

American Rescue Plan Act (ARPA)

Nursing Facility Workforce Relief Program

Guidance and Frequently Asked Questions

NOTE: Funds for this program were appropriated by the Ohio 134th General Assembly and received by the State of Ohio from the U.S. Department of the Treasury (U.S. Treasury) under the American Rescue Plan Act (ARPA). If the U.S. Treasury issues future guidance and clarifications that impact this program, then specific guidelines listed in this document may change. If applicable, changes will be added to this document as an addendum in the Frequently Asked Questions section.

Purpose

The purpose of this document is to provide Nursing Facility Workforce Relief Program recipients quidance and answers to frequently asked questions. For additional information and requirements of the funding, also refer to the Beneficiary Agreement.

Funding Information

Funds to support this program were awarded to the State of Ohio from the U.S. Treasury as Coronavirus State and Local Fiscal Recovery Funds (Assistance Listing No. 21.027), authorized pursuant to the American Rescue Plan Act (ARPA), Pub. L. No. 117-2 (March 11, 2021). Funds are identified as federal award identification number SLFRP0130 with a federal award date of May 17, 2021, provided by the U.S. Treasury to the State of Ohio. Recipients may use funds to respond to the far-reaching public health and negative economic impacts of the pandemic, by supporting the health of communities, and helping households, small businesses, impacted industries, nonprofits, and the public sector recover from economic impacts.

Pursuant to Section 280.28 of Amended Substitute House Bill 45 (H.B. 45) of the 134th General Assembly, the Ohio Office of Budget and Management (OBM) was appropriated \$350,000,000 to provide a lump sum payment to nursing facilities that are Medicaid providers. In accordance with this authority, nursing facility providers must use the funds received under this section only for workforce expenses that are not covered by Medicaid managed care organization contracts or the general Medicaid rate. The Ohio Department of Medicaid has provided OBM with a list of eligible nursing facilities and their associated distributions of funding as calculated using the methodology prescribed in Section 280.28. This information will then be used by OBM in making lump sum distributions to those nursing facilities that apply for funding.

Funds provided pursuant to this program are considered beneficiary payments from the State of Ohio's allocation of Coronavirus State Fiscal Recovery Funds. Recipients receiving this funding (hereafter referred to as "beneficiaries" or "providers") must adhere to the provisions of the Beneficiary Agreement for this program.

Impacted Industry Criteria

The State of Ohio has deemed nursing facility providers as an industry impacted by the pandemic in accordance with the U.S. Treasury's State and Local Fiscal Recovery Final Rule. Due to the challenges created by the pandemic, nursing facilities have experienced workforce impacts such as increased labor costs to support pandemic needs and staffing shortages. The pandemic has created workforce demands on the industry which has resulted in staffing losses and struggles to attract labor to maintain staffing levels required to provide adequate care. The Bureau of Labor Statistics (BLS) data nationally for nursing and residential care facilities industry category shows an average of 33,765,000 workers in December 2019 to February 2020 and 29,677,000 workers in September 2021 to November 2021. Nationally, this is a decrease of 12% in workforce. Based on Medicaid cost reporting, Ohio's skilled nursing facilities mirrors the national average showing a 12% decline from 71,899 full-time equivalent (FTE) in 2019 to 63,266 FTEs in 2021. Further, cost reporting shows a greater impact to direct care staff with a 14.5% decrease. These employment losses for the industry during the pandemic exceed the U.S. Treasury impact target of 8% decline in employment loss.

Eligibility

The Ohio Department of Medicaid has provided OBM with a list of eligible nursing facilities and their associated distributions of funding as calculated using the methodology prescribed in Section 280.28 of H.B. 45 (134th General Assembly). The distribution methodology and data are not subject to review or appeal.

Use of Funds

As prescribed by Section 280.28 of H.B. 45 (134th General Assembly), funds are provided in a lump sum distribution to be used for eligible workforce relief. Effective April 1, 2022, the U.S. Treasury published the <u>Final Rule</u> detailing the provisions for the use of Coronavirus State and Local Fiscal Recovery Funds. Eligible uses of funds must align with both state and federal law, including Section 280.28 of H.B. 45 and the U.S. Treasury's Final Rule. Due to the impacted industry designation, funds for this program must be used as relief to support pandemic related workforce impacts.

Nursing facilities must use the funds to support relief of pandemic related impacts with respect to their workforce. Funds may not be used to cover expenses paid by another state or federal source, including previous losses covered by other Coronavirus Relief payments, or used as match to any federal program.

