



## HME/DME Stabilization Grants FAQs

For more information, please visit the [FSSA HCBS webpage](#).

### What are the Home and Durable Medical Equipment Stabilization Grants?

The purpose of the HME/DME stabilization grants is both to retroactively address COVID-19-related expenses and challenges and to recognize the important role that HME/DME providers play in serving vulnerable Hoosiers in the home and community. Grant funds must be used to support provider operations as they relate to HME/DME provided in home or community-based settings, including costs related to compensation and benefits, COVID-19 training, personal protective equipment, shipping and transportation, and other business operation expenses, to allow providers to stabilize their operations.

### Which Medicaid providers qualify to receive the grant?

To qualify for this home- and community-based services grant, the Provider must comply with the following:

1. Active during Calendar Year 2021: Defined as having submitted at least \$500 in claims for qualifying HME/DME paid expenditures during Calendar Year 2021
2. Currently active: Defined as currently providing services to Medicaid beneficiaries
3. Medicaid Provider that provides HME/DME services to individuals in the home and community: As of the date of attestation, providers must be an actively enrolled IHCP provider as one of the following provider types:
  - a. Audiologist (Type 20)
  - b. Hearing Aid Dealer (Type 22)
  - c. DME/Medical Supply Dealer (Type 25, Specialty 250)
  - d. HME/Home Medical Equipment (Type 25, Specialty 251)
  - e. Pharmacy (Type 24, Specialties 250 and 251)

### What service codes are considered eligible HME/DME claims?

The following code ranges are eligible:

1. A4206 - A9300
2. A9900 - A9999
3. C1721 - C2631
4. C9349 - C9369
5. E0100 - E9999
6. K0001 - K9999



7. L0001 - L9999
8. Q4001 - Q4051
9. Q4100 - Q4175
10. S1030 - S1090
11. S8095 - S8930
12. S8999 - S9007
13. T4521 - T5999
14. V5011 - V5298
15. V5336

**What methodology was used to calculate the grant payments?**

To be consistent with prior HCBS provider stabilization grants distributed by the Family and Social Services Administration, payments will be a flat 8.1% of qualifying CY2021 HME/DME claims for each provider.

**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 2022 as well as have been active during Calendar Year 2021 had Medicaid claims submission to Indiana Health Coverage Programs during that year. By accepting the grant payment, providers attest they are subject to audit by the State of Indiana. The providers should maintain documentation and any records regarding how the amount received was expended so that it can be available upon audit.

**How does a qualified provider demonstrate eligibility for the HME/DME Stabilization Grant?**

To demonstrate eligibility for the HME/DME stabilization grant, providers will need to submit a completed [DME Stabilization Grant Program Attestation Form](#) by **Friday, November 18, 2022**. For providers with more than one eligible IHCP Provider ID, one form is necessary for each active enrollment. If providers' nine-digit Medicaid Provider ID includes a letter as the last character, please include the letter on the attestation form.

**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 before the end of January 2023.

**What are allowable expenses for the HME/DME Stabilization Grants?**

Grant funds must be used to support provider operations as they relate to HME/DME provided in home or community-based settings. Allowable expenses include but are not limited to: business operation expenses, COVID-19 training, personal protective equipment, payroll, employee bonuses, employee benefits, shipping, transportation, etc.

**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](mailto: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 HME/DME providers. We encourage providers to expend the funds immediately. Federal requirements are that funding must be expended no later than March 31, 2025.

**For audit purposes, are awarded providers considered beneficiaries or subrecipients?**

Awarded providers are beneficiaries.

**Is the grant amount received from the HME/DME Stabilization Grant considered taxable income?**

Yes, the grant funds are considered as regular reimbursement money and will be taxable.

**Can this grant be used to address any retroactive amounts?**

Any expenses that will be used retroactively need to have occurred during or since the beginning of the COVID-19 pandemic. We encourage providers to expend the funds immediately. Federal requirements are that funding must be expended no later than March 31, 2025.



**If I am unable to spend my full grant amount in line with the grant requirements, will I be expected to return the remaining funds?**

Yes, however, we strongly encourage providers to spend their full grant amounts if possible.

**What reporting requirements are anticipated for this grant?**

FSSA will issue a follow-up survey to providers that received a grant to capture information on how the grant funds were spent and the overall impact it has had on HME/DME. If you receive a grant, please be prepared to complete the survey which will be emailed to each provider. Filling out this survey is required per the attestation form.

**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](mailto: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/>.