li>• Entities cannot "double dip" and use these funds to cover expenses otherwise funded through other sources (e.g., using FEMA funds to create a surge center)</li> </ul>	



# Phase 3.5 | New Health Care Funding

The Paycheck Protection Program and Health Care Enhancement Act was signed by the President on April 24, 2020. This funding is meant to supplement earlier appropriations for hospitals and health care providers, as well as boost the nation's COVID-19 testing capacity.

## **\$75B** Provider Relief Fund for Hospitals & Health Care Providers

\$75 billion for reimbursement to hospitals and healthcare providers to support the need for COVID-19 related expenses and lost revenue. Language remains the same as CARES Act. This funding is in addition to the \$100 billion provided in the CARES Act.

*These funds include \$6 million for HHS Office of Inspector General for oversight activities, suggesting Federal auditing at a later date.*

## **\$25B** Necessary expenses to expand COVID-19 Testing

**\$11 billion** for states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. Funds are also made available to employers for testing. (allocation will be made both in bulk and based on relative number of COVID-19 cases)

**\$1 billion** provided to Centers for Disease Control and Prevention for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics.

**\$1.8 billion** provided to the National Institutes of Health to develop, validate, improve, and implement testing and associated technologies.

**\$1 billion** for the Biomedical Advanced Research and Development Authority for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests.

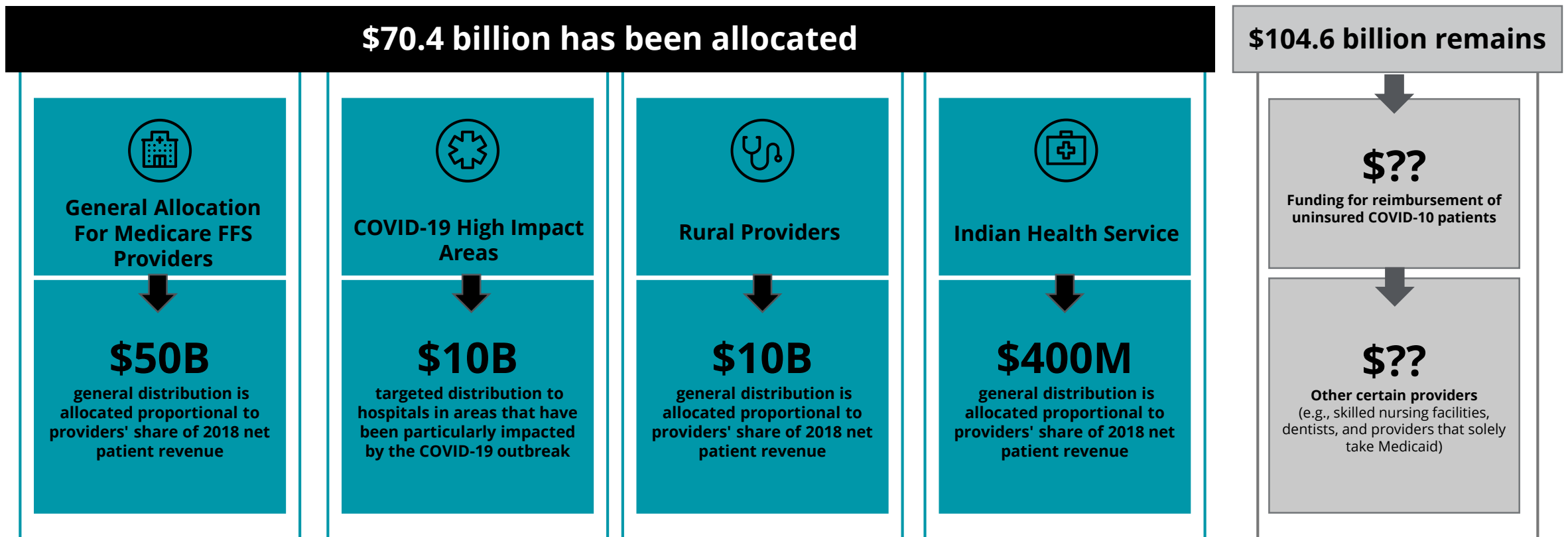
**\$22 million** for the Food and Drug Administration to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities

**\$825 million** for Community Health Centers and rural health clinics

Up to **\$1 billion** may be used to cover costs of testing for the uninsured

# Provider Relief Fund total to date: \$175 billion

Between the \$100 billion made available through the CARES Act and the \$75 billion being made through the Paycheck Protection Program and Health Care Enhancement Act, a total of \$175 billion has been allocated to provide financial relief assistance to health care providers.



