



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**BUREAU OF ACUTE CARE SYSTEMS
MISSISSIPPI HOSPITAL SUSTAINABILITY GRANT PROGRAM
GRANT APPLICATION**

The Mississippi State Department of Health (“MSDH”) is accepting applications for the Mississippi Hospital Sustainability Grant Program. This program was established by the Legislature for the purpose of strengthening, improving, and preserving access to hospital care services for all Mississippians in recognition of the challenges incurred by hospitals as a result of the COVID-19 pandemic.

IMPORTANT INFORMATION:

This application is for the Mississippi Hospital Sustainability Grant Program.

This application is being made available as a resource to facilitate applicant’s preparation of the application; however, the finalized application must be submitted via Smartsheet (link located at <https://msdh.ms.gov/sustainabilitygrant>) to MSDH. MSDH will not accept applications submitted by mail or as a standalone document (e.g., Microsoft Word or Adobe PDF).

APPLICABLE LEGISLATION:	Senate Bill 2372 House Bill 271
GRANT PROGRAM TITLE:	Mississippi Hospital Sustainability Grant Program
DUE DATE FOR APPLICATIONS:	The Program application window will open on June 1, 2023, and close at 11:59 pm CST on December 31, 2023.
ESTIMATED NO. OF AWARDS:	MSDH will award grants to eligible beneficiaries, as defined by the program rules and regulations, and until the amount appropriated in HB 271 is reached. Funds must be obligated by June 30, 2024.

ELIGIBLE
APPLICANTS:

To be considered for funding under this Program, an entity must (1) be defined as eligible to apply in SB 2372, Section 1 (3) (a-f) listed below:

QUALIFYING UNDER THE CATEGORIES LISTED DOES NOT GUARANTEE THE SPECIFIED AMOUNT UNDER THAT CATEGORY. THE AWARD AMOUNT WILL BE CALCULATED BASED ON THE DOCUMENTED NEGATIVE ECONOMIC IMPACT UP TO THE AMOUNT LISTED IN THEIR APPLICABLE CATEGORY.

- (a) Each licensed hospital that has fewer than one hundred (100) licensed beds and that is not classified as a critical access hospital that operates an emergency department, are eligible to receive funding to defray the costs of providing emergency department services;
- (b) Each rural hospital that has fewer than one hundred (100) licensed beds and that is classified as a critical access hospital that operates an emergency department, are eligible to receive funding to defray the costs of providing emergency department services;
- (c) Each hospital that operates an emergency department and that has more than one hundred (100) licensed beds, are eligible to receive funding;
- (d) Each hospital with fewer than two hundred (200) licensed beds with the majority of such beds being dedicated to providing specialty services such as women’s health services, long-term acute care, rehabilitation, or psychiatric services, are eligible to receive funding;
- (e) Each rural hospital with fewer than one hundred (100) licensed beds with no emergency department, are eligible to receive funding to defray the costs of providing access to hospital care in rural communities;
- (f) In addition to the those listed above, each small rural hospital with fifty (50) beds or less which operates an emergency department, are eligible to receive funding to defray the costs of providing access to hospital care in rural communities.

HOSPITALS OWNED AND OPERATED BY THE DEPARTMENT OF VETERANS AFFAIRS AND THE STATE DEPARTMENT OF MENTAL HEALTH ARE NOT ELIGIBLE TO APPLY. NO OTHER ENTITIES EXCEPT AS EXPRESSLY DEFINED HEREIN AND IN COMPLIANCE WITH SB 2372 WILL BE ELIGIBLE TO APPLY FOR FUNDING UNDER THIS PROGRAM.

The Program will maintain Frequently Asked Questions on the Department website:
<https://msdh.ms.gov/sustainabilitygrant>.

A HOSPITAL IS NOT ELIGIBLE TO RECEIVE FUNDING UNLESS IT HAS SUBMITTED A FORMAL APPLICATION WITH ALL REQUIRED INFORMATION AND SUPPORTING DOCUMENTATION AND THE APPLICATION HAS BEEN REVIEWED AND DEEMED ELIGIBLE UNDER PROGRAM GUIDELINES.

Applicant Information			
Name of Hospital as Licensed with the MS Department of Health			
Federal Tax ID #			
MAGIC Vendor #			
Hospital Type	<input type="checkbox"/> Individual/Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> County-Owned <input type="checkbox"/> Other_____		
Brief Description of the Hospital and its Services Provided. (Please include any services to rural and/or disproportionately impacted communities)			
Are you a licensed healthcare services provider or another service provider?	<input type="checkbox"/> Healthcare Services Provider <input type="checkbox"/> Other Services Provider		
If you are a Healthcare Services Provider, do you have a National Provider Identifier Number (NPI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, provide your NPI: If no, provide type of license and license number:	NPI #: Type: Number:
If you are an Other Services Provider, provide your Organization Type & NAICS Code	Organization Type:		NAICS Code:

Applicant Physical Address*	Street:	
	City:	
	State:	
	Zip:	
Applicant Mailing Address*	Street:	
	City:	
	State:	
	Zip:	