An eligible use of funds as a response to the impact include:

- 1. **Wage rate increase:** Increase to the hourly or annual wage the nursing facility paid an impacted class of workers because of vacancies exhibited after January 27, 2020, to support workforce retention in critical areas.
- 2. Enhanced workforce benefits: Enhanced benefits that the nursing facility makes available to employees as a workforce retention effort where vacancies are exhibited after January 27, 2020, and above the amount paid an employee as of January 27, 2020. Examples may include, but are not limited to, enhanced or new health or dental insurance coverage, new employer paid life insurance coverage, or new tuition reimbursement programs.
- 3. **Overtime incentives:** Payments over and above the nursing facility's standard policy as of January 27, 2020, to promote workforce retention.
- 4. **Overtime pay:** Payments made after January 27, 2020 to support overtime worked directly supporting COVID-19 work or to deal with pandemic related staffing shortages.
- 5. **Shift differential payments, or differential payment for hard-to-fill locations:** Includes any type of differential payments to promote workforce retention that are over and above the nursing facility's standard policy as of January 27, 2020.
- 6. **Staff retention bonus:** Incentive payment(s) as compensation over and above an hourly rate of pay, separate from an employees' standard wages, provided after January 27, 2020, to promote workforce retention.
- 7. **Hiring bonus:** Incentive payment(s) as compensation that is over and above an hourly rate of pay, separate from an employees' standard wages, provided after January 27, 2020.
- 8. **Employee retention "wraparound" benefits:** Additional employer paid benefits, over and above the nursing facility's standard policy as of January 27, 2020, to help critical hard-to-fill areas retain or attract employees by providing services to remove employment obstacles. Examples may include, but are not limited to, transportation support or reimbursements, childcare assistance, employment training, or car maintenance support.
- 9. **Training support:** Additional compensation for training, including wages for time spent in training, testing, or certification materials, including but not limited to, continuing education

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- credits (CEUs), Certified Nursing Assistant (CNA) training, or exam fees above and beyond previous nursing facility policies as of January 27, 2020.
- 10. Hiring new direct care workers: Wages and/or salaries paid to newly hired permanent care workers to expand capacity and reduce workloads to improve current staff retention. Newly hired permanent positions funded must be above and beyond the employer's aggregate full-time equivalent (FTE) count as of January 27, 2020, and not a replacement of workers that ceased employment with the employer since January 27, 2020.
- 11. Direct COVID-19 mitigation and prevention measures: Direct personnel costs associated with prevention and mitigation services related to the pandemic after January 27, 2020, which have not been funded by another federal or state source. Use of this category will require the most documentation to include payroll support of time, activities related to the pandemic, and funding source.
- 12. Staff Capacity Measures: Extraordinary staffing costs specifically related to pandemic workforce staffing losses or increases in required staffing levels to meet an adequate level of care. Only the extraordinary costs above and beyond pre-pandemic measures are eligible. This may include recruitment measures and additional temporary staffing costs that exceed traditional pre-pandemic labor costs, including additional costs incurred as the result of the need to engage with staffing agencies to provide necessary coverage during the pandemic.

Beneficiaries must use the workforce relief lump sum distribution for pandemic workforce impacts. Providers are responsible for identifying and executing the most appropriate workforce relief efforts within the above identified areas.

Funds may not be used to cover:

- Costs not related to workforce impacts as a result of the pandemic;
- Costs incurred prior to January 27, 2020;
- Costs already reimbursed by another source such as Medicaid managed care organization contracts or general Medicaid rates or previous losses covered by other Coronavirus Relief
- Costs used as match to other federal grant programs;
- To pay a distribution to a shareholder, member, partner, or any other class of equity holder;
- To pay non-business expenses;
- To pay taxes, fines, or other government levies, exclusive of the repayment of outstanding liabilities that are not from the imposition of a tax, fine, or other levy, or for political purposes, including lobbying activities, donating to a political party, candidate, political action committee or to support or oppose any cause;
- To satisfy a debt, settlement, or judgement; or
- To support efforts that conflicts with or contravenes the purpose of the American Rescue Plan Act statute to include undermining COVID-19 mitigation practices in line with CDC guidance and recommendations.

Performance Period

Eligible workforce relief activities must have occurred after the onset of the public health emergency which began on January 27, 2020. Funds for this program must be fully expended by June 30, 2024.