# Update as of April 26: Accelerated Payment Program to be reevaluated and Advance Payment Program to be suspended immediately for Part B suppliers by CMS

In light of the \$175 billion appropriated for healthcare provider financial relief payments recently, CMS made the announcement on April 26, 2020 to reevaluate the Accelerated Payment Program and to suspend Advance Payment Program.

## *Update on Accelerated and Advance Payment (AAP) Programs*

Since expanding the AAP programs on March 28, 2020, CMS approved:

- 21,000 applications totaling \$59.6 billion in payments to Part A providers, which includes hospitals
- 24,000 applications advancing \$40.4 billion in payments to Part B suppliers, including doctors, non-physician practitioners and durable medical equipment suppliers

***Beginning April 26, 2020, CMS will not be accepting any new applications for the Advance Payment Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments in light of historical direct payments made available through the Department of Health & Human Services' (HHS) Provider Relief Fund.***

# COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020 can request claims reimbursement electronically and will be reimbursed generally at Medicare rates.

## The COVID-19 Uninsured Program Portal is NOW open

[coviduninsuredclaim.linkhealth.com](https://coviduninsuredclaim.linkhealth.com)

- April 22 – Program Details launch
- April 27 – Sign up period begins for the program
- **April 29 – On Demand training starts**
- May 6 – Begin submitting claims electronically
- Mid-May – Begin receiving reimbursement

### Claims Reimbursement

- Reimbursement will be based on **current year Medicare fee schedule rates** except where otherwise noted
- Reimbursement will be based on incurred **date of service**
- Publication of **new codes and updates to existing codes** will be made in accordance with CMS.
- For any new codes where a CMS published rate does not exist, claims will be held until **CMS publishes corresponding reimbursement information.**

### What's covered?

- **Specimen collection, diagnostic and antibody testing**
- **Testing-related visits** (Office, Urgent Care, Emergency room (ER), Telehealth)
- **Treatment** including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, durable medical equipment, emergency ground ambulance transportation, FDA-approved drugs when available for COVID-19 treatment and administered as part of an inpatient stay.
- **FDA-approved vaccine**, when available

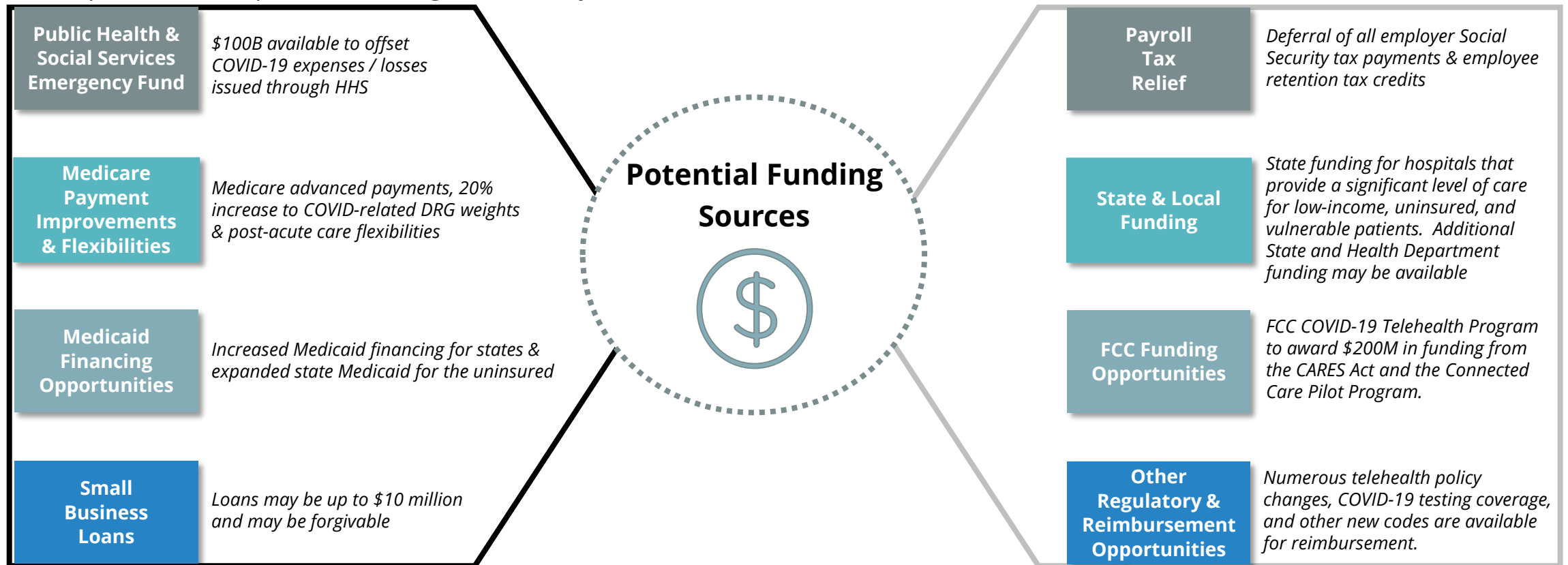
### What's not covered?

