

Webinar: BDDS HCBS Residential and Group Home Relief Grant Program

Updated 03/17/21



Welcome and Introductions



- Kylee Hope, Director, Division of Disability and Rehabilitative Services
- Cathy Robinson, Director, Bureau of Developmental Disabilities Services
- John Barth, President/CEO, INARF
- Tracy Mitchell, INARF Consultant, Bradley & Associates, CPA



Today's Agenda

- New for 2021
- Information Applicable to Both Grants
- HCBS / ICF Grant Overview
- OBRA Day Service Sustainability Grant Overview
- Questions



New for 2021 Provider Grants

- For 2021, we are offering two Provider COVID-19 Relief Grants
 - **BDDS HCBS Day Services, Residential and Group Home Relief Grant Program:** a grant opportunity available to support HCBS waiver and Group Home providers in addressing increased COVID-19 related expenses related to the delivery of the following services:
 - **OBRA Day Service Sustainability Grants:** a grant opportunity available to support OBRA providers who provide habilitation and pre-vocational habilitation under the OBRA program and had to close or suspend services as a result of COVID-19.



New for 2021 Provider Grants



New for 2021 Provider Grants

- These new grant opportunities will be available every quarter through the deadline by which state governments must make expenditures with CARES Act Coronavirus Relief Fund Awards or until all available funds are utilized
- Applications for 2021 First Quarter grants will be available on April 1, 2021



Information Applicable to Both Grant Opportunities



Information Applicable to Both Grants

- **Application Period:** Interested providers will have an opportunity to apply for grants for the first quarter of 2021 beginning on April 1, 2021. BDDS will submit approved grants for payment on a rolling basis as grants are received and reviewed. It is anticipated that payments should be received no more than 30 days after the date of application.
- **Grant Length:** Each grant will cover a three-month period beginning January 1, 2021, or later until the deadline by which state governments must make expenditures with CARES Act Coronavirus Relief Fund Awards or all available funds are utilized.
- **Grant Status / Decision Communications:** All communications pertaining grant applications will be made via e-mail between BDDS and applying providers with the subject line ***BDDS Provider Relief Grant Communication***. This includes confirmations, application decisions, and questions from BDDS.
Please be on the lookout for these communications.
- **Grant Payments:** Grant payments will be issued through the Medicaid claims processing system.
- **Multiple Locations:** If you are a provider with multiple locations, your application must reflect information relative to all locations.



Information Applicable to Both Grants

- **Documentation for Audit:** Providers will be expected to maintain documentation of amounts claimed on the grant application as well as expense in these categories. Because these grant funds are federal Coronavirus Relief Funds, additional reporting requirements may be issued in the future and any grant funds received will be considered subject to Federal Single Audit requirements.
- **What to Expect After Application is Submitted:** After completing and submitting the application, providers will receive an email confirming receipt within two business days. If you are missing information or if there are questions on your application, you will be notified by BDDS with a request for additional information.
- **What to Expect After Approval:** When your application is approved, you will receive a second email notification that includes details for the expected grant payment. This email will include a confirmation that your application was approved along with the grant amount to expect. Approved grants amounts will be submitted for payment on a rolling basis.



Information Specific to HCBS / ICF Provider Relief Grants



General Information

- **Background:** The **BDDS HCBS Residential and Group Home Relief Grant Program** has been made available by Indiana FSSA's Bureau of Developmental Disabilities Services to support HCBS waiver and Group Home providers in addressing increased COVID-19 related expenses related to the delivery of the following services:
 - Adult Day Service (All Levels and Units)
 - Day Habilitation (Individual and All Group Sizes)
 - Pre-Vocational Services (All Group Sizes)
 - Residential Habilitation and Support Hourly
 - Residential Habilitation and Support Daily
 - Respite
 - Participant Assistance and Care
 - Structured Family Caregiving
 - Transportation
 - Wellness Coordination
 - Workplace Assistance
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- **Purpose:** Grants are awarded to eligible providers for the purpose of providing economic support to reimburse for certain expenses related the COVID-19 public health emergency and incurred on a quarterly basis beginning April 1, 2021, until the end of the crisis or all available funds are utilized.



