Important CMS Updated Information (As of 4/30/20)

1. Any authorized healthcare professional can now order COVID-19 tests
2. Medicare and Medicaid now cover:
   a. certain serology (antibody) tests
   b. lab processing of certain FDA-authorized tests that beneficiaries self-collect
3. Nurse practitioners, clinical nurse specialists, and physician assistants can now provide home health services
4. During the COVID-19 pandemic, CMS has waived limitations on the types of clinical practitioners who can furnish Medicare telehealth services
5. CMS has:
   a. increased payments for telephone visits to match those for similar office and outpatient services (effective 3/1/2020)
   b. waived the video requirement for certain telephone evaluation and management services
6. List of telehealth services Medicare covers during the public health emergency
Currently Unknown Answers

- When will testing be expanded to the general population?
- What is the rate of false positives?
- Where can you get an infant tested?
- When will antibody testing be available in Maryland?
- How effective is the antibody test?

Patient Treatment

When can we start seeing patients in the office again?
Use clinical judgement on a case-by-case basis.

Does the MDPCP PMO recommend practices cancel all non-urgent appointments? If so, what types of appointments would be urgent enough to warrant a home visit? What situations would warrant an office visit rather than a home visit?

No. Maryland’s Secretary of Health on 5/6/20 ordered “All licensed healthcare facilities and healthcare providers may resume elective and non-urgent medical procedures and appointments at 7:00 A.M., May 7, 2020,” provided certain COVID-19-specific safety measures are in place. His order may be seen at: [https://health.maryland.gov/mdpcp/Documents/05.06.2020%20MDH%20Sec%20Order%20-%20Amended%20Various%20Healthcare%20Matters.pdf](https://health.maryland.gov/mdpcp/Documents/05.06.2020%20MDH%20Sec%20Order%20-%20Amended%20Various%20Healthcare%20Matters.pdf)

Healthcare providers should follow their personal experience and clinical judgment to decide whether and when home or in-clinic visits are warranted.

What should practices be doing during the COVID-19 public health emergency?
The MDPCP PMO recommends the aggressive and proactive triage of patients suspected or confirmed to have contracted COVID-19. The goal is to maximize the treatment of these patients at home or, if they must visit a provider’s office, to ensure they will be isolated while providers determine how to treat them. We recommend the following:
- Review your patient lists in your E.H.R. and the CRISP Pre-AH report - “Likelihood for Avoidable Hospital Events” - to proactively reach out to all high-risk and vulnerable patients
- Use telemedicine whenever possible to provide care; conduct face-to-face visits only when deemed necessary.
- Do Not Close Your Office – remember we need to maintain access to care – Thank You!

How should providers determine which patients should be tested for COVID-19 infection?
Guidance is presented in the section below as the first answer under Patient Symptoms. Providers’ clinical intuition can also be used to help guide the rationale for testing. It makes sense to test patients with underlying conditions and patients who appear to have more respiratory symptoms than a typical mild upper respiratory infection. Guidance on testing will change during the course of the epidemic. You should adhere to current guidance as presented by the Maryland Department of Health.

Are primary care physicians required to collect samples for COVID-19 testing?
No. There is no requirement that providers collect samples, but it is encouraged for patients at high risk for COVID-19 disease and/or who present with symptoms indicative of infection. Providers should stay safe and well protected using the required PPE if they do choose to collect samples.

Where should providers without capacity to test patients for COVID-19 refer patients for tests?
Patients require a referral provider order to access testing. Providers should reach out to their local hospitals and/or consult the link to testing sites below. These sites are subject to host locations’ restrictions and availability. The State is providing drive-through testing at several Vehicle Emissions...
Inspection Program (VEIP) locations – FAQs available here.

Please click here for a current list of testing sites.

When patients contact COVID-19 testing sites, does triage still ask about only cough, fever, and shortness of breath?
No, additional symptoms are questioned.

Is there anything new on COVID-19 test sensitivity and specificity? Do all tests give IGG/IGM results?
Any up-to-date information on whether IGG presence confers immunity?
We have reached out to the state to provide us with these guidelines. It is best to rely on FDA-approved tests, then use clinical judgment and scientific evidence to interpret the results.

