

MEMORANDUM OF UNDERSTANDING
Between the
INDIANA STATE BUDGET AGENCY
and the
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This Memorandum of Understanding is entered into by and between the Indiana State Budget Agency (“SBA”) and the Indiana Family and Social Services Administration (“FSSA”). The parties mutually agree to the terms and conditions set forth herein.

WHEREAS, SBA, an agency of the Office of Management and Budget (“OMB”), is designated by OMB to accept and administer funds from the federal Coronavirus Aid, Relief and Economic Security (CARES) Act, Pub.L. 116–136; and

WHEREAS, FSSA has authority under Title 12 to administer various social service programs for the State, including Healthy Indiana Plan (HIP), Children’s Health Insurance Program (CHIP), Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Medicaid; and

WHEREAS, the parties enter into this MOU to memorialize their understanding of the mutual advantages of this cooperative relationship.

NOW, THEREFORE, the parties agree to the terms and conditions set forth below:

I. Purpose

The purpose of this MOU is to memorialize an agreement to reimburse FSSA for necessary expenditures related to the State’s response to the COVID-19 public health emergency, as more fully set forth in Attachment A, (the “Program”) and provide guidance to FSSA for the purpose of complying with federal requirements under 2 C.F.R 200.

II. Grant Information

- a) CFDA number and name: **21.019, pending completion of registration by the U.S. Treasury**
- b) Federal Award Name: **Coronavirus Relief Fund (“CRF”)**
- c) Federal Award Identification Number: **N/A**
- d) Federal Award Date: **March 27, 2020**
- e) Name of Federal Agency: **U.S. Treasury**
- f) Total Amount of Funds obligated to the Sub-State Agency: **\$35,000,000.00**

- g) Period of time sub state agency can obligate funds: start and end date. **The CRF funds may be used to cover expenditures that were made between March 1, 2020, and December 30, 2020.**
- h) Period of time to sub state agency can liquidate funds: start and end date: **The CRF funds may be used to cover expenditures that were made by December 30, 2020.**
- i) Requirements imposed on the sub-state agency so that the award is used in accordance with Federal statutes, regulations and the terms and conditions of the award. **The federal funds are considered federal financial assistance subject to the Single Audit Act of (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Grant Guidance; 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.300 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.**
- j) Indirect cost rate or cost allocation that can be charged to the federal grant: **None at this time.**
- k) Match requirements: **None.**

III. Term

The MOU shall be in effect from May 1, 2020 through January 31, 2021.

When the Director of the SBA makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this memoranda, the memoranda shall be canceled. A determination by the Director of the SBA that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

IV. Obligations of the Parties

The parties agree to the following obligations under this MOU:

1. SBA agrees to provide FSSA from the CARES Act an amount not to exceed the amount listed in Section II(f), which may be amended from time to time. FSSA agrees to return to SBA any unused funds.
2. FSSA will follow federal expenditure procedures as outlined in the State Board of Accounts manual.
3. FSSA acknowledges that it is a Sub-State Agency as that term is used in the State Board of Accounts manual.

4. FSSA will administer the Program in accordance with federal laws and guidance of the CARES Act, US Treasury guidance and policies, OMB and SBA policies and procedures, State Board of Accounts guidance on administration and tracking of COVID-19 funds, and any policies or procedures implemented by FSSA for administration of the program. FSSA's responsibilities to administer the Program include:
 - a. Provide communications and monthly reports to the Director of the OMB and the Director of SBA regarding the status of the Program, including a detailed breakdown of the expenditures reimbursed under the Program and an explanation of why those expenditures were necessary to respond to the COVID-19 public health emergency;
 - b. Cooperate with any audit regarding use of Program funds by State Board of Accounts or as otherwise required under the CARES Act or other federal law.
5. SBA will assist FSSA as necessary with the administration of the Program.

V. Modifications

This parties may modify this MOU by a written, mutual, signed amendment.

