



HCBS Stabilization Grants FAQs

For more information, please watch the FSSA informational video, which can be found on the [FSSA HCBS webpage](#).

What are the HCBS Stabilization Grants?

The Home and Community Based Services Stabilization Grants are Phase 1 of the [FSSA HCBS Spend Plan](#). The purpose of these grants is to stabilize Indiana's workforce and community-based provider network and meet urgent needs in the HCBS landscape. As detailed in the CMS-approved Spend Plan, total funding allocated for the HCBS Stabilization Grants is \$173M.

What input did stakeholders have into developing the HCBS Spend Plan?

As the State of Indiana strategically approached our plan development, we intentionally engaged stakeholders to gather integral recommendations and insights from the community. FSSA is in the collaborative process of reforming the Long-Term Services and Supports system across Indiana and gathered intentional feedback through 50+ various stakeholder engagement opportunities. FSSA leveraged the lessons learned and input from stakeholders throughout the LTSS project thus far to define key spending priorities.

FSSA sought input from the community through various mechanisms, including individual communications and discussions, written correspondence, as well as a survey designed to support FSSA in determining spending priorities for the enhanced funding. The survey was distributed broadly to our stakeholder community in June 2021 and FSSA received over 660 responses from recipients or potential recipients of HCBS, family caregivers, direct service professionals, HCBS industry providers, HCBS industry/association representatives, and other stakeholders in the current HCBS system.

This feedback was directly incorporated into the planned activities of FSSA's HCBS Spend Plan, which was submitted in July 2021 and conditionally approved by CMS in September 2021. Ongoing stakeholder engagement will be critical as FSSA pivots to implementation of the HCBS Spend Plan activities.

Which Medicaid provider categories qualify to receive the grant?

Medicaid providers that offer home and community-based services and that were active during the COVID-19 public health emergency qualify to receive the grant. This includes the following Medicaid provider types:

- 05 (Home Health Agency)
- 11 (Behavioral Health Provider)



- Specialty 111 (Community Mental Health Center) - for Medicaid Rehabilitation Option (MRO) services
- Specialty 115 (Adult Mental Health and Habilitation)
- Specialty 611 (Children's Mental Health Wraparound)
- Specialty 612 (Behavioral and Primary Healthcare Coordination)
- 12 (School Corporation)
- 32 (Waiver)
- Program of All-Inclusive Care for the Elderly (PACE) programs

What methodology was used to calculate the grant payments?

For this one-time grant, FSSA applied a flat percentage increase (currently estimated at a range of 7-8%) for qualifying HCBS providers to calculate the grant amount. FSSA intends to make an update to the methodology for calculating grant amounts to ensure a more equitable approach in light of the continuing Public Health Emergency. FSSA will now calculate the grant amount as a flat percentage of each eligible provider's highest annual claims total across calendar years 2019, 2020, and 2021. The percentage applied will remain in the previously stated range of 7-8%. For providers newly active in CY2021, FSSA will apply the flat percentage increase to the CY2021 claim total in the FSSA system as of January 10, 2022 as the base amount.

What is the required provider attestation process?

Providers are required to sign the online Attestations Form [available at this link](#) in order to be eligible to receive a grant payment. Providers must attest to being a current Medicaid provider with Medicaid claim submission during calendar year 2021 as well as have been active during the COVID public health emergency and had Medicaid claims submission to Indiana Health Coverage Programs during calendar year 2019, 2020, and/or 2021. Providers also will pass through at least seventy-five percent (75%) of the amount received towards HCBS related workforce stabilization activities (e.g., bonuses for frontline staff, recruitment activities). And by accepting the grant payment, providers attest they are subject to audit by the State of Indiana. The provider should maintain documentation and any records regarding how the amount received was expended so that it can be available upon audit.

Do I need to submit one Attestation Form per Medicaid Provider ID?

Yes. Providers must submit one complete Attestation Form for each Medicaid Provider ID. The Medicaid Provider ID is a nine-digit number. If you provide services in multiple locations, please include the letter at the end of your nine-digit Medicaid Provider ID.

When will the grants be distributed? Once a provider submits their attestation, how quickly will they receive payment?