What defines an immunocompromised population?
Examples include people on chemotherapy, people with immune disorders, people with HIV, the significantly elderly, and others who under other circumstances the clinician would have concerns about their ability to fight infections.

When patients call to request a flu evaluation, but are not experiencing respiratory distress, should providers give supportive advice over the phone?
The MDPCP PMO recommends in this situation the individual be treated at home, but providers should evaluate such situations on a case-by-case basis. For additional guidance, please refer to the Primary Care Process Map.

Should providers triage outside the waiting area to separate patients seeking COVID-19 testing from those who are not?
Yes. Ideally, practices should be triaging patients prior to coming to the office.

Is it safe to conduct home visits to patients who are home-bound?
Yes. Home visits are allowable and safe provided clinicians use appropriate precautions.

What does “quarantine at home” mean?
Staying at home, practicing social distancing, using good hygiene, and surface cleaning. Individuals who are “quarantining at home” should practice self-isolation, including self-isolation from all others in the home.

Should primary care physicians give antibiotics to these types of patients?
No. Antibiotics should not be given to treat COVID-19; they are ineffective against viruses.

Should we give vaccines during the pandemic?
Yes.

What are current recommendations on using chloroquine and hydroxychloroquine to treat COVID-19. How should providers advise patients on using these drugs?
As of April 25, 2020, the US Centers for Disease Control notes “there are no drugs or other therapeutics presently approved by the US Food and Drug Administration to prevent or treat COVID-19. Current clinical management includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilator support when indicated.” The CDC’s webpage on COVID-19 therapeutic options is here.
Chloroquine and hydroxychloroquine do have side effects. Patients with heart problems and others who take other drugs such as anti-depressants that have an impact on heart rhythm are at risk of death. Moreover, patients who take the drugs over long periods of time may develop retinopathy. The use of azithromycin can also have an adverse impact on patients’ cardiac systems. The FDA chloroquine factsheet for providers is available [here](#) and the FDA hydroxychloroquine factsheet for providers is available [here](#). Neither drug is FDA-approved to treat COVID-19. Since March 18, a clinical trial has been underway to determine whether hydroxychloroquine can prevent COVID-19 infection. The results from controlled studies will guide the future use of these and other agents.

The MDPCP PMO advises providers to adhere to FDA guidelines regarding the use of unapproved agents in the treatment of Covid-19.

**How do I find the COVID-19 test results in CRISP?**
Results are found in Health Records in the Unified Landing Page ULP (which is specific for MDPCP Practices only). CRISP also triggers ENS notifications (also on the ULP) for all results. And lastly, CRISP calls and fax the results to the practice as well.

**Why am I not seeing COVID-19 test results in CRISP?**
It is likely the results are not seen in CRISP because access is limited only to the PDMP. If the practice is a part of MDPCP, someone within the practice should/will have access to the Unified Landing Page (ULP) and the results can be viewed there. If the practice is not a part of MDPCP, CRISP is calling and faxing results to all the practices.

**Pediatrics**

**What is known about Pediatric Multisystem Inflammatory Syndrome?**
- Possibly linked to COVID-19 infection status
- Symptoms:
  - Overlap with Kawasaki Disease and Toxic Shock Syndrome
  - Possible elevated inflammatory markers, fever and abdominal symptoms, rash, myocarditis and other cardiovascular changes
  - Some patients have developed cardiogenic or vasogenic shock requiring ICU; may occur days to weeks post-acute COVID-19 illness
- ESSENTIAL to recognize early and report to an inpatient specialist, including to critical care!
- Most patients presenting with this syndrome have tested positive for SARS COV-2 or corresponding antibodies
- Hospitals must immediately report cases to their state department of health

**When to test pediatric patients?**
According to the practitioners’ clinical judgement.

**How should pediatric practices deal with screening?**
Pediatric patients are as likely as anybody to contract COVID-19, but they are at comparatively low risk of experiencing significant consequences from the viral infection. Pediatric practices should still adhere to CDC guidelines if they choose to sample patients for infection. Immunocompromised children are at risk, so should be closely monitored. Please review guidelines by the American Academy of Pediatrics for more information.