VI. Notices

Any notice required or permitted to be given under this MOU shall be sent to the following:

State Budget Agency
Attn: Lisa Acobert
State House Room 212
200 W. Washington Street
Indianapolis, IN 46204
LiAcobert@sba.IN.gov

Indiana Family and Social Services Administration
Attn: Paul Bowling
402 W. Washington Street P.O. Box 7083
Indianapolis, IN 46207-7083
Paul.Bowling@fssa.IN.gov

VII. Termination or Suspension

This MOU may be terminated or suspended by either party if the other party has failed to comply with the terms of this MOU, or for any reason if such termination is in the best interest of the terminating agency, upon thirty (30) days written notice. The notice of termination or suspension shall state the reasons for termination or suspension. Regardless of the reason for termination or suspension, the parties will be compensated for services properly rendered prior to termination or suspension of this MOU.

VIII. Entire Agreement

This MOU constitutes the entire agreement of the parties and may only be amended by the written mutual consent of the parties.

IX. Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has not, nor has any other member, employee, representative, agent or officer of the division, firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears on the face of this Agreement.

In Witness Whereof, SBA and FSSA have, through duly authorized representatives, entered into this MOU. The parties having read and understand the foregoing terms of this MOU, do by their respective signatures dated below hereby agree to the terms thereof.



Zachary Q. Jackson, Director
State Budget Agency

DATE: 6/25/20

DATE: 6/25/2020

ATTACHMENT A

FSSA Proposal for Use of Coronavirus Relief Funds-the below grants would be available from May 1, 2020 until the end of the emergency period of August 31, 2020.

DDRS

Grant Opportunity:

1. HCBS waiver and OBRA providers who provide Adult Day, Facility Habilitation, and Pre-Vocational Habilitation services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until August 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, they will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period. This amount of payment received will be deducted from this amount.

Provider will submit a grant request each month to be eligible for these payments. To be eligible to submit a grant request, the provider must have previously notified BDDS of their closure/suspension per instructions outlined in [Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020](#). The base period for payment calculation will be based on the same period from last year (Apr-Jun 2019). For any new providers since this time frame a modified methodology will be performed.

Estimated monthly costs of \$5,870,000 (4 month costs \$23,480,000) -fiscal based on 60% of providers being in a suspended or closed status

Aging

1. HCBS waiver providers who provide Adult Day Services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until August 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, the amount of payment received will be deducted from this amount.

Estimated monthly costs of \$600,000 (4 month \$2,400,000)

Average monthly spend will be based on the period from July 2019 through February 2020. Provider will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period.

The Division of Aging will allocate these funds to a fiscal intermediary who will then distribute to individual DA certified adult day providers. The providers will have to be in good standing with the secretary of state and not on a corrective action plan from the Division of Aging.

Estimated cost of fiscal intermediary services: \$120,000 (5% of payments made)

DMHA

1. Indiana's 24 community mental health centers are the backbone of mental health and substance use disorder service delivery. They are facing a dual challenge due to the COVID-19 pandemic. First, although many of them have been creative and flexible in the use of telehealth they maintain some key services, they have experienced declining revenues and many have furloughed or laid off employees. Second, the pandemic has resulted in an explosion of behavioral health challenges, and the CMHCs are a key part of Indiana's response to meet those needs. They are needing an injection of funding to be able to meet that need. Additionally, CMHCs pay the state match portion for the Medicaid Rehabilitation Option (MRO) program. Therefore, by providing them with CRF funding, the State would be able to retain the 6.2% enhanced FMAP amount for the MRO program (estimated at \$10 million for Q1 and Q2 of this fiscal year), while still providing a much needed boost to the CMHCs.

Estimated funding request of \$9,000,000 to address this need. DMHA will perform a true-up when final MRO expenditures for the quarter ending 6/30/2020 are made available in July 2020.

