

Missouri Nursing Facility Strike Team and Infrastructure Award Application

Nursing Facility Operator Name *

Enter Operator Name here - must match MissouriBUYS registration.
Operators who own/operate multiple facilities should submit one application for all of the facilities they own/operate. Facility details will be collected below.

NOTE: All applicants must be a registered with the State of Missouri's financial system, MissouriBUYS, prior to completing application.

To register as a vendor, visit <https://missouribuys.mo.gov/registration>.

MissouriBUYS Vendor Number *

Street Address *

Enter Operator address - must match MissouriBUYS registration.

City, State Zip *

Enter Operator city, state, and zip - must match MissouriBUYS registration.

Primary Contact Name *

All communication from the DHSS Strike Team will be directed to the contact listed here. If applicant contact changes after time of application, notify DHSS Strike Team via email at LTCStrikeTeam@health.mo.gov.

Primary Contact Phone Number *

Primary Contact Email Address *

Which type of facilities owned and operated by the applicant have expenses to be reimbursed by this award. *

SNF - Skilled Nursing Facilities

LTC/Other - Long Term Care and Other Nursing Facilities

List of facilities in operation on July 1, 2022 was included with the funding announcement.

Each facility is eligible for a maximum amount of reimbursement based on number of licensed beds as of July 1, 2022. Please contact the DHSS Strike Team via e-mail at LTCStrikeTeam@health.mo.gov if you need assistance determining your maximum reimbursement amount or disagree with the bed counts listed.

If you own/operate a facility not listed that opened after July 1, 2022, please contact the DHSS Strike Team via e-mail at LTCStrikeTeam@health.mo.gov for further instructions.

- SNF
- LTC/Other
- BOTH

Facilities *

Select each facility owned/operated by applicant from the drop-down list.

Facilities are listed in the following format: DHSS Facility Number - Facility Name - Facility Type

Skilled Nursing Facilities Reimbursement

The next set of questions are specific to eligible expenses for applicant owned/operated **Skilled Nursing Facilities** only.

Maximum SNF Reimbursement Amount *

Using column A on the referenced facility listing, calculate the maximum reimbursement amount the applicant is eligible to receive in SNF expense reimbursement for all SNF facilities listed in the application?

Do not request reimbursement for expenses that exceed this amount.

SNF: Are you requesting reimbursement for direct wage expenses paid to staff?

Eligible Payroll Costs:

- Clinical staffing (e.g. expand existing staff to cover shortages during outbreaks, staff to support infection control, patient/resident testing and vaccinations, etc.).
- Nonclinical staffing (e.g. for monitoring and auditing infection control practices, vaccination or testing/screening procedures, etc.).

If yes, enter the total amount of eligible direct wage expenses you are seeking for reimbursement.

SNF: Are you requesting reimbursement for staffing resources paid directly to staffing agency(s)?

Eligible Payroll Costs:

- Clinical staffing (e.g. expand existing staff to cover shortages during outbreaks, staff to support infection control, patient/resident testing and vaccinations, etc.).
- Nonclinical staffing (e.g. for monitoring and auditing infection control practices, vaccination or testing/screening procedures, etc.).

If yes, enter the total amount of eligible staffing agency expenses you are seeking for reimbursement.

SNF: Are you requesting reimbursement for training and education expenses?

Eligible Training and Education Costs:

- Infection Prevention training and education for facility staff
- Disease prevention and response training
- Software training related to COVID-19 response

If yes, enter the total amount of eligible training and education expenses you are seeking for reimbursement.

SNF: Are you requesting reimbursement for operational costs and supplies expenses?

Eligible Operational Costs and Supply Costs:

- Personal protective equipment
 - Note: Contract funds shall only be expended on PPE not available to facilities from the Department PPE Warehouse which can be ordered at: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php>
- N-95 (or other appropriate respirator) fit testing services and/or supplies.
- Cleaning supplies
- Sanitation company services
- Software used in tracking COVID-19-related information
- Information Technology tools to facilitate care or infection control evaluations (e.g. purchase laptops, tablets, Telehealth, screening kiosks or apps to support this).
- Materials and supplies based on identified infection control gaps (e.g. testing materials, equipment, isolation kits/carts, etc.) to support COVID-19 efforts for testing and mitigation.
- Environmental assessments (e.g. air quality assessments, HVAC, etc.).