**Do VEIP sites test children?**
Some sites test children, but generally they do not. Children must be at least 2 months old to be tested.
Please call ahead.

Where else can a person under 18 years old be tested?
Children’s National Hospital in Washington, DC.

**Telemedicine**

*When is an office visit warranted rather than consultation via telemedicine?*

Use clinical judgement on a case-by-case basis.

*Do the major insurers pay for telemedicine when the patient is at home?* – Yes. Medicaid now allows the use of telemedicine to treat patients in their homes. [Click here for more information](https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx). For more information on Medicaid and updates on COVID-19 guidance, please visit this webpage: https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx

Commercial insurers in Maryland, under state statute, are required to pay the same amount they would pay for a face-to-face visit for appropriate telemedicine services. For more information, refer to the [MHCC Telehealth guide](https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx). Additional information is available on the [MDPCP Coronavirus Page](https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx).

Medicare now pays for telemedicine regardless of location. The encounter needs to be documented in the patient’s chart and the patient cannot be seen for the same condition in seven days. Medicare has removed the geographic restriction to rural areas. Providers may also reduce or waive cost sharing. [For more information please click here](https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx). For more information on Medicare rules and reimbursement for telemedicine, please visit: [https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf](https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf)


**Can annual wellness visits (AWV) be performed via telehealth?**

Yes. AWVs are allowable via telehealth under COVID-19 Section 1135 Waiver Expansion. The AWV can be completed via telehealth using the billing codes G0438 and G0439. These codes are allowed only for patients who have previously completed the "Welcome to Medicare" G0402 visit in person, as this includes a physical exam. Following a "Welcome to Medicare" visit a practice may complete the [initial] AWV (billed once in a lifetime as G0438) as telehealth, 12 months after the "Welcome to Medicare" visit. All subsequent AWVs, whether telehealth or in-person, will be billed as G0439.

Regarding the Health Risk Assessment (HRA), AWVs traditionally have an HRA to collect data pertinent to the patient’s health. With respect to COVID-19 restrictions, the clinician must rely on self-reported data from the patient or data from Remote Patient Monitoring devices.

As a reminder, AWVs should be completed by physicians, physician assistants, nurse practitioners, or clinical nurse specialists. Medicare pays for only one "Welcome to Medicare" visit per beneficiary per lifetime and one subsequent AWV per year thereafter.

Online Telehealth Resources:

What are the covered Medicare telehealth services under the Public Health Emergency?
See https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Which procedures should providers follow when conducting AWVs with telemedicine when the patient does not have devices to assess factors such as weight and blood pressure?
Document the inability to record those measurements and address the issues verbally. This is mainly a concern when the patient has a history or symptoms of abnormal blood pressure or weight problems. The provider should query the patient relative to signs and symptoms of abnormal blood pressure, weight gain or weight loss and document the patient’s responses.

What other service can I provide with a Medicare Annual Wellness Visit via Telemedicine?
Practices can perform Advance Care Planning via Telemedicine and bill 99497, 99498. When you bill for this service during Annual Wellness Visit, patients will not be charged coinsurance. All other times, Advance Care Planning codes will be charged coinsurance to the beneficiary.

Do patients need to have a signed consent form before participating in telemedicine video visits?
No. Either verbal or written consent is enough.

Should on-site visits conducted through video or a window in the clinic be reported as telemedicine services?
Services can be reported as telemedicine when the physician or professional providing the telemedicine service is not at the same location as the beneficiary.