Reporting

Providers must report on the use of funds awarded and will be provided instructions for submission to OBM's Ohio Grants Partnership portal following the distributions of funds. Records must be maintained to support use of funds in accordance with the "Use of Funds" section of this guidance. For each reporting cycle, providers will be required to report the total expenditures broken out by the "Use of Funds" expenditure categories (example: Wage rate increase, Enhanced workforce benefits, etc.) for the reporting period. In addition, a completed Excel template providing additional details on the use of funds will be required to be uploaded to the portal. The template will have a tab for each expenditure category and require the reporting of the following by category:

- 1. **Wage rate increase:** Increase to the hourly or annual wage the nursing facility paid an impacted class of workers because of vacancies exhibited after January 27, 2020, to support workforce retention in critical areas.
 - a. Job classification paid a wage rate increase
 - b. FTE within the job classification paid a wage rate increase
 - c. Total FTE as of January 1, 2020
 - d. Total FTE as of January 1, 2021
 - e. Total FTE as of January 1, 2022
 - f. Total FTE as of January 1, 2023
 - g. Define hourly or annual wage increase by classification
 - h. Number of pay periods applied to the funding by classification
 - i. Number of hours applied to the funding by classification
 - Total amount of increase by classification
- 2. Enhanced workforce benefits: Enhanced benefits that the nursing facility makes available to employees as a workforce retention effort where vacancies are exhibited after January 27, 2020, and above the amount paid an employee as of January 27, 2020. Examples may include, but are not limited to, enhanced or new health or dental insurance coverage, new employer paid life insurance coverage, or new tuition reimbursement programs.
 - a. Job classification provided enhanced workforce benefits
 - b. FTE within the job classification provided enhanced workforce benefits
 - c. Was benefit provided prior to January 27, 2020? (yes or no)
 - d. Total FTE as of January 1, 2020
 - e. Total FTE as of January 1, 2021
 - f. Total FTE as of January 1, 2022
 - g. Total FTE as of January 1, 2023
 - h. Total expenditure amount by classification
- 3. **Overtime incentives:** Payments over and above the nursing facility's standard policy as of January 27, 2020, to promote workforce retention.
 - a. Job classification provided overtime incentives
 - b. FTE within the job classification provided overtime incentives
 - c. Total FTE as of January 1, 2020
 - d. Total FTE as of January 1, 2021
 - e. Total FTE as of January 1, 2022
 - f. Total FTE as of January 1, 2023
 - g. Total amount of increase by classification
- 4. **Overtime pay:** Payments made after January 27, 2020 to support overtime worked directly supporting COVID-19 work or to deal with pandemic related staffing shortages.
 - a. Job classification provided overtime
 - b. FTE within the job classification provided overtime
 - c. Total FTE as of January 1, 2020
 - d. Total FTE as of January 1, 2021

- e. Total FTE as of January 1, 2022
- f. Total FTE as of January 1, 2023
- g. Number of overtime hours applied by classification
- h. Total amount of overtime by classification
- 5. Shift differential payments, or differential payment for hard-to-fill locations: Includes any type of differential payments to promote workforce retention that are over and above the nursing facility's standard policy as of January 27, 2020.
 - a. Job classification provided shift differential
 - b. FTE within the job classification provided shift differential
 - c. Total FTE as of January 1, 2020
 - d. Total FTE as of January 1, 2021
 - e. Total FTE as of January 1, 2022
 - f. Total FTE as of January 1, 2023
 - g. Number of shift differential hours applied by classification
 - h. Total amount of shift differential by classification
- 6. Staff retention bonus: Incentive payment(s) as compensation over and above an hourly rate of pay, separate from an employees' standard wages, provided after January 27, 2020, to promote workforce retention.
 - a. Job classification provided retention bonus
 - b. FTE provided retention bonus
 - c. Total amount of retention bonus by classification
- 7. Hiring bonus: Incentive payment(s) as compensation that is over and above an hourly rate of pay, separate from an employees' standard wages, provided after January 27, 2020.
 - a. Job title provided hiring bonus
 - b. Employee name or ID number provided bonus
 - c. Date of hire
 - d. Date bonus paid
 - e. Total bonus amount
- 8. Employee retention "wraparound" benefits: Additional employer paid benefits, over and above the nursing facility's standard policy as of January 27, 2020, to help critical hard-to-fill areas retain or attract employees by providing services to remove employment obstacles. Examples may include, but are not limited to, transportation support or reimbursements, childcare assistance, employment training, or car maintenance support.
 - a. Job classification provided wraparound benefits
 - b. FTE within classification provided wraparound benefits
 - c. Type of wraparound benefits
 - d. Total amount of wraparound benefits
- 9. Training support: Additional compensation for training, including wages for time spent in training, testing, or certification materials, including but not limited to, continuing education credits (CEUs), Certified Nursing Assistant (CNA) training, or exam fees above and beyond previous nursing facility policies as of January 27, 2020.
 - a. Job classification provided training support
 - b. FTE within classification provided training support
 - c. Type of training support by classification
 - d. Total amount of training support by classification
- 10. Hiring new direct care workers: Wages and/or salaries paid to newly hired permanent care workers to expand capacity and reduce workloads to improve current staff retention. Newly hired permanent positions funded must be above and beyond the employer's aggregate full-time equivalent (FTE) count as of January 27, 2020, and not a replacement of workers that ceased employment with the employer since January 27, 2020.
 - a. Total FTE as of January 27, 2020