- Services not covered by **traditional Medicare**
- Any treatment **without a COVID-19 primary diagnosis**, except for pregnancy when the COVID-19 code may be listed as secondary
- **Hospice services**
- **Outpatient prescription drugs**

# COVID-19 Financial Recovery: Potential Sources of Funding

There are a variety of possible funding sources for hospitals and health systems available to compensate for COVID-19 related costs. Based on our experience, an important first step is to evaluate the available options, understand any steps you have already taken and decisions made to quickly develop a strategy and roadmap regarding COVID-19 financial recovery.

The following presents an overview of a number of the potential sources of funding. Depending on future legislative or regulatory developments, other possible funding sources may become available.



# Getting Started on the Road to Financial Recovery

The CARES Act is not only a broad stimulus package, it is a fluid piece of legislation that is ever evolving. Preparing an organized strategy can enable entities to navigate through the many phases of the CARES Act – from appropriation of funds to potential future audits. Additionally, FEMA-eligible institutions need to consider what cost/expense reimbursement options are available via FEMA and which route – CARES or FEMA – may be most advantageous.

## Get Organized

- Align on approach to navigating relief sources
- Confirm if any insurance policy coverage options exist
- Assemble cross-functional team that can assess and gather financial documentation and support

## Get Focused

- Define recovery opportunities from all sources, as well points of overlap, including CARES Act and FEMA requirements
- Define scope of effort: Which facilities will be included? What information do we need?
- Prepare data requests, templates and instructions

## Get to Work

- Perform analyses and calculations for applications and/or other required supporting documentation
- Collect and assemble data in alignment with relief source requirements
- Complete, submit, and retain applications, needs assessments and supporting documentation

## Get Ready for Audit

- Evaluate and establish controls
- Organize and adjust continued data collection efforts
- Evaluate readiness for audit