Total Requested Amount: \$35,000,000

Amendment 1

MEMORANDUM OF UNDERSTANDING Between the INDIANA STATE BUDGET AGENCY and the INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This is an Amendment to the existing Memorandum of Understanding entered into by and between the **Indiana State Budget Agency** (hereinafter referred to as SBA) and the **Indiana Family and Social Services Administration** (hereinafter referred to as FSSA) approved by the last State signatory on **June 25, 2020**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

A. Pursuant to Section V of the MOU, Section II is amended as follows:

II. Grant Information

- a) CFDA number and name: **21.019**
- b) Federal Award Name: **Coronavirus Relief Fund (“CRF”)**
- c) Federal Award Identification Number: **N/A**
- d) Federal Award Date: **March 27, 2020**
- e) Name of Federal Agency: **U.S. Treasury**
- f) Total Amount of Funds obligated to the sub state agency: **\$190,410,708.**
- g) Period of time sub state agency can obligate funds: start and end date. **The CRF funds may be used to cover expenditures that were incurred between March 1, 2020, and December 30, 2020.**
- h) Period of time to sub state agency can liquidate funds: start and end date: **The CRF funds may be used to cover expenditures that were incurred by December 30, 2020. Liquidation period, although not defined, is expected to be no later than 90 days after the close of the calendar year.**
- i) Requirements imposed on the sub-state agency so that the award is used in accordance with Federal statutes, regulations and the terms and conditions of the award. **The federal funds are considered federal financial assistance subject to the Single Audit Act of (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Grant**

Guidance; 2 C.F.R. § 200.303 regarding internal controls, 2 C.F. R. § § 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. In addition, guidance from the Department of Treasury.

- j) Indirect cost rate or cost allocation that can be charged to the federal grant:
None at this time.
- k) Match requirements: **None.**
- l) Reporting requirements:

FSSA must encumber all contractual and grant agreement amounts spent with Coronavirus Relief Funds in PeopleSoft, preferably in the FSSA Department of Treasury PeopleSoft Fund. Where amounts are encumbered outside of the FSSA Department of Treasury PeopleSoft Fund and transferred to the Coronavirus Relief Fund via journal entry, FSSA must attach a spreadsheet with Vendor and PO details to the journal entry so that OMB/SBA can comply with Department of Treasury Reporting Requirements.

(All contracts, grants, loans, transfers to other government entities, or direct payments greater than or equal to \$50,000 must be disclosed by OMB/SBA in the Department of Treasury's GrantSolutions portal within 10 calendar days of the end of each quarter until October 20, 2021.)

FSSA shall provide a list of all subrecipients as defined in 2 CFR 200.330 and the amount of the award as part of FSSA's monthly report.

FSSA should inquire with its CRF vendors if they are registered in SAM and if they have a DUNS number. If DUNS numbers are received, these should be forwarded to OMB/SBA as part of FSSA's monthly report.

B. Pursuant to Section V of the MOU, Section IV(4)(a) is amended as follows:

- a. Provide communications and monthly reports to the Director of the OMB and the Director of SBA no later than ten (10) days after the end of the month regarding the status of the Program, including a detailed breakdown of the expenditures reimbursed under the Program and an explanation of why those expenditures were necessary to respond to the COVID-19 public health emergency;

C. Pursuant to Section V of the MOU, Section IV.A is added to the MOU as follows:

IV.A. Record Retention

FSSA agrees to maintain records to support compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). This may include, but is not limited to, copies of the following:

1. general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
2. budget records for 2019, 2020, and 2021;
3. payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
6. grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
7. all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

FSSA will maintain records for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to all prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

C. Pursuant to Section V of the MOU, the Section IV.B is added to the MOU as follows:

IV.B. SEFA Reporting

FSSA will identify Emergency Acts expenditures separately on the IFA Schedules of Expenditures of Federal Awards (SEFA).

D. Pursuant to Section V of the MOU, Attachment A attached to this Amendment 1 replaces Attachment A to the original MOU.