- b. Job classification for new permanent positions
- c. Total FTE by classification of new permanent positions
- 11. Direct COVID-19 mitigation and prevention measures: Direct personnel costs associated with prevention and mitigation services related to the pandemic after January 27, 2020, which have not been funded by another federal or state source. This category will require a separate line to be entered per employee by pay period charged to this program.
 - a. Employee name or ID number
 - b. Total number of hours for each pay period
 - c. Total number of hours supporting mitigation and prevention measures not funded by another federal or state source by pay period
 - d. Pav period start and end date
 - e. Activities performed related to the pandemic
- 12. Staff Capacity Measures: Extraordinary staffing costs specifically related to pandemic workforce staffing losses or increases in required staffing levels to meet an adequate level of care. Only the extraordinary costs above and beyond pre-pandemic measures are eligible. This may include recruitment measures and additional temporary staffing costs that exceed traditional pre-pandemic labor costs, including additional costs incurred as the result of the need to engage with staffing agencies to provide necessary coverage during the pandemic.
 - a. Staff Capacity Measure (staffing agency costs, recruitment, other)
 - b. Total Pre-Pandemic Cost for Measure (2019 or full fiscal year prior to pandemic)
 - c. Total staff capacity measure cost
 - d. Extraordinary staff capacity measure cost applied to funding (item c less b)

Reporting will begin the first quarter following receipt of funds. Providers must report activity within the reporting period the funds are expended, or reimbursement applied to an eligible use. The following is the timeline for reporting:

Reporting Cycle	Reporting Period	Due Date
Cycle 1	Award date - June 30, 2023	July 31, 2023
Cycle 2	July 1 - September 30, 2023	October 31, 2023
Cycle 3	October 1 – December 31, 2023	January 31, 2024
Cycle 4	January 1 - March 31, 2024	April 30, 2024
Cycle 5 & Closeout	April 1 – June 30, 2024	July 31, 2024

OBM will be reviewing reporting and may request additional details to support use of funds and verify funding is not duplicative of other state and federal funding sources, to include other Coronavirus Relief funding sources. Documentation is dependent on the cost category and could include, but is not limited to, financial statements, ledgers, payroll documentation (time sheets, employee roster, organizational charts, hiring documentation, etc.), policies and procedures, training documentation, and invoices.

Responsibilities, Records, and Future Audits

Funds may be subject to future review or audit to ensure appropriate use with ultimate recoupment by the U.S. Treasury. Records shall be maintained for a period of five (5) years after all funds have been expended or returned to the U.S. Treasury by the State of Ohio, whichever is later, for the entire program. Furthermore, records must be made available upon request to OBM, the Ohio

Auditor of State, Independent Public Auditors that perform audits on behalf of Ohio Auditor of State, the federal government, and/or other oversight entities for audit or review.

Recipients of funds from this program are intended to be beneficiaries of the funding, thus are not subject to the requirements placed on subrecipients in the Uniform Guidance, including audit pursuant to the Single Audit Act and 2 CFR Part 200, Subpart F.

Frequently Asked Questions

1) Who will receive funding?

Section 280.28 of Ohio H.B. 45 (134th General Assembly) established that nursing facilities that are Medicaid providers are the eligible entities for this program. Eligible nursing facilities are required to apply for the funding in the Ohio Grants Portal and agree to the Beneficiary Agreement prior to receiving payment.

2) How can the nursing facility use the funding?

Funding must be used for workforce relief impacts as outlined in the "Use of Funds" section of this guidance. Documentation on use of funds will be required to be retained and provided as part of reporting and monitoring conducted by OBM.