***One of these addresses MUST match the address reported in MAGIC.**

Applicant Primary Contact Person	Name:			
	Title:		Phone:	
	Email:			

Authorized Signer of Grant Contract	Name:			
	Title:		Phone:	
	Email:			

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Has the entity applied for or received other funding or assistance related to the COVID-19 pandemic? Please disclose the total financial assistance received related to COVID 19 pandemic. This includes resources such as cash awards, insurance proceeds, grants, and loans received or made available including awards under state, local, or federal programs, and from private or nonprofit charity organizations. The total received funding should include ANY funding related to COVID and may not agree to the amount calculated in FY 2021 and FY 2022 below. If additional space is needed to list other funding sources, please include a separate attachment. Itemize all funding sources and include the period it was received, period it was recognized, source of funding, description, and amount.

NOTE: Applicants will NOT be reimbursed for increased operating expenses previously reimbursed by any other funding source and will be required to certify that no other funding has been received in relation to the costs covered under this program. If additional funding has been received, it will be factored into the award calculation, as appropriate.

Funding Source 1

Status:	<input type="checkbox"/> Applied for Funding <input type="checkbox"/> Pending Award Funds <input type="checkbox"/> Awarded		
Amount/ Expected Amount:		Period Received/ Period Recognized:	
Description:			
Source of Funds:			

Funding Source 2			
Status:	<input type="checkbox"/> Applied for Funding	<input type="checkbox"/> Pending Award Funds	<input type="checkbox"/> Awarded
Amount/ Expected Amount:		Period Received/ Period Recognized:	
Description:			
Source of Funds:			

Funding Source 3			
Status:	<input type="checkbox"/> Applied for Funding	<input type="checkbox"/> Pending Award Funds	<input type="checkbox"/> Awarded
Amount/ Expected Amount:		Period Received/ Period Recognized:	
Description:			
Source of Funds:			

Hospital Category	
<p>See the Rules and Regulations for detailed descriptions and definitions per SB 2372, Section 1 (3) (a-f)</p>	<p>Select ONE only from (a) thru (e).</p> <p><input type="checkbox"/> (a) A hospital with fewer than one hundred (100) licensed beds and that is not classified as a critical access hospital that operates an emergency department</p> <p><input type="checkbox"/> (b) A rural hospital that has fewer than one hundred (100) licensed beds and that is classified as a critical access hospital that operates an emergency department</p> <p><input type="checkbox"/> (c) A hospital that operates an emergency department and that has more than one hundred (100) licensed beds</p> <p><input type="checkbox"/> (d) A hospital with fewer than two hundred (200) licensed beds with the majority of such beds being dedicated to providing specialty services such as women’s health services, long-term acute care, rehabilitation, or psychiatric services</p> <p><input type="checkbox"/> (e) A rural hospital with fewer than one hundred (100) licensed beds with no emergency department</p> <p>If (a) or (b) is selected above, select (f), if applicable.</p> <p><input type="checkbox"/> (f) A small rural hospital with fifty (50) beds or less which operated an emergency department</p>

Grant Funds Requested

See the [Rules and Regulations](#) for maximum award amount in each hospital category per [SB 2372, Section 1 \(3\)](#) (a-f)

As per the ARPA Final Rule, the use of ARPA funds must be reasonably proportional to the harm experienced. As such, applicants must submit revenue and operating expense data from the fiscal years 2017, 2018, and 2019 as compared to revenue and operating expenses for fiscal years 2021 & 2022. Using the data from FYs 2017-2019, a pre-pandemic baseline will be determined. This will be compared to FY 2021 and 2022 data to calculate the negative impact resulting from or exacerbated by the pandemic. As ARPA costs can only cover periods beyond March 3, 2021, and to facilitate ease of calculating the negative economic impact, the data included below should begin as of April 1, 2021.

Using the table below, calculate the negative economic impact that your organization will be capturing for this application. The data used should be supported by your organization's audited or reviewed financial statements. If audited or reviewed financial statements are not available, internally prepared financials may be submitted. Use of internal financials may cause a delay in processing time and MSDH may contact you for additional information in order to process your application. Include data for each quarter the hospital was in operation.

PRE-PANDEMIC FISCAL YEARS

	Q1	Q2	Q3	Q4	Total
a. FY 2017 Revenue					
b. FY 2018 Revenue					
c. FY 2019 Revenue					
d. Average Pre-Pandemic Revenue (avg. a thru c)					
e. FY 2017 Operating Expenses					
f. FY 2018 Operating Expenses					
g. FY 2019 Operating Expenses					
h. Average Pre-Pandemic Operating Expenses (avg. e thru g)					
i. FY 2017 Non-Operating Revenue/(Expense)					
j. FY 2018 Non-Operating Revenue/(Expense)					
k. FY 2019 Non-Operating Revenue/(Expense)					
l. Average Pre-Pandemic Non-Operating Revenues/ (Expenses) (avg. i thru k)					
m. Pre-Pandemic Baseline Net Income (Loss) (d - h + l)					