Where can I find more information on telemedicine vendors and guidance on implementing it in my practice?
Please look at information on the MDPCP Coronavirus page, as well as the CMS Telemedicine Toolkit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Patient Symptoms
Do all patients who have symptoms need to be tested if they have mild COVID-19 symptoms?
Not at the current time. As the epidemic moves through phases the guidance on testing will change. The current recommendation is to test only symptomatic patients. Providers should use their best clinical judgement. The highest priority should be to test patients who are most at risk. Due to the scarcity of personal protective equipment (PPE) and testing supplies, the Maryland Primary Care Program’s (MDPCP) Program Management Office (PMO) recommends that providers maintain close contact with patients who are otherwise healthy with a low-grade fever and mild symptoms, that they closely monitor these patients’ symptoms, and that they use symptomatic treatment at home. The PMO advises that clinical judgment should guide the amount of testing conducted or recommended by providers. Due to wide-scale shortages of laboratory supplies and reagents, Secretary of Health Neall on May 6, 2020, directed public health and healthcare professionals to prioritize COVID-19 testing as follows:

1. Symptomatic hospitalized patients
2. Symptomatic patients and staff in nursing homes, long-term care facilities, and other congregate living facilities housing individuals who are medically fragile, or as directed by the Maryland Department of Health (MDH)
3. Symptomatic emergency medical service personnel, healthcare workers, correctional officers, law enforcement personnel, and other first responders
4. Symptomatic high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19
5. Persons identified through public health cluster and selected contact investigations; or
6. Persons without symptoms prioritized by MDH or a local health department, or at the direction of an MDH-designated response team

All providers and facilities offering COVID-19 testing will test all presenting at testing sites with a healthcare provider’s order and/or who meets the CDC criteria without regard to that person’s ability to pay, type of health insurance, or participation in any particular provider network.

**Should clinicians test patients for influenza when those patients experience flu-like symptoms?**
Yes. If a patient exhibits flu-like symptoms, providers should test them for both influenza and COVID-19.

**How important is the presence of fever in the diagnosis of COVID-19?**
The current guidance is demonstrated fever or the patient’s claim that he/she feels like s/he has a fever. The MDPCP PMO will learn more about the relevance of fever patterns as time goes on. The presence of fevers should raise providers’ suspicion that a patient may be infected with COVID-19. However, there have been cases in the United States where infected patients do not present with a fever, particularly if the patient is immunocompromised or less likely to develop a fever for other reasons.

**If providers don’t test people with mild symptoms, how long do they ask the patients to isolate themselves at home?**
14 days. These patients should check their temperatures twice daily at home while self-isolating for 14 days from when the first symptoms appeared.

**Equipment**
What is the Maryland State Government recommending to primary care providers who cannot obtain masks and isolation pads?
The State government has made significant strides forward to procure PPE and identify vendors. Current state guidance is to seek PPE at the Maryland Manufacturing Network Supplier Portal. Providers may also seek supplies through other PPE Vendors.

Providers should not obtain COVID-19 testing samples unless they are adequately protected in compliance with current guidelines. Maryland Government advises provider offices not equipped to test patients for COVID-19 to not test if there is risk of becoming infected.

Providers without capacity to test patients for COVID-19 may refer patients to the non-office based testing sites listed [here](#). Patients require a provider order for referral. Providers should reach out to their local hospital or consult the link to testing sites below. These sites are subject to host locations’ restrictions and availability. Also, the State is piloting drive-through testing at several Vehicle Emissions Inspections Program (VEIP) locations – FAQs available [here](#).

For a current list of testing sites, please click here:

**Can providers put their names on a list for PPE acquisition?**
Providers may request PPE by completing and submitting [this linked form](#) at the Maryland Department
of Health. PPE vendors are also listed through these links: PPE Vendors and the Maryland Manufacturing Network Supplier Portal.

Where can I get PPE and what to do if requests to the county for PPE have not been answered?
PPE vendors are listed through these links: PPE Vendors and the Maryland Manufacturing Network Supplier Portal. If no answers from requests to counties, resend/repeat your request to the county health department.

Should physicians wear facemasks when treating patients who are coughing and/or have a fever?
The patient should wear the facemask, not the clinician. It is also reasonable to have healthcare workers use face covering and/or surgical masks as available. For additional guidance, please visit the CDC guidance page for healthcare professionals.

Are primary care offices receiving COVID-19 test kits?
LabCorp is distributing diagnostic kits to primary care offices, so providers can order them via this link. More information about ordering a COVID-19 test via Quest Diagnostics is available here.

What types of areas could medical staff use to conduct outdoor triage?
The Mayo Clinic has used a parking lot to conduct triage outdoors and one hospital in Washington state has set up a temporary tent outdoors for triage.