All other matters previously agreed to and set forth in the original Memorandum of Understanding and not affected by this Amendment shall remain in full force and effect. The parties having read and understanding the foregoing terms of the Memorandum of Understanding Amendment do by their respective signatures dated below agree to the terms thereof.

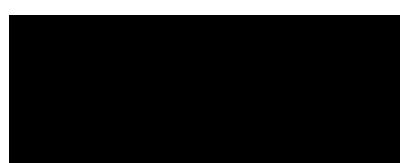
Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has not, nor has any other member, employee, representative, agent or officer of the division, firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears on the face of this Agreement.

In Witness Whereof, SBA and FSSA have, through duly authorized representatives, entered into this MOU. The parties having read and understand the foregoing terms of this MOU, do by their respective signatures dated below hereby agree to the terms thereof.



Jennifer Sullivan, MD MPH, Secretary
Indiana Family Social Services
Administration



State Budget Agency

DATE: 10/14/2020

DATE: 10/15/2020

Attachment A

FSSA Proposal for Use of Coronavirus Relief Funds

DDRS

Grant Opportunity:

1. HCBS waiver and OBRA providers who provide Adult Day, Facility Habilitation, and Pre-Vocational Habilitation services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until funding is exhausted to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, they will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period. This amount of payment received will be deducted from this amount.

Provider will submit a grant request each month to be eligible for these payments. To be eligible to submit a grant request, the provider must have previously notified BDDS of their closure/suspension per instructions outlined in [Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020](#). The base period for payment calculation will be based on the same period from last year (Apr-Jun 2019). For any new providers since this time frame a modified methodology will be performed.

Estimated monthly costs of \$5,870,000 (4 month costs \$23,480,000) –fiscal based on 60% of providers being in a suspended or closed status

Requested Funding: \$23,480,000

Aging

1. HCBS waiver providers who provide Adult Day Services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until December 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, the amount of payment received will be deducted from this amount.

Estimated monthly costs of \$600,000 (4 month \$2,400,000)

Average monthly spend will be based on the period from July 2019 through February 2020. Provider will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period.

The Division of Aging will allocate these funds to a fiscal intermediary who will then distribute to individual DA certified adult day providers. The providers will have to be in good standing with the secretary of state and not on a corrective action plan from the Division of Aging.

Estimated cost of fiscal intermediary services: \$120,000 (5% of payments made)

Requested funding: \$2,520,000

DMHA

1. Indiana's 24 community mental health centers are the backbone of mental health and substance use disorder service delivery. They are facing a dual challenge due to the COVID-19 pandemic. First, although many of them have been creative and flexible in the use of telehealth they maintain some key services, they have experienced declining revenues and many have furloughed or laid off employees. Second, the pandemic has resulted in an explosion of behavioral health challenges, and the CMHCs are a key part of Indiana's response to meet those needs. They are needing an injection of funding to be able to meet that need. Additionally, CMHCs pay the state match portion for the Medicaid Rehabilitation Option (MRO) program. Therefore, by providing them with CRF funding, the State would be able to retain the 6.2% enhanced FMAP amount for the MRO program (estimated at \$9 million for Q3 and Q4 of SFY2020 and an additional \$9M for Q1 and Q2 of SFY2021), while still providing a much needed boost to the CMHCs.

Estimated funding request of \$18,000,000 to address this need. DMHA will perform a true-up when final MRO expenditures for the quarter ending 12/31/2020 are made available in January 2021.

Requested Funding: \$18,000,000

PPE and Cleaning Services

Funding for the additional costs related to PPE supplies needed for staff mainly located in local and regional offices, State Operated Facilities along with the deep cleaning of these facilities as more staff return to work in these offices. In addition, for several locations, Plexiglas was needed to be installed in many of the reception areas of these offices. We are requesting \$1,297,359 in funding to cover this cost through the emergency period.