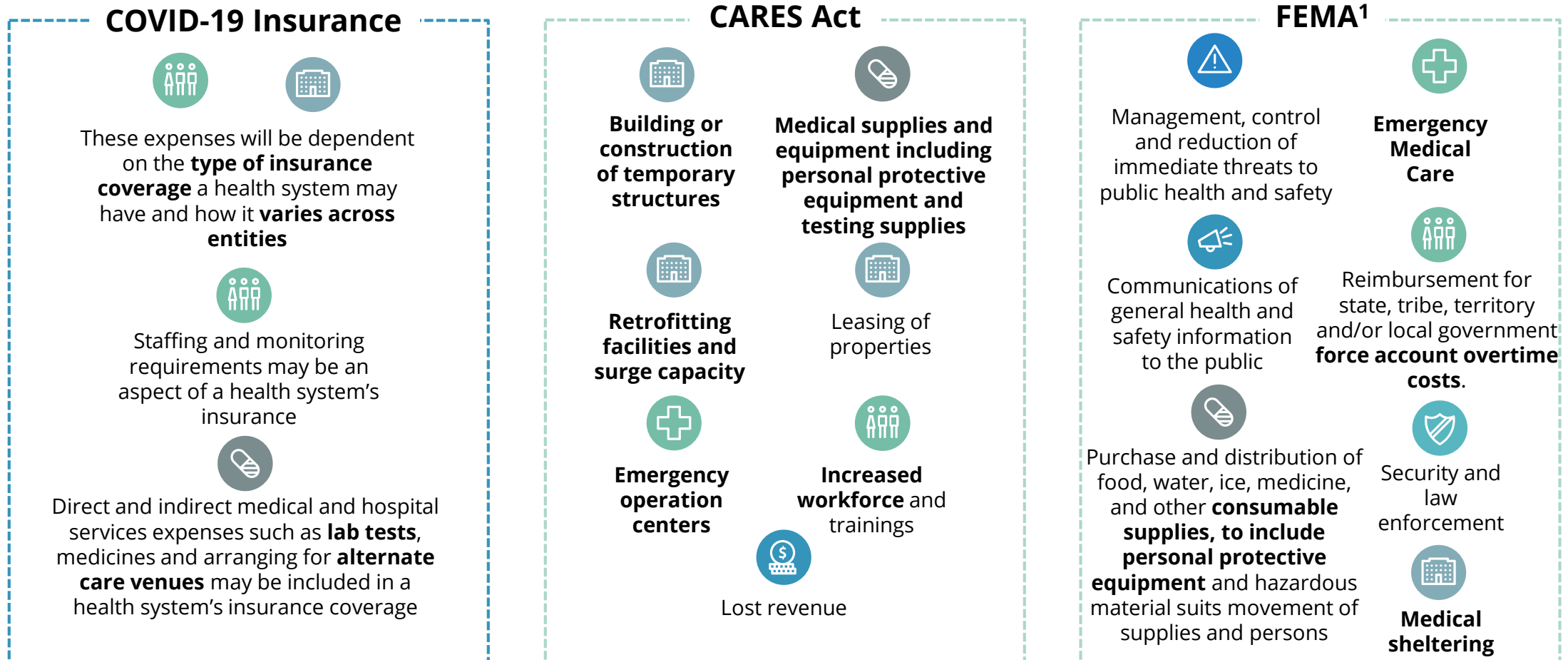
# Understanding the Funding Sources

Defining the recovery opportunities from all sources, as well points of overlap, between funding sources such as the CARES Act and FEMA, can provide a clearer roadmap for gathering the right information and tracking accurate data.

	CARES Act	FEMA
Who will Receive Distributions?	<b>Recipient</b> – Payments will be made directly to eligible recipients	<b>State-based</b> FEMA funds are provided on a state by state basis. Health care organizations within a state are the sub-recipients
How will Distributions Occur?	Direct payments to date have been distributed to Providers at a TIN level (future distributions are TBD)	Legal entities submit applications to FEMA on a claim by claim basis to receive distributions
How Many Dollars are Available?	\$100B, with approximately \$70B having been identified for allocation (potential for this pot of money to also see an injection of additional funds).	\$45B, but historically this fund continues to be replenished as needed (historically ongoing funding source); There is a matching component (75%, 25%).
When will Distributions Occur?	First distribution was 4/9/20, additional distributions TBD	As they are submitted and after requirements are met.

# Expense Tracking: Understanding Categories by Funding Source

It is important to get organized by aligning on an approach to navigating relief sources, confirm if any insurance policy coverage options exist, and which COVID-19 related relief expenditures and costs are reimbursable.



Note: 1. Other categories that are expected to not be utilized are household pet sheltering and containment actions and search and rescue to locate and recover members of the population requiring assistance:



# Taking a Closer Look at FEMA

FEMA includes the following expense categories that fall broadly into six buckets. Documentation requirements for each of these buckets are extensive and require close review.