What is the guidance for collecting Coronavirus samples?
Nasopharyngeal (NP) swabs are better than oropharyngeal (OP) swabs for sampling, but it is also important for providers to use the proper technique when testing for COVID-19 infection. Please refer to the CDC Guidance located here: https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Can PPE be worn more than once?
Yes. On May 6, 2020, Secretary Neall issued the following directive on PPE:

Subject to availability, all healthcare providers are required to immediately implement the CDC Strategies to Optimize the Supply of PPE and Equipment:

1. Use facemasks beyond the manufacturer-designated shelf-life during patient care activities
2. Implement limited re-use of facemasks. The healthcare provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner
3. Prioritize facemasks for:
   i. Essential surgeries and procedures
   ii. During care activities where splashes and sprays are anticipated
   iii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
   iv. Performing aerosol generating procedures, if respirators are no longer available
4. Exclude healthcare providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients

Also see CDC guidance at: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
**Staffing**
Do front office staff who have checked in patients with symptoms need to be self-quarantined until the COVID-19 testing has concluded?
At this time, if an individual is not symptomatic, but has tested positive for COVID-19, and an individual has been within six feet of that patient not using PPE, then that person should self-quarantine for 14 days and take his/her temperature twice a day.

Patients should call into their providers' offices before visiting them. If possible, providers should triage outdoors or in an isolated, closed area patients who may be infected with COVID-19. When patients who may have COVID-19 infection visit providers, the provider offices should practice social distancing and give them masks, if possible.

For recommended front office workflows, please refer to this sample MDPCP Front Office workflow.

**How should practices prepare for the potential quarantine of their entire staff?**
As of 4/10/20, CDC provided interim guidance here. Potential exposure means being a household contact or otherwise contact within 6 feet of someone with confirmed or suspected COVID-19 infection. Critical infrastructure personnel including healthcare workers may be permitted to work following such exposure when they remain asymptomatic and take additional precautions. Employers should measure the workers' temperatures before they start their shift.

The employee should self-monitor for temperature and onset of symptoms. Additional precautions include:
- Wear a Mask: The employee should wear a face mask at all times while at work for 14 days after last exposure
- Social Distance: The employee should maintain 6 feet from others and practice social distancing as much as their work duties permit
- Disinfect and clean workspaces: Regularly clean and disinfect all areas such as offices, bathrooms, common areas, and shared electronic equipment

**Reimbursement/Financial Matters**
Will the Federal Government offer financial assistance to practices as they work through and combat COVID-19?
Yes, as part of the recent CARES Act, the Department of Health and Human Services is beginning to deliver initial relief funding to providers in support of the national response against COVID-19. The disbursements are calculated in direct proportion to health care providers’ total amount of Medicare fee-for-service (FFS) spending in 2019. These funds are grants which do not have to be repaid. Within 30 days of receiving payments, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The portal for signing the attestation will open the week of April 13, 2020, and be available at www.hhs.gov/providerrelief.

Significant assistance is also available through other channels at the state and federal levels. Links to these resources are presented on the last two pages of this document. Finally, CMS is offering an advanced payment loan program different from the above-mentioned grants. For more information, visit the Fact Sheet on Accelerated and Advance Payments Program.

Is malpractice insurance needed for telemedicine?
Yes. Insurers are aware of the situation. Please call your insurer for guidance.
Will there be no co-pay or bill for COVID-19 tests?
Governor Hogan ordered insurers in Maryland to waive cost sharing for COVID-19 testing. See the press release from the Governor’s office.

If I am not currently enrolled with Medicare, what should I do?
Please review CMS’s FAQs on temporary relief and processes. CMS has established toll-free hotlines available to provide expedited enrollment and answer questions related to COVID-19 enrollment requirements.

General Guidance
Beyond practicing good hand hygiene, what should providers tell persons under investigation who may have contracted COVID-19 infection?
Persons under investigation for possibly contracting COVID-19 should practice social isolation, avoid face-to-face contact, thoroughly clean all surfaces, and continue with good hygienic measures.