General Information

- **Eligibility:** HCBS waiver and Group Home providers who provide the services listed above under the Family Support and Community Habilitation and Integration waivers or the group home program.
- **Application Process:** Applicants must apply via the Bureau's online grant application. Application instructions are included below. The application can be accessed through the following link:
<https://forms.office.com/Pages/ResponsePage.aspx?id=ur-ZIQmkE0-wxBi0WTPYje0OYLmwhVJPlXmS0qxDKj9UOFdRQTZaRVNWQjdHQINTRTE1Wjc4OTQ5Ui4u>
- **Application Period:** Interested providers will have an opportunity to apply for grants for the first quarter of 2021 beginning on April 1, 2021. BDDS will submit approved grants for payment on a rolling basis as grants are received and reviewed. It is anticipated that payments should be received no more than 30 days after the date of application.



General Information

- **Grant Payments:** The grant amount will be based on the total amount of allowable COVID-19 related expenses claimed by the provider for the grant period claimed by the provider through the grant application. The total amount of the grant will be capped at 4.2% of average quarterly Medicaid claims processed for the period from March 1, 2019, through December 31, 2019.
- **Recent Change in Ownership:** If you are a provider that took over ownership of another approved provider after March 1, 2019, the 4.2% cap computation for purposes of determining your maximum grant amount will include historical paid claims from the acquired organization. However, the provider applying for the grant program should only claim your own expenses for the detailed expense support questions below.



HCBS/ICF Grant Application Overview

1. Completing the Application
2. What to Expect After Submission
3. What to Expect After Approval

Please note – once you begin the application, there is no way to save it and return to your work. We encourage providers to use this webinar and the instructional guide to assist in gathering the information needed prior to beginning the application. Assuming you have completed this step, the application should take no more than 15 minutes to complete.



Completing the HCBS/ICF Grant Application

- The application includes a series of questions to gather key information used to
 - Confirm your eligibility for a grant payment
 - Determine your grant amount for the grant period, and
 - Confirm your agreement to a set of stipulations and attestations
- The following slides describe the questions included in the application. We encourage providers to use these slides to gather the information needed prior to beginning the application.
- The application includes skip logic so that you only answer questions relevant to your organization.



Completing the HCBS / ICF Grant Application: Demographics

- Section One – Provider Information
 - Your provider name,
 - Waiver and/or group home provider number(s), including provider numbers for operations acquired after March 1, 2019
 - Provider number to which grant payment should be sent
 - Address for primary office location, and
 - Phone number for primary office location
- Section Two – Provider Contact Information
 - Provider Executive Director/CEO Contact Information
 - name,
 - email address, and
 - phone number
 - If the application is being completed by someone other than the Provider Executive Director/CEO, the **name and email** for the individual completing the application.



Completing the HCBS / ICF Grant Application: Information on Other Federal Aid Received

- Section Three – Information on Other Federal Aid Received
 - This information is being gathered for informational purposes only and will not be utilized in determining the grant amount.
 - Provide the amount, if any, your organization received during the grant period from:
 - The [Federal Emergency Management Agency in relation to the COVID-19 Public Health Emergency](#)
 - The [CARES Act Provider Relief Fund](#) administered by the U.S. Department of Health and Human Services
 - The [COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration for the Uninsured](#) administered by the U.S. Department of Health and Human Services; and/or
 - The [Small Business Administration and Department of Treasury's Paycheck Protection Program \(PPP\)](#)