3) How will the allocation be determined?

Eligibility of nursing facilities was determined by the Ohio Department of Medicaid and the associated distribution was calculated using the methodology prescribed in Section 280.28 of H.B. 45 (134th General Assembly).

4) Will funds be disbursed directly to eligible providers or is there an application process?

Eligible nursing facilities must complete an application and provide a signed Beneficiary Agreement prior to receiving the funding. The grant application can be found at https://grants.ohio.gov/fundingopportunities.aspx. Applicants should locate the funding opportunity Nursing Facility Workforce Relief Program and click the hyperlink. The Beneficiary Agreement attached to the funding opportunity is required to be signed by an Authorized Representative and uploaded as part of the application process. After clicking the register button, complete the application on the next page (ensure your pop-up blocker is disabled in your settings) and upload the signed Beneficiary Agreement.

5) What information is required to apply?

To apply for this relief funding, an applicant must provide a valid Medicaid Provider Number, National Provider Identification Number (NPI), Medicare ID Number, and Tax Identification Number (TIN).

6) What is the Unique Entity Identifier (UEI) and are recipients of this program required to have one?

The UEI is a number assigned by SAM.gov to identify entities that are doing business with the government in a variety of ways, including as grant recipients. As of the issuance of this guidance, the U.S. Treasury does not require a UEI for beneficiaries. Providers with a current UEI are encouraged to enter it on the application; however, a "0" can be entered instead.

7) Are these workforce relief payments subject to tax?

The State will be issuing a 1099 because reporting circumstances may vary depending on your organization type and specific laws and rules. Payment recipients should consult with an accounting professional for guidance related to tax reporting and payment.

8) What if I have multiple Medicaid Provider Numbers, National Provider Identification Numbers, and/or Tax Identification Numbers?

It is necessary to apply multiple times if you have multiple Medicaid provider numbers, NPIs, and/or TINs. For example, if you have one Medicaid ID number, but a NPI for each of your locations, you will have to apply for each separately (using one NPI each time).

9) What is required to apply for a nursing facility provider that does not have a Medicaid **Provider Number or National Provider ID?**

Eligible providers of this program must have a Medicaid Provider Number and National Provider ID to apply for this relief funding.

10) What is required for an application to be approved?

Applications will be approved and payments made if the content can be validated with the State's payee record and conforms with information provided by the Ohio Department of Medicaid. Other required items include the signed Beneficiary Agreement uploaded to the application. Applications that do not meet these requirements will be rejected and reasoning provided. Eligible applicants will be required to resubmit the application and correct the error identified prior to the application deadline.

11) What payment method will be used to distribute funds?

Providers will be required to become payees within the State of Ohio's accounting system. Eligible providers with an approved registration will be paid based on information within the State of Ohio's accounting system. Providers can verify if they have a payee record by using the lookup functionality on the application. A provider that has received Medicaid funds or CARES Act provider relief payments in the past may not necessarily have a payee record in the State of Ohio's accounting system. A payee record is required to process the application for payment.

Visit https://ohiopays.ohio.gov for more information about becoming a payee or to update existing banking information in OhioPays. This site also provides FAQs and Help Documents.

12) The application form requires an Authorized Representative and a Grant Contact. What is the difference?

The Authorized Representative is the main executive within the applicant organization that can authorize acceptance of the funds on behalf of the applicant. The grant contact will be the contact for reporting or other questions regarding the funds and its use. Applicants must verify the e-mail addresses added are valid and correct before submitting the application. The grant contact will be provided information on how to access the portal for future reporting on use of funds.

13) Can beneficiaries transfer the funding to another entity?

No. Section 280.28 of H.B. 45 (134th General Assembly) specifically defines eligible recipients and the use of funds and does not provide additional authority to transfer the funding.

14) Where can I find the federal guidance on the use of funds?

For federal guidance on the use of these funds, please refer to the U.S. Treasury's website and its associated resources, including those provided below. This program is funded under the eligible use of funds for negative economic impact as aid to other impacted industries. In addition, the Beneficiary Agreement signed by an Authorized Representative of the nursing facility contains detailed references to requirements.

Please also see:

- ➤ HB 45 (134th General Assembly)
- Overview of Final Rule
- Final Rule
- Final Rule FAQs
- Compliance and Reporting Guidance

15) Will reporting be required?

