



# RCAP Grant Training

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## Background Information

- The state recognizes RCAP rates have not been raised recently.
- New rates must go through the legislative and budget process to be approved.
- For now, we know we revert some unused program funds each year.
- State will issue grants to RCAP facilities totaling \$1.3M to reduce funds reverted and put funds directly into the hands of providers.



## Allowable Activities

- RCAP facility maintenance and/or capital projects,
- Direct service worker recruitment and retention (bonuses, incentives, staff expansion, etc.),
- Operational expenses, and/or
- Resident appreciation (field trips, upkeep of facility vehicle, purchase of activities, etc.).



# Funding Formula

- \$12,000 per facility flat rate
- \$2,500 per resident for average number of residents served in facility July-August 2023
- Example:
  - 7 residents July 2023
  - 9 residents August 2023
  - Average of 8 residents
  - 8 residents x \$2,500 per resident = \$20,000
  - \$20,000 + \$12,000 = \$32,000 total grant amount



# Reimbursement Grants

- Facility must spend money and submit receipts and justification to Division of Aging.
- Money will be reimbursed to facility upon completion of claims process.
- Money must be spent between January 1, 2024 and June 30, 2024.



# Billing Process

- Contract must be written and fully executed, meaning signed by ALL parties. We anticipate having them signed by FSSA around February 2024.
- A claim packet will be generated and emailed to you. It includes instructions for contract claims.
- You are responsible for filling out the claim forms and emailing them to [ClaimsInfo@fssa.in.gov](mailto:ClaimsInfo@fssa.in.gov). Claims must be filled out according to the instructions or Claims Info will deny the claim and return it to you for corrections.
- Normally it takes about 35 days for a provider to receive payment on an approved claim.



## After full execution of RCAP Grant Agreement

Providers will receive a claims packet with instructions on submitting claims, a copy of a claims form and a claiming workbook

### Claim Submissions should include:

- Receipts (proof of billing)
- Claim form
- Claiming workbook



# Sample of Claim form & Instructions

**FSSA CONTRACT CLAIM REIMBURSEMENT FORM**

CONTRACT/AMENDMENT NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
 CONTRACT DESCR: \_\_\_\_\_ START DATE: \_\_\_\_\_ / \_\_\_\_\_  
 CONTRACT AMT: \_\_\_\_\_ END DATE: \_\_\_\_\_  
 DELIVERABLE(S) COMPLETED ON AND/OR GOOD(S) AND/OR SERVICE(S) PROVIDED FOR PERIOD BEGINNING: \_\_\_\_\_ THROUGH: \_\_\_\_\_

DUE TO REPORTING REQUIREMENTS REIMBURSEMENT REQUESTS ARE LIMITED TO ONE CALENDAR MONTH \*

INVOICE SUMMARY	
INVOICE DATE: _____	PO NUMBER: _____
UNIQUE CLAIM ID: _____	TOTAL AMOUNT: _____

VENDOR INFORMATION	
Vendor Contact for Claim Questions:	
Vendor Telephone and E-mail	
Note: all reimbursement claims are due within 60 days after the claim Period End Service Date, unless otherwise specified within the executed contract.	
IF ANY OF THE ABOVE INFORMATION IS NOT CURRENT OR CORRECT, STOP AND CONTACT <a href="mailto:CONTRACT.STATUS@FSSA.IN.GOV">CONTRACT.STATUS@FSSA.IN.GOV</a>	
Is this the final claim submission for this contract? Yes No	

**SUBMISSION INSTRUCTIONS**

ELECTRONIC SUBMISSION MUST ONLY CONTAIN ELECTRONIC SIGNATURE IN SUBJECT LINE ON E-MAIL. IMPROPERLY SUBMITTED OR INCOMPLETE CLAIMS WILL BE REJECTED.

Electronic Signature is created by combining 'CCRP' + POR + Last Service Date + Unique Claim ID (i.e. CCRF 0017599999 07312016 UNIQUE123)

ELECTRONIC SUBMISSION SHOULD BE SENT TO [CLAIMSINFO@FSSA.IN.GOV](mailto:CLAIMSINFO@FSSA.IN.GOV) IN A .PDF FILE. ADDITIONAL SUPPORTING DOCUMENTS MAY BE INCLUDED IN THE E-MAIL

PAPER CLAIM SUBMISSION (INCLUDING VENDORS WORKING FOR STATE HOSPITALS) TO: FSSA ADMINISTRATIVE SERVICES PO BOX 28 INDIANAPOLIS IN 46206-0028

CONTRACT QUESTIONS? [CONTRACT.STATUS@FSSA.IN.GOV](mailto:CONTRACT.STATUS@FSSA.IN.GOV) CLAIM QUESTIONS? [CLAIMSINFO@FSSA.IN.GOV](mailto:CLAIMSINFO@FSSA.IN.GOV) OR 317-233-4465

(BELOW IS FOR FSSA INTERNAL USE ONLY)

PEOPLESOFT DOCUMENT INFORMATION	
BU _____	PO: _____
RECEIPT # _____	
DATE ENTERED: _____	BY: _____
VOUCHER # _____	CG# _____ \$ _____
DATE ENTERED: _____	BY: _____

FSSA AS Initial Receipt Stamp

FOR FSSA CLAIM REIMBURSEMENT APPROVAL (REF: FSSA FINANCIAL BULLETIN 5)			
Claim < \$75,000 Authorized Signature Required Signature: _____ Printed Name: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	> \$75,000 and < \$1,000,000 Authorized Signature Required Signature: _____ Printed Name: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
> \$1,000,000 Authorized Signature Required Signature: _____ Printed Name: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Controller Signature on All Claims Signature: _____ Printed Name: _____ Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

PS COA Changed on Receiver? Yes No by: \_\_\_\_\_ Div. Receipt Stamp

Comments (Required for Edit and/or Denials)

- All electronic claim submissions should be sent to [ClaimsInfo@fssa.in.gov](mailto:ClaimsInfo@fssa.in.gov).
- **\*DO NOT\* SEND CONFIDENTIAL INFORMATION TO THIS E-MAIL ADDRESS**
- All claim forms need to be in pdf format. Forms completed by hand will need to be scanned to pdf.
- Forms completed electronically should not be printed & re-scanned
- Other supporting documents can be submitted as attachments within the same email and can be pdf, txt, or standard MS Office formats (Excel, Word, etc.)





## SUBJECT LINE OF THE CLAIM E-MAIL

CCRF[space]10 Digit PO #[space]Claim Period End Date[space]xyz123 (xyz123 being an example of a unique claim ID that could be created)

**EXAMPLE:** CCRF 0017599999 07312016 xyz123

\*\*\*This format must be used or the claim will be rejected.



## FYI:

- The RCAP manager will receive notification via email that a claim is waiting for review.
- Providers will receive email notification of an approved or denied claim.
- Denied claims will indicate:
  - the reason for the denial
  - date of the denial
  - instructions for resubmission
  - the timeframe for resubmissions



# QUESTIONS

If questions arise after this webinar please contact:

La Toya C. Howard

RCAP Manager at

[Latoya.Howard@fssa.in.gov](mailto:Latoya.Howard@fssa.in.gov)