Are there any liability issues regarding testing in a parking lot?
You should check with your liability carrier regarding this issue.

Are there any disinfectants that can fight COVID-19?
Yes. Please see the following link to CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html.

Is the Maryland Department of Health seeking volunteer and/or paid physicians to help with the workload?
Yes. The MDH seeks both. The Office of Preparedness and Response has a Maryland volunteer response workforce group. Please follow this link https://mdresponds.health.maryland.gov/ for more information. Additionally, healthcare providers now based in the Baltimore Convention Center are also recruiting to hire medical staff; visit https://www.linkedin.com/jobs/view/1788387174 for information. Employment opportunities for healthcare professional and support staff also can be found at www.marylandmednow.com

Is there a COVID-19 helpline providers can give to patients?
Yes. Patients who feel well but are concerned about their health status may call 211 for more information and support. Various healthcare organizations are also setting up call lines. Providers may also ask their healthcare systems if they are setting up clinical guidance lines to field patients’ calls.

Are there COVID-19-specific resources for seniors?
Yes. Please contact your Local Health Department or Area Agency on Aging. Many grocery stores also now offer special shopping hours for seniors. Here is a list by county of special grocery services being offered. Finally, the Maryland Department of Aging is offering a free, telephonic check-in for seniors age 65 and over.

How else can Marylanders help respond to COVID-19?
Please visit Maryland Unites. Blood samples from adults are also sought by the National Institutes of Health in a serosurvey to help learn how many US adults without confirmed history of COVID-19 infection have antibodies to the virus.

How can I help my patients who have recently lost employer health coverage obtain health insurance?
Loss of employer-sponsored coverage qualifies your patients for a special enrollment period. They can enroll in a private health plan through Maryland Health Connection, the state’s health insurance marketplace, within 60 days of the loss of employer-sponsored coverage.

Maryland Health Connection has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19. Patients can enroll online at MarylandHealthConnection.gov, by calling 1-855-642-8572, or by downloading the free “Enroll MHC” mobile app to enroll on a phone or tablet.

Before your patients enroll in COBRA, encourage them to check out Maryland Health Connection. Most plans are less expensive and offer comprehensive coverage. Once they enroll in COBRA, they will not be eligible for coverage through Maryland Health Connection until the annual open enrollment period in the fall or until 18 months of COBRA has ended. Loss of income or decreased income may cause a change in eligibility for financial help or Medicaid. Enrollment in Medicaid is year-round.
Resources – General

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)
❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

Resources – Food Sources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:
  • Maryland Summer Meals Howard County
  • Montgomery County Anne Arundel County
  • Prince Georges County St. Mary's County
  • Charles County Harford County
  • Frederick County Calvert County
❖ Free meals available from 42 rec centers in Baltimore
  Call 311 for locations and to schedule pickup time

Resources – Financial Aid

❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  • $75 million loan fund (to be paid to for-profit business only)
  • Loans are up to $50,000
  • No interest or principal payments due for the first 12 months
  • Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
❖ Maryland Small Business COVID-19 Emergency Relief Grant Fund
  • $50 million grant program for businesses and non-profits
  • Grant amounts of up to $10,000
  • Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
❖ Emergency Relief Fund FAQ
❖ Questions or concerns email fpaaworkflowcoordinator.commerce@maryland.gov.
❖ COVID-19 Layoff Aversion Fund (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
● Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
● Award of up to $50,000 per applicant
● Will be quick deployable benefit and customizable to specific business needs
❖ View the One-Pager
❖ COVID-19 Layoff Aversion Fund Policy
❖ COVID-19 Layoff Aversion Fund Application (Excel)
❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.
❖ Disaster Loan Assistance (from Small Business Administration)
  ● Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  ● FAQs
❖ CARES Act
  ● Sets up a $350 billion loan program for small businesses
  ● Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  ● Maximum loan amount is $10 million
  ● Loans can cover payroll, rent, utilities, or existing debt obligations
  ● Interest rates cannot exceed 4%
  ● If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  ● Loans will be available through the Small Business Administration and Treasury-approved banks, credit unions, and some nonbank lenders