FSSA will distribute grants to eligible providers in January and February of 2022. Payments will be issued in two rounds, and attestation forms submitted before January 25, 2022 will receive priority payment. All attestation forms must be submitted by February 18, 2022 to qualify. The Indiana Family & Social Services Administration extended the deadline from February 10th to February 18th.

If determined to be eligible, providers should receive Stabilization Grant payments between February and March 2022. Payments will be sent to the provider pay-to-address on file.

How do stakeholders provide feedback, comments, questions?

FSSA welcomes stakeholder feedback through the dedicated inbox. Please direct all comments and questions to hcbs.spendplan@fssa.in.gov.

Where can stakeholders learn more about Indiana's HCBS Spend Plan?

To learn more about Indiana's plan for the HCBS enhanced FMAP funds, please visit <https://www.in.gov/fssa/ompp/hcbs-enhanced-fmap-spending-plan/>.

What is the timeline for funding for other HCBS Spend Plan activities?

FSSA is prioritizing the HCBS Stabilization Grant as part of Phase 1, which includes activities and funds that FSSA can thoughtfully implement and expend before the March 31, 2022 deadline to capture the enhanced FMAP. Phase 2 activities will be initiated in early 2022.

What is the difference between the HCBS Stabilization Grant and the Caregiver Support Grant?

The Caregiver Support Grant is a targeted program to recognize and validate the often uncompensated yet vital work of caregivers. Through this dedicated support grant, FSSA hopes to promote access to valuable technology resources that help facilitate human connection and reduce loneliness as caregivers and loved ones transition out of the COVID-19 pandemic and beyond. Please continue to check the FSSA HCBS webpage for updates.

Where is the Workforce Stabilization Grant as described in Indiana's HCBS Spend Plan? / Why does this differ from the language included in Indiana's initial HCBS Spend Plan?

In order to efficiently and accurately get stabilization dollars out the door, FSSA combined the Provider Stabilization Grant and Workforce Stabilization Grant described in Indiana's HCBS Spend Plan. The total amount of funding originally allocated to the two stabilization grants is now fully allocated to the HCBS Stabilization Grant. As part of the HCBS Stabilization Grant, providers must attest to passing through at least seventy-five percent (75%) of the amount received towards HCBS related workforce



stabilization activities. This means that at minimum, approximately \$129.75M will be directed towards the HCBS workforce. For more information regarding the pass through, please see “What is the required provider attestation process?” in the informational video posted to the website.

Why was a flat percentage increase used for the grant payment methodology? My provider type suffered more during the public health emergency.

FSSA remains committed to supporting all HCBS providers in recovering from the COVID-19 public health emergency. In addition to the HCBS Stabilization Grant, certain provider groups will be eligible for additional funding through other activities described in the HCBS Spend Plan, prioritizing those that help individuals stay at home.

What are allowable expenses for the HCBS Stabilization Grants?

To recognize the extraordinary efforts of the direct support workforce, FSSA is requiring each provider to direct at least seventy-five percent (75%) of the amount received towards HCBS related workforce stabilization activities. Some recommended activities include bonuses for frontline staff active during the public health emergency; recruitment and retention activities; hazard pay.

The provider will then have the flexibility to use the rest of the twenty-five percent (25%) on allowable expenses to meet their needs. Please refer to the CMS Guidance via [SMD #21-003](#) for a list of allowable expenses under Appendices B-D. Some recommended activities include Covid-related HCBS Support (e.g., PPE, Leave Benefits, Vaccine Support) and HCBS Capacity Building (e.g., Transition Activities, Expand Telehealth Access).

How does a qualified provider demonstrate eligibility for the HCBS Stabilization Grants?

To be eligible to receive the HCBS Stabilization Grant, qualified providers must sign and submit the online Attestations Form [available at this link](#).

If I do not agree with my payment amount is there a process to appeal?

Please direct any inquiries to hcbs.spendplan@fssa.IN.gov.

As a provider is there a time frame in which these funds need to be expended?

The intent of the grant is to provide immediate relief to eligible HCBS providers and their workforce. We encourage providers to expend the funds immediately, especially the workforce stabilization passthrough portion. Federal requirements are that funding must be expended no later than March 31, 2024.