Force Account Labor	Force Account Equipment	Materials (Inventory)	Materials Purchases	Contracts	Rented Equipment
<ul style="list-style-type: none"> <li>• Fringe Benefit Calculation</li> <li>• Personnel/Payroll Policy</li> <li>• Timesheets to Support Claim Amount</li> <li>• Payroll Register / Proof of Payment</li> </ul>	<ul style="list-style-type: none"> <li>• FEMA Equipment Rate</li> <li>• Equipment Inventory</li> <li>• Equipment Logs to Support Claim Amount</li> <li>• Operator's Timesheets</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory (Dated Prior to Disaster)</li> <li>• Requisition Sheets (If Available)</li> <li>• Quotes</li> <li>• Invoices</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Proper Procurement</li> <li>• Purchase Orders</li> <li>• Invoices to Support Claim Amount</li> <li>• Proof of Payment</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement Policy</li> <li>• Proof of Public Notice</li> <li>• Notice to Bidders</li> <li>• Bid Tabulation and Summary</li> <li>• Bids / Quotes For Each Contract</li> <li>• Bid Approval (Notice of Acceptance)</li> <li>• EPLS Debarment Check</li> <li>• Notice of Award</li> <li>• Notice to Proceed</li> <li>• Contract Signed by all Parties</li> <li>• Change Orders</li> <li>• Sole Source Justification</li> <li>• Invoices to Support Claim Amount</li> <li>• Proof of Payment</li> </ul>	<ul style="list-style-type: none"> <li>• Bids / Quotes</li> <li>• Bid Tabulation and Summary</li> <li>• EPLS Debarment Check</li> <li>• Purchase Orders</li> <li>• Signed Rental Agreement</li> <li>• Invoices in Support of Claim Amount and Proof of Payment</li> </ul>

# Leading Practices



## Focused Steering Committee

Set up a multi-disciplinary steering committee or PMO at the corporate-level to provide oversight for the totality of financial recovery.



## COVID -19 Logistics Tracker

Build a comprehensive COVID -19 logistics tracker tracking key dates for the various financial recovery components to help with cash flow/payment deferral, lost revenue and/or COVID-related expense recovery.



## Cost Tracking and Analysis

Develop a comprehensive process to track COVID-related costs and expenses across the organization and compare data to prior year/pre-COVID data



## Revenue Tracking

Develop a process to calculate and document “lost revenue” at each Medicare provider that received an HHS payment.



## COVID -19 Financial Analysis

Accumulate all the COVID-19 expenses and lost revenue, comparing to the HHS payments and assessing options to pursue (CARES dollars vs. FEMA). Consider State and Local grant requirements.



## FEMA Planning

Plan a list of activities including but not limited to: opening accounts, participating in each state’s applicant briefing, starting a needs assessment and submitting expenses to FEMA.



## Document Retention

Collect supporting documentation and plan a systemized retention for at least 3 years to serve for any future audit requirements.

# Q&A

## **Is the \$30B and \$20B distribution separate and distinct since the denominator for the calculation is different \$484B (2019) vs \$2.5T (2018) How should we look at this?**

*The \$50B general distribution includes an initial \$30 billion, distributed between April 10 and April 17, and the remaining \$20 billion is being distributed beginning Friday, April 24. The remaining \$20 billion is intended to augment providers' allocation so that the whole \$50 billion distribution is allocated proportional to providers' share of net patient revenue.*

See <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html> for the latest information on general distribution.

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## **What types of organizations are eligible for the FCC telehealth funding?**

*The COVID-19 Telehealth Program is open to eligible health care provider sites that treat patients, whether located in rural or non-rural areas or U.S. territories. The COVID-19 Telehealth Program is limited to nonprofit and public eligible health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Act:*

- 1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools;*
- 2) community health centers or health centers providing health care to migrants;*
- 3) local health departments or agencies;*
- 4) community mental health centers;*
- 5) not-for-profit hospitals;*
- 6) rural health clinics;*
- 7) skilled nursing facilities; or*
- 8) consortia of health care providers consisting of one or more entities falling into the first seven categories.*

See <https://www.fcc.gov/covid-19-telehealth-program-frequently-asked-questions-faqs>

# Q&A

**Under the CARES Act PPP program, loan forgiveness - do expenses have to be actually paid during the 8-week spending period, or will accrued expenses (i.e. employer retirement contribution) be acceptable in the loan forgiveness formula?**

*Loan forgiveness is based on certain costs over an 8-week period (the covered period). The covered period begins on the date the lender makes the first disbursement of the loan. The actual amount of loan forgiveness is determined based on certain costs incurred and payments made during the covered period. Payroll costs are the main cost eligible for forgiveness under the PPP.*

