

EXECUTIVE ORDER 2022-01D

- House Bill 169
- Support Ohio's healthcare, long-term services and supports, and home and community-based service systems
- \$33 million available to assisted living facilities
- \$500/licensed bed



Ohio | Department of Aging

Ohio | Department of Medicaid

Ohio | Office of Budget and Management

SPEAKERS



Bill Baxter

LTCC

Ohio Department of
Medicaid



Kurt Szabo

Financial Program Manager

Ohio Office of Budget
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Ohio | Department of Aging

Ohio | Department of Medicaid

Ohio | Office of Budget and Management



Ohio | Department of Aging

Ohio | Department of Medicaid

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PLEASE NOTE

This application must be completed in one sitting.
You cannot save and return to finish the application at a different time.

Ohio | Department of Aging

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OBTAINING A STATE OF OHIO SUPPLIER ID

- This step is only required for providers who do not have an OAKS Supplier ID
- If you do not have a supplier ID, you should obtain one before you begin this application
- Guide available at: aging.ohio.gov/arpa-funding



Point your browser to
grants.ohio.gov/fundingopportunities.aspx

Register for this Funding Opportunity

Funding Opportunity

Funding Opportunity ID
16922

Primary Funding Organization
N/A - State Agency Administered

Project Period Start Date

Application Due Date
05/06/2022

Funding Opportunity Title
Relief for Assisted Living Facilities

Awarding Agency
Department of Medicaid

Project Period End Date

CFDA Number/Title

REGISTERING

- Please complete all fields with asterisks *

- These are required to complete the application.



MY ORGANIZATION INFORMATION

This information must correspond with your OAKS Supplier ID):

- Select Your Organization Type
- *Address
- *City
- *Zip code
- *County
- Congressional District
- Please enter "0" for DUN

The screenshot shows a form with several fields, each with a red error bar and an asterisk icon. The fields are: Organization Name, Address 1, Address 2, City, State (set to Ohio with a green checkmark), Zip Code, County, and Congressional District (with a dropdown menu). A note at the bottom states: "If you do not have a FOST number, please enter a zero (0000) over six digits."

APPLICATION OVERVIEW

Project Description

In December of 2021, the Ohio General Assembly passed Amended Substitute House Bill 169 to provide additional relief to health care providers to support recovery from the COVID-19 pandemic. Included in the relief are funds intended to assist Residential Care Facilities with some of the added cost of the COVID-19 pandemic and to support the continued provision of Assisted Living services.

PAYMENT INFORMATION

- You may search your State of Ohio Supplier ID to associate with this grant application
- **Please Note:** The address you provide for your organization above must match at least one address on file with your OAKS Supplier ID

Payment Information

If you have a State of Ohio Supplier ID and have established banking with that Supplier ID, you can associate this application with your State of Ohio Supplier account to receive grant payments via electronic funds transfer. If you have a State of Ohio Supplier ID, please use the lookup tool to select your ID. If you submit a lookup and the results are excessive, add part of your address to the search criteria and try again. Applications without a Supplier ID or applications where the Supplier ID does not have banking associated in the State of Ohio system will be processed via check and mailed. If you wish to register as a supplier or update your banking information, you may do so at <https://supplier.ohio.gov/>. Note that this process may take several days and will delay your ability to complete this application until the process is complete.

Lookup 🔍

SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Please enter your facility's 5-digit INVITATION NUMBER (e.g., 55000). Limit of 1500 Characters

Please fill out this field *

Ohio | Department of Aging | COVID-19 Care Center

Welcome to COVID-19 Care Center

Main Menu: [Home](#) [About Us](#) [Contact Us](#) [Privacy Policy](#) [Terms of Service](#) [FAQ](#)

COVID-19 Care Center

APPA Invitation ID

We are pleased to announce the availability of COVID-19 Care Center (APPA) Invitation ID's for emergency and other emergency services. Please contact the appropriate agency for more information.

Unique Invitation ID

Any questions? Click here

This unique five-digit Invitation ID can be found on the homepage of the ODA COVID-19 Care Center. The code begins with '55' (e.g., '55000').

SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Please enter your Ohio Dept of Health license number (e.g., 1234R).

Please fill out this field.

Limit of 1500 Characters

This is the license number provided by the Ohio Department of Health, ending in "R"
(e.g., '1234R')



SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Please enter your 10-digit OAKS Supplier ID.

Please fill out this field.

Limit of 1500 Characters

You must first register as an OAKS supplier to complete this application.
PDF instructions are included on the application page under "Attachments."



SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Please enter your facility's name.

Please fill out this field.