Requested Funding: \$1,297,359

Conduent Regional Call Center (RCC) Staffing Amendment:

Given the urgent and compelling circumstances created by the COVID-19 pandemic, including but not limited to the public health emergency declaration issued by Indiana Governor Eric Holcomb on March 6, 2020, his subsequent Executive Orders, and the closure of local Division of Family Resources offices to the public, and as directed by the Indiana Family and Social Services Administration (“FSSA”). Conduent Human Services, LLC (“Conduent”) has recruited, hired, and trained two hundred (200) additional call center staff to support Indiana’s SNAP, TANF, and Medicaid. These staff will be needed through December 31, 2020. Based on this timeframe and the additional staff needed to address the increased call volume an additional \$7,607,273 is being added to this contract to cover this additional costs.

Since the COVID-19 situation is fluid and “shelter in place” directives and policies have been issued under the Governor of Indiana’s Executive Orders #20-08 and #20-09, these new resources may need to work from home at the direction of FSSA. FSSA provides all necessary computer equipment and remote access VPN capability for these new resources.

Requested Funding: \$7,607,273

Conduent Pandemic EBT Contract Amendment

On March 25, 2020, the “Families First Coronavirus Response Act,” H.R. 6201 (“FFCRA”) was signed into law. The FFCRA extends employee sick leave benefits, expands the availability of diagnostic testing for COVID-19, and takes other actions to mitigate the harm of the coronavirus outbreak in the U.S.

Among the law’s various provisions, the FFCRA also provides for a temporary expansion of benefits under the Supplemental Nutrition Assistance Program (“SNAP”) in an effort to maintain food security for qualifying low-income families during the pandemic. In addition, it provides for a temporary increase in benefit amounts for enrolled households currently enrolled in SNAP. The FFCRA also provides for a new benefit class designed to replace the value of meals no longer provided to children under the Federal school lunch program due to temporary school closures. These new supplemental benefits, which are hereafter referred to as “Pandemic EBT” or “P-EBT” must be provided under an approved state agency plan to the qualifying children of 1) households currently enrolled in SNAP; and 2) households not currently enrolled in SNAP.

Existing SNAP and/or Cash case that receive a P-EBT benefit(s) will be billed at the current Cost per Case per Month plus \$0.25 for a minimum of 3 months, regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the CPCM plus \$0.25. All P-EBT billing will occur in the billing month after the first P-EBT deposit is made. Should the State make all P-EBT deposits in any one month or stagger the delivery of a recipients first P-EBT deposit over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period. The same will hold true for any P-EBT benefit issued in subsequent months.

New P-EBT cases (Non-SNAP cases), will be billed at a P-EBT CPCM of \$1.75 for a minimum of 3 months regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be

billed at the P-EBT CPCM of \$1.75. All P-EBT billing will occur in the billing month after the first P-EBT account is created. Should the State make all P-EBT accounts in any one month or stagger the creation of P-EBT over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period. Indiana Issuance:

- Number of P-EBT cards issued: **305,432**
- Amount of P-EBT benefits issued: **\$188,562,688.00**
- Number of children who have received a P-EBT benefit: **591,363**

Based on the above changes we are amending the current Conduent contract to add funding to cover the additional administrative cost. This is one time spending for both system changes and issuance of P. EBT benefits, \$15,000 was the cost for system changes along with costs for the issuance of P. EBT cards to two (2) groups Existing SNAP or TANF Recipient and Non SNAP or TANF Recipient. The total amount of this contract amendment is \$1,669,242 for the three months ending September 30, 2020.

Base on the continuation of the P-EBT being made available through November 2020 there will be additional benefits paid out to those groups as described above. Based on these additional releases we will need to do another amendment to the Conduent contract to cover the additional cost to them for getting these benefits paid out. The total additional cost is \$1,519,199. Total costs for all Conduent contract amendments is \$3,188,441.

Requested Funding: \$3,188,441

Indianapolis Safety Recovery Site Hotel

Starting in March of 2020 we leased the Crown Plaza Hotel in Indianapolis to provide a safety site location for the homeless population. The initial lease term was through 5/23/2020 and in the amount of \$3,759,677. Due to the continued need for these services the lease was needed to be extend through July 7, 2020 and for an additional amount of \$2,775,000. We are requesting the use of relief funds to cover the cost of the lease of this hotel through July 7th in the amount of \$6,534,677.