Payroll costs that are eligible for loan forgiveness:	Payroll costs that are not eligible for loan forgiveness:
<ul style="list-style-type: none"> <li>• Salary, wages, commission or similar compensation (recent SBA guidance states that payroll costs include all cash compensation, including a housing stipend or allowance)</li> <li>• Payments for vacation, parental, family, medical or sick leave</li> <li>• Allowance for dismissal or separation</li> <li>• Payments for the provision of group health care benefits, including insurance premiums</li> <li>• Payments for retirement benefits</li> <li>• State or local payroll taxes</li> </ul>	<ul style="list-style-type: none"> <li>• Payments to an independent contractor</li> <li>• Cash compensation in excess of \$100,000</li> <li>• The employer’s share of federal payroll taxes</li> <li>• Qualified sick leave and qualified parental leave wages for which credit is allowed under the Families First Coronavirus Response Act (FFCRA)</li> </ul>

**Are you seeing organizations with significant changes in payer mix due to job loss or change in economic status? Are they using these programs to offset a payer mix change?**

*Significant changes in payer mix will likely be reflected in COVID-related revenue loss calculations, including those submitted to HHS in the General Distribution Portal.*

**If you determine that the reimbursement of a COVID patient was less than the direct cost of care, can the excess cost be claimed?**

*Known guidance at this point in time does not support this approach.*

# Q&A

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## **Any insights on reimbursement or funding for antibody testing?**

*In terms of reimbursement there is existing guidance within the CARES Act. Section 6001(a) of the Families First Coronavirus Response Act, as amended by section 3201 of the CARES Act, requires plans and issuers to provide coverage for the following items and services: “(1) An in vitro diagnostic test as defined in section 809.3 of title 21, Code of Federal Regulations, 12 (or its successor regulations) for the detection of SARS-CoV-2 or the diagnosis of COVID-19, and the administration of such a test, that...” “In vitro diagnostic test” includes anti-body testing since it is a serological test.*

*REIMBURSEMENT RATES.—A group health plan or a health insurance issuer providing coverage of items and services described in section 6001(a) of division F of the Families First Coronavirus Response Act with respect to an enrollee shall reimburse the provider of the diagnostic testing as follows:*

- 1) If the health plan or issuer has a negotiated rate with such provider in effect before the public health emergency declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), such negotiated rate shall apply throughout the period of such declaration.*
- 2) If the health plan or issuer does not have a negotiated rate with such provider, such plan or issuer shall reimburse the provider in an amount that equals the cash price for such service as listed by the provider on a public internet website, or such plan or issuer may negotiate a rate with such provider for less than such cash price.*

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## **How do I estimate lost revenue in March or April?**

*The HHS General Distribution Portal FAQs document provides guidance on calculating revenue loss in the application for additional funds from the Provider Relief Fund. Providers are required to submit estimated revenue losses in March 2020 and April 2020 due to COVID in the portal. Lost revenue can be estimated by comparing year-over-year revenue, or by comparing budgeted revenue to actual revenue. For April 2020, an estimate of the total monthly loss based on data from the first few weeks in April or by extrapolation from March data is acceptable. From the FAQ:*

*You may use a reasonable method of estimating the revenue during March and April compared to the same period had COVID-19 not appeared. For example, if you have a budget prepared without taking into account the impact of COVID-19, the estimated lost revenue could be the difference between your budgeted revenue and actual revenue. It would also be reasonable to compare the revenues to the same period last year.*

*See full FAQ document at <https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf>*

# Q&A

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**Where do we go to attest for the Medicare distribution we received automatically?**

<https://covid19.linkhealth.com/#/step/1>

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**We learned two step process in attestation. First had to attest to receiving \$'s from Relief fund from one portal and then another general distribution portal have to enter in revenue from tax form 990 and estimate of losses**

*Correct. The latest HHS updates as of this date regarding the \$50B General Distribution include completing an attestation and accepting terms and conditions and submitting information to the CARES Provider Relief Fund Payment Portal. See <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html> for the latest information.*

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**Are the FEMA and FCC funds subject to Uniform Guidance (formerly A-133)**

*Yes, as federal grants they are generally subject to the uniform guidance as well as any grant-specific guidance.*