Limit of 1500 Characters



Please enter your facility name as it appears on your ODH license.



SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Please enter your facility's tax ID/EIN (e.g., 12-3456789).

Please fill out this field.

Limit of 1500 Characters



Please enter your facility's 9-digit tax ID/EIN number (e.g., xx-xxxxxxx).



SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Required Documents

The document(s) listed in the Opportunity Details must be required when you register. When applicable, instructions or templates will be provided in the Attachments section. Only PDF, Microsoft Word, PowerPoint or Excel formats will be accepted.

Upload File(s)

 Add Files

No documents need to be submitted with this grant application.

SPECIFIC QUESTIONS RELATED TO THIS OPPORTUNITY

Compensated Officials

In your organization's preceding completed fiscal year, did your organization receive 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards?

☐ Yes ☐ No 

Please select the response that accurately reflects your facility's situation;
most facilities will check "NO."

AGREEMENT

Please enter the first name, last name, title, email address, and phone number of the “main executive” for the facility.

Agreement

Authorized Representative:

The Authorized Representative is the main executive within your organization who is authorizing acceptance of the funds on behalf of your organization. A different person must be listed as the Authorized Representative and Grant Contact.

First Name <small>Please fill out this field</small>	Last Name <small>Please fill out this field</small>
<input type="text"/>	<input type="text"/>
Title <small>Please fill out this field</small>	
<input type="text"/>	
Email <small>Please fill out this field</small>	Phone <small>Please fill out this field</small>
<input type="text"/>	<input type="text"/>

GRANT CONTACT

This person responsible for completing this grant application and responding to questions. This should be a different person from the main executive.

Grant Contact:

The Grant Contact is the main person who will be contacted for monitoring or other questions regarding the use of funds. The Grant Contact will also be responsible for reporting in the Ohio grants portal on behalf of the organization. A different person must be listed as the Authorized Representative and Grant Contact.

First Name <small>Please fill out this field</small>	Last Name <small>Please fill out this field</small>
<input type="text"/>	<input type="text"/>
Title <small>Please fill out this field</small>	
<input type="text"/>	
Email <small>Please fill out this field</small>	Phone <small>Please fill out this field</small>
<input type="text"/>	<input type="text"/>

THE “I AGREE” BOX

The “I AGREE” box should be selected when you are ready to proceed with the final application.



As the duly authorized representative of the registered and/or long-term facility, I affirm that I have authority to apply for funding on behalf of the facility. By submitting this form, I certify that it is true, complete, and accurate to the best of my knowledge, information, and belief. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (Ohio Revised Code 2731.15)

By submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☐ I Agree *Please check this box if you want to proceed*

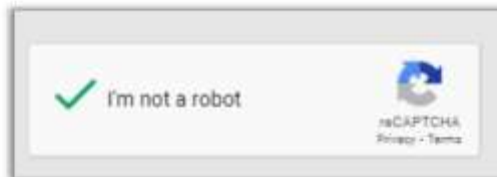
THE “SUBMITTED BY” BOX

A drop-down-option is provided to allow you to choose either the Executive or Contact who you named above.



Submitted By
Please select an item in the list.

Please Select Submitter * ▼



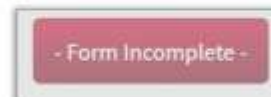
THE “SUBMIT BUTTON” BOX

- Please review the application for any blank required fields.
- Once all required fields are complete, the “Submit Button” will appear.



THE “FORM INCOMPLETE” BOX

- If you do not have a Submit button, you will see a “Form Incomplete” button instead.
- Review your application. Any field that contains a red highlight is a required field that has not been completed.



SUPPLIER REGISTRATION
Kurt Szabo
Ohio Office of Budget and Management

SUPPLIER REGISTRATION

- Reference the letter you received and/or Quick Guide for more detailed instructions
- Create an account in OH|ID (ohid.ohio.gov)
 - OH|ID is not your supplier ID.
- Go to supplier.ohio.gov to register or update your business information
 - Tax ID must match business name exactly as it is registered with the IRS
 - Note your Registration ID (which is not your supplier ID)
- Please allow 10-15 business days to receive your supplier ID
- When you receive your supplier ID, go to grants portal to apply for funding

QUESTIONS



RESOURCES

For questions concerning this grant or the application process, please contact:

Provider_Inquiry@age.ohio.gov

For assistance getting your OH|ID or Supplier ID, please contact OBM Shared Services:

1-877-644-6771 or OBM.SharedServices@obm.ohio.gov

More information is available online at: www.aging.ohio.gov/arpa-funding