Post-Pandemic Fiscal Years

FY 2021 – Include Qtrs 4/1/21 & after	Q1	Q2	Q3	Q4	Total
a. FY 2021 Revenue					
b. FY 2021 Operating Expenses					
c. FY 2021 Non-Operating Revenue/(Expenses)					
d. Net Income (Loss) (a - b + c)					
e. COVID and other relief funding recognized in this period					
f. Adjusted Net Income for Application (d - e)					
g. Pre-Pandemic Baseline (m from table above)					
h. Negative Economic Impact (f - g)					
FY 2022	Q1	Q2	Q3	Q4	Total
i. FY 2022 Revenue					
j. FY 2022 Operating Expenses					
k. FY 2022 Non-Operating Revenue/(Expenses)					
l. Net Income (Loss) (i - j + k)					
m. COVID and other relief funding recognized in this period					
n. Adjusted Net Income for Application (l - m)					
o. Pre-Pandemic Baseline (m from table above)					
p. Negative Economic Impact (n - o)					
FY 2023 – if needed for non-calendar year providers. Only include through Dec 2022	Q1	Q2	Q3	Q4	Total
q. FY 2023 Revenue					
r. FY 2023 Operating Expenses					
s. FY 2023 Non-Operating Revenue/(Expenses)					
t. Net Income (Loss) (q - r + s)					
u. COVID and other relief funding recognized in this period					
v. Adjusted Net Income for Application (t - u)					
w. Pre-Pandemic Baseline (m from table above)					
x. Negative Economic Impact (v - w)					
y. Total Negative Economic Impact (h + p + x)					

z. Duplication of Benefits (e + m + u)					
aa. Net Negative Economic Impact (y - z)					
bb. Cap Amount per Category***					
cc. Grant Amount Requested (lesser of aa and bb)					

If Category (a) or (b) Hospital, complete section below.

Emergency Department Operating Expenses	Q1	Q2	Q3	Q4	Total
FY 2021					
FY 2022					
FY 2023 (if needed for non-calendar year providers)					

***See the Rules and Regulations, Rule 1.1.2: Funding Formula for Eligible Beneficiaries, for more information on hospital categories and maximum allowed funding amounts, per SB 2372, Section 1 (3) (a-f):

- ❖ \$625,000 - maximum allowed under category (a)
- ❖ \$500,000 - maximum allowed under categories (b) and (d)
- ❖ \$1,000,000 - maximum allowed under category (c)
- ❖ \$300,000 - maximum allowed under category (e)
- ❖ \$250,000 - maximum allowed under category (f)

Note: In the event funds remain available after the close of the Program’s initial application period, and funding of all Eligible Beneficiaries, MSDH will work directly with the Mississippi Legislature to develop a plan for allocating any remaining program funds in compliance with federal regulations.

Required Application and Eligibility Documentation

Please provide a narrative response that addresses your organization's negative economic impact due to the COVID-19 pandemic as supported by the data provided within the calculation of the requested grant amount. *(Maximum 750 words)*

Required Supporting Documentation

Please include the following with your application, as applicable below:

- **Audited/reviewed financial statements for FYs 2017-2019, 2021, and 2022 to support the negative economic impact used in calculating the requested grant amount. Amounts included in the requested grant amount should reconcile to the audited/reviewed financial statements for the hospital. If the hospital is part of a hospital system, audited/reviewed financials of the hospital system will be accepted but the data provided for the individual hospital must reconcile to the financials provided for the hospital system. If audited or reviewed financial statements are not available, internally prepared financials may be submitted. Use of internal financials may cause a delay in processing time and MSDH may contact you for additional information in order to process your application.**
- Internal Revenue Service: Certified Taxpayer Identification Number (“TIN”)
- Other documentation considered necessary to support the administrative review.

According to the U.S. Department of the Treasury Coronavirus State and Local Fiscal Recovery Fund rules, the Uniform Guidance at 2 C.F.R. 200, and any other applicable authorities, the Mississippi Hospital Sustainability Grant Program (MHSB Program) cannot provide benefits to an applicant that has already received duplicate benefits under any other program, insurance policy, or any other source of financial assistance. A duplication of benefits occurs when the amount of the assistance exceeds the total identified need.

Therefore, I, [Authorized Representative Name], authorized representative for the Hospital [Hospital Name], hereby certify that Hospital is not applying for funds that would constitute a duplication of benefits and that the information stated in this application is true and correct according to my personal knowledge. I acknowledge that providing false information constitutes just cause to deny my participation in the MHSB Program, or the cancellation of MHSB Program benefits, and could result in reimbursement or restitution of funds disbursed for any type of financial assistance provided by the MHSB Program.

Warning: Any person who knowingly makes a false claim or statement may be subject to civil or criminal penalties under 18 U.S.C. § 287, § 1001 and 31 U.S.C. § 3729.

Name of Authorized
Representative

Signature of Authorized
Representative

Date