Yes. Providers must report on the use of funds awarded and will be provided instructions for submission to OBM's Ohio Grants Partnership portal following the distributions of funds. Records must be maintained to support use of funds in accordance with the "Use of Funds" section of this guidance. See the "Reporting" section for additional details.

16) What types of information will be required as part of the reporting requirement?

For each reporting cycle, providers will be required to report the total expenditures broken out by the "Use of Funds" expenditure categories (for example: Wage rate increase, Enhanced workforce benefits, and others) for the reporting period. In addition, a completed Excel template providing additional details on the use of funds will be required to be uploaded to the portal. The template will have a tab for each expenditure category.

OBM will be reviewing reporting and may request additional details to support use of funds and verify funding is not duplicative of other state and federal funding sources, to include other Coronavirus Relief funding sources. Documentation is dependent on the cost category and could include, but is not limited to, financial statements, ledgers, payroll documentation (time sheets, employee roster, organizational charts, hiring documentation, and related), policies and procedures, training documentation, and invoices.

17) Where is reporting completed?

Reporting is performed in the Ohio Grants Portal. The Grant Contact entered on the application will receive an email upon approval of the application with directions to access the Ohio Grants Portal. The Grant Contact is the only representative provided access to complete reporting. The Ohio Grants Portal has a planned upgrade on or after April 2023. This update may require a new log-in to be established. Additional details on this process, along with a job aid, will be distributed closer to the first deadline.

18) How should funds be tracked?

Providers must have the ability to show the activity that supports the use of funds and be able to show all funds have been exhausted by the period ending June 30, 2024.

19) What documentation should I keep for this program?

Providers must account for all expenses with supporting documentation that validates the funds were expended in accordance with this program as well as the entity's policies. Documentation such as payroll records, ledgers, policies and procedures, training records, and invoices should substantiate that costs were allowable and incurred within the parameters of this program. Additionally, any policy a facility creates to facilitate workforce relief efforts must be documented and retained.

The provider's ledger should clearly account for (a) the receipt of the relief payment and (b) all associated payments used against the relief payment.

Providers will not be required to readily provide detailed financial documentation as part of the quarterly financial status reporting process. However, OBM may select a quarter whereas the supporting documentation will be requested to be provided. Providers should be ready and retain all documentation for future reference and review of funds. See requirements within this document and the Beneficiary Agreement regarding records retention.

20) Will there be a review over the use of these funds?

Yes. OBM must ensure funds are used in accordance with this established relief program and in accordance with Section 280.28 of H.B. 45 (134th General Assembly). Review of these funds will be done by the Ohio Grants Partnership section of OBM.

21) How long should providers retain records relating to the ARPA and supporting expenditures?

Records shall be maintained for a period of five (5) years after all funds have been expended or returned to the U.S. Treasury by the Grantor (State of Ohio), whichever is later.

22) Are these funds subject to the Single Audit Act?

No. Funds for this program are provided to an impacted industry to deal with pandemic impacts. Recipients are considered beneficiaries of the funding.

23) Are administrative costs an eligible use?

No. Funds must be used in accordance with Section 280.28 of H.B. 45 (134th General Assembly) and the U.S. Treasury's <u>Final Rule</u>. For purposes of the Nursing Facility Workforce Relief Program, funding must support workforce relief impacts.

24) Can funds be garnished or used for another purpose other than those specified as part of this subaward?

No. Providers are required to sign the Beneficiary Agreement as part of accepting these funds. Funds must be used for the intended purpose and may not be garnished by debt collectors or other collection agencies. If a provider changes management or ownership, the funds must still be accounted for by the original recipient and shown as appropriately expended.

25) What is the process for returning unexpended funds to the State of Ohio?

The performance period for this program ends on June 30, 2024. Repayment of unexpended funds must be made by July 31, 2024. Returns can be made via check payable to the Treasurer of the State of Ohio and mailed to:

Ohio Office of Budget and Management ATTN: Fiscal Section – Nursing Facility Workforce Relief Program Return 30 E. Broad St., 34th Floor Columbus, OH 43215

26) How will communications regarding this program be sent?

The Ohio Grants Partnership, a section of the Office of Budget and Management, will be administering this funding. All communication will be sent via email to the Authorized Representative and Grant Contact entered on the application. Be careful to ensure this contact information is accurately entered on the application. If a change is needed, please email ARPAprovider@obm.ohio.gov.

27) Who do I contact with questions?

The Ohio Grants Partnership is available to answer any related questions or concerns that you may have via e-mail to: ARPAprovider@obm.ohio.gov