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **General Note Regarding Sections Four through Twelve:**
 - Allowable expenses as described below may only be claimed if they have not been reimbursed by another source including but not limited to the Federal Emergency Management Agency (FEMA), the CARES Act Provider Relief Fund, the COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured, and the Small Business Administration (SBA) and Department of Treasury's Paycheck Protection Program (PPP) that offset the healthcare related expenses. In addition, you may not claim as allowable expenses items or services that have been donated to your organization.
 - You may claim an expense that has been reported to these other programs listed above but that has not been reimbursed. For example, if your application for PPP Loan Forgiveness includes \$50,000 of overtime as a part of a total of \$750,000 in wages but the amount of the loan forgiven is only \$600,000, you may claim the \$50,000 of overtime for this grant.
 - If during a grant period you identify an allowable expense for the period beginning January 1, 2021 or after that has not been previously claimed on a prior grant application, you may claim it on the current grant application. For example, if you complete the application for the First Quarter of 2021 period but Second Quarter you receive an invoice related to the First Quarter period for PPE, you may claim this expense on the Second Quarter grant application.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Four – Compensation Related Expenses**
 - Allowable compensation only includes services provided to deliver a waiver service covered by this grant or group home setting. Appropriate documentation is payroll registers supporting amounts claimed. If an employee works only part time providing a covered service, documentation should be maintained for hours worked in those settings. Compensation earned for work in services not covered by this grant is not allowable.
 - As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.
 - Allowable Payroll Taxes are 7.65% of the Allowable compensation computed for the period. This amount will be computed by DDSR as a part of the grant review process.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Four – Compensation Related Expenses**
 - Provide the expense amount incurred for the following compensation related expenses:
 - Total Overtime Premium (50%) paid during the period January 1 – March 31, 2021 for the covered waiver and group home services.
 - Total Incremental Shift Differential earned during January 1 – March 31, 2021
 - Defined as new shift differential program implemented on or after January 1, 2020 to provide adequate DSP coverage in residential waiver settings and group homes).
 - Hazard Pay earned during the period January 1 – March 31, 2021
 - Defined as additional payments to employees for working in residential waiver settings and group homes related to COVID-19.)
 - Note: Across the board bonuses or wage increases are not considered allowable.
 - Other additional compensation not included in the above for services rendered during the period January 1 – March 31, 2021 in a residential waiver setting or group home due to a COVID-19 positive situation (e.g. incentive payments for staff quarantining with individuals in a residential setting)
 - Please include a description of the other additional compensation, if you are claiming expenses in this category



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Four – Compensation Related Expenses**
 - (Con't) Provide the expense amount incurred for the following compensation related expenses:
 - Increased/additional **Nursing Compensation** cost incurred during the period January 1 – March 31, 2021 due to COVID-19 including conducting additional training of staff, increased oversight of residents, responding to family concerns, etc.
 - Increased **non-billable training** to address infection control, proper use of PPE, and other COVID-19 related issues paid during the period January 1 – March 31, 2021 .
 - **Unreimbursed Families First Coronavirus Relief Act family leave or sick pay** paid during the period January 1 – March 31, 2021, net of any payroll tax or other credits received.
 - Additional payments to employees who receive **COVID 19 vaccines** including paid time away from work to receive the vaccine or as a result of receiving the vaccine and any additional payments to encourage employees to receive the vaccine.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Five – Unemployment Claims for Non-Profit Entities**
 - You will be asked whether you are a non-profit organization as recognized by the Internal Revenue Service. If so, you will also be asked if you are considered a reimbursable employer by the Indiana Department of Workforce Development (DWD).
 - If a not-for-profit is considered a “reimbursable employer” by the Indiana Department Workforce Development (DWD), they may be allowable to claim additional unemployment claims expense.
 - “Reimbursable employer” means the employer reimburses the unemployment insurance (UI) Trust Fund for benefit payments to their former employees instead of making regular quarterly contributions (referred to as payment in lieu of contribution).
 - Reimbursable employers are charged for all UI benefits, including extended benefits not reimbursed by a federal program, benefits expended in error, and benefits under appeal.
 - Reimbursable employers do not receive credit for benefit overpayments made by DWD for any reason until and unless DWD is successful in securing repayment from the claimant.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Six – Unemployment Claims for Non-Profit Entities - Details**
 - To claim expenses in this section, you will be required to report monthly claims as described below for the period through March 31, 2021.
 - Under the CARES Act, the federal government is paying 50% of the unemployment claims incurred by providers beginning March 13, 2020.
 - Unemployment claims due and payable by providers for the period beginning January 1 – March 31, 2021 are allowable expenses for the grant, net of the federal credit.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Seven and Eight – Increased Employee Benefit**
 - You will be asked if your organization has increased employee benefits because of the COVID-19 public health emergency to ensure adequate staff availability, they may report the increased expense associated with these programs.
 - Examples including the opening of a day care, unreimbursed healthcare costs, implementation of temporary co-payment assistance, etc.
 - To claim expenses in this section, you will be required to:
 - report monthly expense for the period January 1 – March 31, 2021, and
 - provide an explanation of the new benefit(s) and their relation to and impact on addressing COVID-19 needs and/or ensuring adequate staff availability.
 - As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Nine and Ten – Unreimbursed COVID-19 Testing Expense**
 - You will be asked if, as part of the delivery of services, your organization has incurred unreimbursed expenses for the testing of individuals and/or staff including serological testing, they may claim those unreimbursed expenses for this grant.
 - To claim expenses in this section, you will be required to report monthly expense for the period January 1 – March 31, 2021.
 - As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Eleven – Personal Protective Equipment (PPE) Expense**
 - Unreimbursed costs incurred for PPE may be claimed as allowable expenses for this grant.
 - These may include costs to create a reserve of personal protective equipment, costs to address an increase in solid waste as a result of the public health emergency, and costs related to the disposal of used personal protective equipment would be allowable expenditures.
 - To claim expenses in this section, you will be required to report the total amount on unreimbursed costs incurred for PPE for the period January 1 – March 31, 2021.
 - As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Twelve – Other COVID-19 Related Expense**