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**If FEMA only covers 75% of costs, couldn't the balance get covered via HHS funding so as to avoid double dip?**

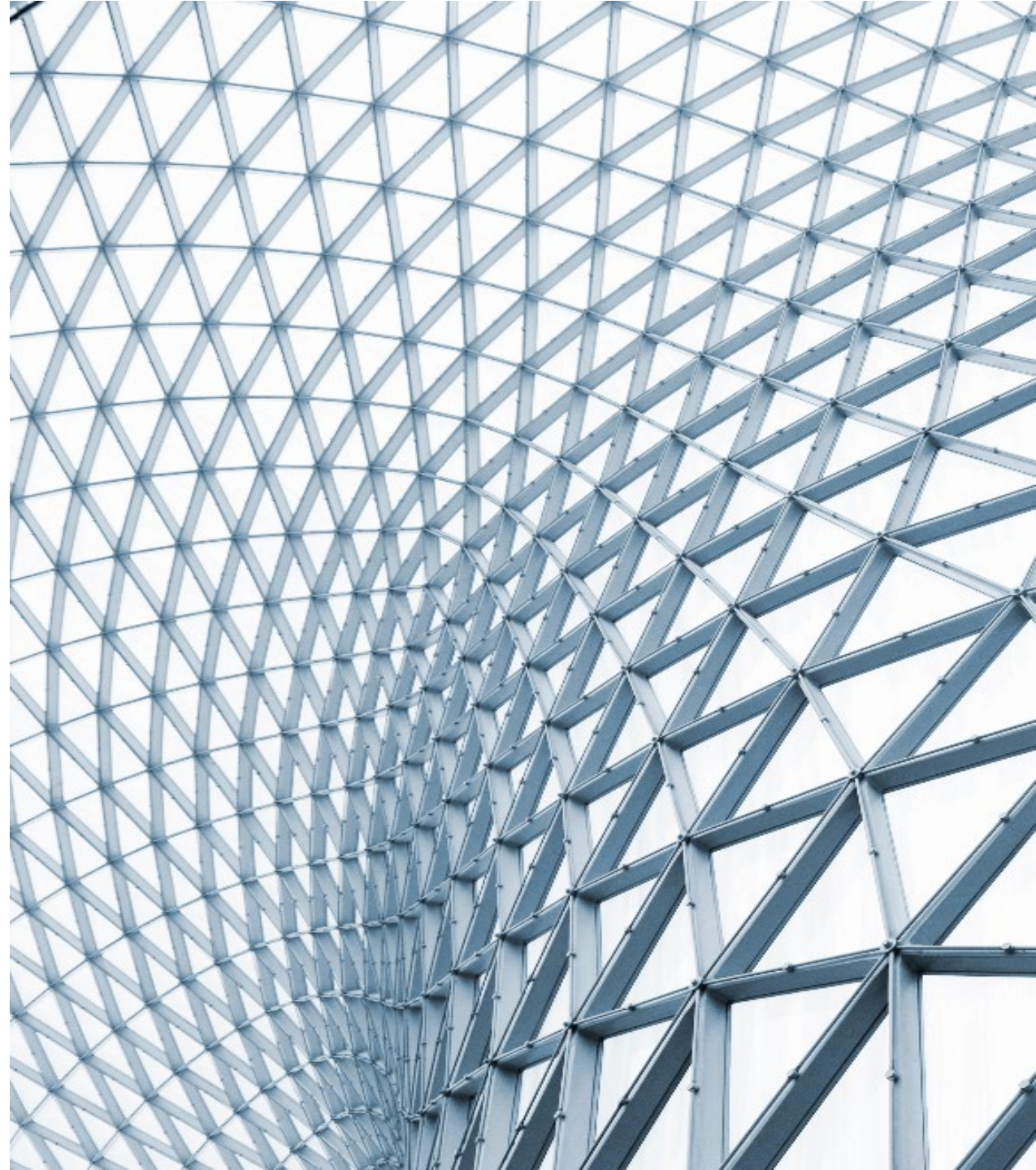
*Known guidance at this point in time does not support this approach.*

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**What is the first deadline for FEMA?**

*FEMA's public assistance program is administered at the state-level, there may be deadlines unique to certain state; the overall FEMA application process is on a rolling basis*

# Thank You!





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