- Visitation aids (i.e., tablets for virtual visits; physical barrier equipment, such as Plexiglas for in-person visits; etc.)
- Portable fans, air cleaners, filtration systems, etc.

If yes, enter the total amount of eligible operational cost expenses you are seeking for reimbursement.

Long Term Care and Other Nursing Facilities

The next set of questions are specific to eligible expenses for applicant owned/operated **Long Term Care and Other Nursing Facilities** only. This does NOT include Skilled Nursing Facilities.

Maximum LTC Reimbursement Amount *

Using column A on the referenced facility listing, calculate the maximum reimbursement amount the applicant is eligible to receive in LTC/Other expense reimbursement for all LTC/Other facilities listed in the application?

Do not request reimbursement for expenses that exceed this amount.

LTC/Other: Are you requesting reimbursement for direct wage expenses paid to staff?

Eligible Payroll Costs:

Clinical staffing (e.g. expand existing staff to cover shortages during outbreaks, staff to support infection control, patient/resident testing and vaccinations, etc.).

Nonclinical staffing (e.g. for monitoring and auditing infection control practices, vaccination or testing/screening procedures, etc.).

If yes, enter the total amount of eligible direct wage expenses you are seeking for reimbursement.

LTC/Other: Are you requesting reimbursement for staffing resources paid directly to staffing agency(s)?

Eligible Payroll Costs:

Clinical staffing (e.g. expand existing staff to cover shortages during outbreaks, staff to support infection control, patient/resident testing and vaccinations, etc.).

Nonclinical staffing (e.g. for monitoring and auditing infection control practices, vaccination or testing/screening procedures, etc.).

If yes, enter the total amount of eligible staffing agency expenses you are seeking for reimbursement.

LTC/Other: Are you requesting reimbursement for training and education expenses?

Eligible Training and Education Costs:

Infection Prevention training and education for facility staff

Disease prevention and response training

Software training related to COVID-19 response

If yes, enter the total amount of eligible training and education expenses you are seeking for reimbursement.

LTC/Other: Are you requesting reimbursement for operational costs and supplies expenses?

Eligible Operational Costs and Supply Costs:

- Personal protective equipment
 - Note: Contract funds shall only be expended on PPE not available to facilities from the Department PPE Warehouse which can be ordered at: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php>
- N-95 (or other appropriate respirator) fit testing services and/or supplies.
- Cleaning supplies
- Sanitation company services
- Software used in tracking COVID-19-related information
- Information Technology tools to facilitate care or infection control evaluations (e.g. purchase laptops, tablets, Telehealth, screening kiosks or apps to support this).
- Materials and supplies based on identified infection control gaps (e.g. testing materials, equipment, isolation kits/carts, etc.) to support COVID-19 efforts for testing and mitigation.
- Environmental assessments (e.g. air quality assessments, HVAC, etc.).
- Visitation aids (i.e., tablets for virtual visits; physical barrier equipment, such as Plexiglas for in-person visits; etc.)
- Portable fans, air cleaners, filtration systems, etc.

If yes, enter the total amount of eligible operational cost expenses you are seeking for reimbursement.

Supporting Documentation Upload *

Upload required supporting documentation for all expenses you are seeking for reimbursement. A maximum of 10 files is allowed.

Required supporting documentation by expense category:

Payroll Costs

- Direct Wages
 - Time sheets

- Pay stubs
- Staffing Agency
 - Time sheets
 - Paid staffing agency invoice(s)

Training and Orientation Costs

- Paid vendor invoice(s)

Operational Costs and Supply Costs

- Purchase order(s)
- Invoice(s)
- Paid vendor invoice(s)

Files must be named in the following format:

Operator/Facility Name - Facility Type - Expense Category - Date of Submission

Examples:

ABC Nursing - SNF - Direct Wages - 07.08.2023

XYZ Operations - LTC - Operational Costs - 02.01.2024

Drag and drop files here or [browse files](#)

This program is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$14,994,016 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Send me a copy of my responses

Submit

Powered by  smartsheet

[Privacy Notice](#) | [Report Abuse](#)