- Other COVID-19 related expenses not specified in one of the above categories may also be claimed as allowable expense of this grant.
- To claim expenses in this section, providers will be required to
 - report the total amount on unreimbursed costs incurred for other COVID-19 related expenses for the period January 1 – March 31, 2021, and
 - indicate which of the other COVID-19 related expenses are reflected in the claimed amount for this category, including:
- As a reminder, any expenses claimed as part of this section should only be net unreimbursed amounts and exclude expenses covered by other sources of relief reported in Section Three and/or through donated items, services, or financial resources.



Completing the HCBS / ICF Grant Application: Allowable COVID-19 Related Expenses

- **Section Twelve – Personal Protective Equipment (PPE) Expense - Detail**

- thermometers
- plates, cups, silverware, trays, etc. necessary to adhere to non-communal dining restrictions;
- additional tables, chairs, etc. necessary to adhere to restrictions for communal dining;
- outdoor furniture/materials necessary to construct outdoor visitation areas;
- technology that allows residents to connect with their families in lieu of in-person visitation including the increased cost (whether paid directly by the provider or reimbursed to the individuals) of internet access to allow use of virtual platforms to facilitate visits by individuals;
- technology that allows residents to connect with the community including the increased cost (whether paid directly by the provider or reimbursed to the individuals) of internet access to allow streaming of classes, telehealth services, day services, etc. by individuals.;
- indoor furniture/materials necessary to construct private indoor visitation areas;
- sanitizing equipment and supplies;
- infection control signage and other materials;
- materials, supplies and equipment necessary for isolation, quarantine rooms/areas;
- air scrubbers and air filtration systems;
- Plexiglass type material for constructing separation panels/protective barriers or room sealing materials;
- commercially sanitizing all or part of the building;
- contract services including infection control training, sanitation, training, etc.;
- additional general liability insurance expenses specific to the residential site / group home; and
- medical waste disposal.



Completing the HCBS / ICF Grant Application: Stipulations

- Section Thirteen – Stipulations of Relief Grants
 - Applicants will be asked to agree to the following statements:
 - Enter accurate information in this application detailing expenses incurred during the period January 1 – March 31, 2021 and related specifically to COVID-19.
 - Maintain records that support the expenses reported in this application and make those records available upon request and/or audit.
 - Follow COVID-19 related guidance published by DDRS/BDDS.
 - Ensure your response to the public emergency, including service changes, re-opening policies, and back-up planning, are communicated to individuals served, their families, and our staff in a timely and accessible manner.
 - *All statements must be checked for the application to be processed.*



Completing the HCBS / ICF Grant Application: Attestations

- **Section Fourteen – Attestations**

- Applicants will be asked to “sign” their application by typing their full legal name into the designated area.
- By submitting this grant application, your organization is subject to audit by the State of Indiana.
- Before you submit this application, you must type your name and attest to the statements below. Please carefully read the following statement and type your name as indicated.
- In signing the application, providers will attest to the following:
 - with the exception of unemployment expenses which apply to all employees, I have reported only those expenses related to the delivery of the following services Adult Day Service, Day Habilitation, Pre-Vocational Habilitation, Residential Habilitation and Support Hourly, Residential Habilitation and Support Daily, Respite, Participant Assistance and Care, Structured Family Caregiving, Transportation, Wellness Coordination, Workplace Assistance, and Intermediate Care Facilities for Individuals with Intellectual Disabilities
 - I am an agent of the provider whose name and information is set forth in this application.
I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.



Submitting Your HCBS / ICF Grant Application

 Q21 Application for BDDS HCBS Day Services, Residential & Group Home Relief Grant Program

* Required

Attestation

By submitting this grant application, your organization is subject to audit by the State of Indiana. With this in mind, your agency should maintain documentation and any records to support any amounts that you are providing within this application, so that it can be available upon audit.

Before you submit this application, you must type your name and attest to the statements below. Please carefully read the following statement and type your name as indicated.

By typing my name and submitting my application, I attest that, with the exception of unemployment expenses which apply to all employees, I have reported only those expenses related to the delivery of the following services:

- a. Adult Day Service (All Levels and Units)
- b. Day Habilitation (Individual and All Group Sizes)
- c. Pre-Vocational Services (All Group Sizes)
- d. Residential Habilitation and Support Hourly
- e. Residential Habilitation and Support Daily
- f. Respite
- g. Participant Assistance and Care
- h. Structured Family Caregiving
- i. Transportation
- j. Wellness Coordination
- k. Workplace Assistance
- l. Intermediate Care Facilities for Individuals with Intellectual Disabilities

By typing my name and submitting my application, I attest that I am an agent of the provider whose name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.

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By typing my full legal name below, I affirm that I have read and agree to the attestation listed above: *

Enter your answer

Back Submit

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Once you have completed all sections of the application, select the Submit button located at the bottom of Section Fourteen – Attestation



Information Specific to the OBRA Day Services Sustainability Grants



General Information

- **Background:** The **BDDS OBRA Day Service Sustainability Grant Program** has been made available by Indiana FSSA's Bureau of Developmental Disabilities Services to support OBRA providers who provide habilitation and pre-vocational habilitation under the OBRA program and had to close or suspend services as a result of COVID-19.
- **Purpose:** Grants are awarded to providers for the purpose providing economic support to reimburse the costs of business interruption related the COVID-19 public health emergency.
- **Eligibility:** OBRA providers who provide habilitation and pre-vocational habilitation services under the OBRA program
- **Application Process:** Applicants must apply via the Bureau's on-line grant application. The application can be accessed through the following link:
<https://forms.office.com/Pages/ResponsePage.aspx?id=ur-ZIQmkE0-wxBi0WTPYje0OYLmwhVJPlXmS0qxDKj9UNjBVVzZNUVdOMkU3R1NHVFMwUUgyVIIwMy4u>
- **Grant Payments:** The grant amount will be 75% of the average monthly OBRA claims processed for the period from March 1, 2019, through December 31, 2019, less any claims for services that the provider was able to render during the grant period.
- **Recent Change in Ownership:** If you are a provider that took over ownership of another approved provider after March 1, 2019, the 75% of average historical OBRA claims used to calculate your grant amount will include historical paid claims from the acquired organization.



OBRA Application Overview

BDDS Day Service Sustainability Grant Program Overview

1. Completing the Application
2. What to Expect After Submission
3. What to Expect After Approval

Please note – once you begin the application, there is no way to save it and return to your work. We encourage providers to use this instructional guide to assist in gathering the information needed prior to beginning the application. Assuming you have completed this step, the application should take no more than 15 minutes to complete.



Completing the OBRA Grant Application

- The application includes a series of questions to gather key information used to
 - Confirm your eligibility for a grant payment
 - Determine your grant amount for the grant period, and
 - Stipulations and Attestations
- The following slides describe the questions included in the application. We encourage providers to use these slides to gather the information needed prior to beginning the application.
- The application includes skip logic so that you only answer questions relevant to your organization.



Completing the OBRA Grant Application: Demographics

- Section One – Provider Information
 - Your provider name,
 - Medicaid provider number where grant payment should be directed,
 - Address for primary office location, and
 - Phone number
- Section Two – Provider Contact Information
 - Provider Executive Director/CEO Contact Information
 - name,
 - e-mail address, and
 - phone number
 - If the application is being completed by someone other than the Provider Executive Director/CEO, **the name and email** for the individual completing the application.



Completing the OBRA Grant Application: Electing the Grant Period and Reason for Grant

- Section Three - Reason for Sustainability Grant
 - whether your organization closed or remained open but with a significant reduction in services provided during the grant period
 - when you notified BDDS regarding your closure and/or change in services, whom you notified, and by what method



Completing the Application: Info. on Services Delivered During Grant Period

- Sections Four through Fifteen - Services Information
 - Details for services that you were able to render during the grant period elected for the application.
 - To complete this section, you will need the following information for any Habilitation or Pre-Vocational Services provided under the OBRA Program
 - # of individuals that you provided service to during the month for which you are submitting this application,
 - # of units provided to those individuals during the month for which you are submitting this application
 - The table on the next slide can be used for gathering this information as you prepare to complete the application.



The following table may be useful in preparing to complete the grant application. As a reminder, this information should reflect the services that your agency was able to render during the grant period that you elect in Section Four.

| Service Line | # of Individuals | # of Units Claimed (or Plan to Claim) |
|---|------------------|---------------------------------------|
| OBRA Program | | |
| Habilitation, Individual | | |
| Habilitation, Group | | |
| Pre-Vocational Services, Small Group (2:1, 4:1) | | |
| Pre-Vocational Services, Medium Group (6:1, 8:1 or 10:1) | | |
| Pre-Vocational Services, Large Group (12:1, 14:1 or 16:1) | | |



Completing the OBRA Grant Application: Stipulations

- Sections Sixteen – Stipulations of Sustainability Grants
 - Applicants will be asked to agree to the following statements:
 - Enter accurate information on services provided during the grant period.
 - Utilize these grant funds to maintain staff and facilities to enable your organization to continue providing services as the public emergency moves to conclusion.
 - Follow guidance published by DDRS/BDDS regarding day services.
 - Ensure your organization's response to the public emergency, including service changes and re-opening policies, are communicated to individuals served, their families, and your staff in a timely and accessible manner.
 - *All statements must be checked for the application to be processed.*



Completing the OBRA Grant Application: Attestations

- Sections Seventeen – Attestations
 - Applicants will be asked to “sign” their application by typing their full legal name into the designated area.
 - In signing the application, providers will attest to the following:
 - By submitting this grant application, your organization is subject to audit by the State of Indiana.
 - Before you submit this application, you must type your name and attest to the statements below. Please carefully read the following statement and type your name as indicated.
 - By typing my name and submitting my application, I attest that within this application I have referenced only those individuals who receive supports through the OBRA Services program.
 - By typing my name and submitting my application, I attest that I have included accurate information about all Habilitation and Pre-Vocational Habilitation services that our organization provided and claimed (or plans to claim) during the elected grant period.
 - By typing my name and submitting my application, I attest that I am an agent of the provider whose name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.



Submitting Your OBRA Grant Application

 Q21 Application for BDDS OBRA Day Service Sustainability Grant Program

* Required

Attestation

By submitting this grant application, your organization is subject to audit by the State of Indiana. With this in mind, your agency should maintain documentation and any records to support any amounts that you are providing within this application, so that it can be available upon audit.

Before you submit this application, you must type your name and attest to the statements below. Please carefully read the following statement and type your name as indicated.

By typing my name and submitting my application, I attest that within this application I have referenced only those individuals who receive supports through the OBRA Services program.

By typing my name and submitting my application, I attest that I have included accurate information about all Pre-Vocational Habilitation, Individual Habilitation, and Group Habilitation services that our organization provided and claimed (or plans to claim) during the period January 1 - March 31, 2021.

By typing my name and submitting my application, I attest that I am an agent of the provider whose name and information is set forth in this application. I further attest that all of the answers I have provided in this application are true and accurate. I understand that making false statements on this application is unlawful and that I could be subject to penalties including criminal prosecution for making a false statement on this application.

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By typing my full legal name below, I affirm that I have read and agree to the attestations listed above: *

Enter your answer

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Once you have completed all sections of the application, select the Submit button located at the bottom of Section Fourteen – Attestation



Questions

- For questions, please contact Lisa Davis at lisa.davis@fssa.in.gov.