Requested Funding: \$6,534,677

Security for Safety Sites

With the extension of additional safety site locations for the homeless population across the State there are several sites that security is needed due to the location of these sites. Due to the increased costs related to this we are requesting that funding in the amount of \$350,000 be provided in order to cover this cost through the emergency period.

Requested Funding: \$350,000

Misc. Cost Related to COVID-19

In addition to the above cost FSSA also incurred some misc. cost related to COVID-19 to include the cost of new computers for additional Conduent staff needed at the regional call centers due to the increase call volume that is being seen during this emergency period and lockboxes that had to be installed at some DFR local offices to handle the receipt of client documents. We are requesting funding to cover this additional costs in the amount of \$257,511.

Requested Funding: \$257,511

Nursing Facilities Reimbursement Increase

1. In order to address direct care wages for nursing facility staff we will provide to nursing facilities a 4.2% increase that will be applied to each facilities standard rate and will be effective 3/1/2020. This rate will remain in place until the earlier of November 30, 2020 or when funds have been exhausted.
2. We will be offering an additional rate increase of 2% for facilities that are COVID-ready. This is to provide support for the actions we have already asked facilities to do to care for residents with COVID. To qualify for this facilities will need to attest to following these guidelines. This can be done in the EMResources system under the column of COVID-Ready or by e-mailing a signed attestation form to OMPP. The additional 2% rate increase will be retroactive to May 1st for facilities that complete their attestation in May. Facilities that submit their attestation in June or later will receive the 2% higher rate beginning with the date of attestation. The 2.0% rate increase will be calculated based on each facility's standard rates (prior to the application of the 4.2% increase). This 2.0% temporary increases will remain in place until the earlier of 1) the end of the National Public Emergency or 2) 8/31/2020
3. COVID units. We will be offering an additional \$115/day for caring for COVID positive residents in facilities that are COVID ready. This add on rate will be for up to a maximum of 21 days. This rate will be retroactive to May 1st. This rate will remain in place until the earlier of the end of the National Public Emergency or 8/31/2020

Requested funding: \$83,347,538

DDRS Division of Disability and Rehabilitation Services

Grant Opportunities:

Intermediate Care Facilities (Group Homes) and HCBS waiver providers who provide residential services are still able to provide services with many providing 24-hour a day support for individuals with and without COVID-19. As a result, they are experiencing an increase in cost related to PPE, overtime, training, cleaning and additional technology to improve access to services. These providers would be eligible to receive a grant to help cover these costs during the emergency period (March – December).

- Grant payments will be based on 4.2% of the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face to face interaction. Case management is example of service excluded as this can be provided through telemedicine.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers
- FSSA/DDRS will use historical claims data to establish a one-time grant amount for the historical period. Providers then will be eligible to submit a request to receive that payment.
- Number of Potentially Eligible Providers – between 120 and 130
 - For context, 69 providers have participated in the Day Services Sustainability Grant program.
 - A fair portion of those providers, also provide residential services and therefore will also be eligible for the Residential Provider Relief program.

Requested Funding: \$31,844,207

Residential Services Provider Relief - Fiscal		
	Total Claims	4.20%
Historical HCBS - 03/19 - 12/19	\$ 530,429,166.90	\$ 22,278,025.01
Historical ICF - 03/19 - 12/19	\$ 227,766,238.00	\$ 9,566,182.00
Total Fiscal	\$ 31,844,207.01	

Home Health Providers

Home health providers who continue to provide services during this public health emergency and as a result are experiencing increase in cost related to PPE, overtime, training, cleaning etc. A survey was completed by these providers which showed some significant increased expenses related to staffing pay/overtime and cost related to PPE, so we are requesting that a 4.2% grant payment for the months of March through August of 2020 be made available to these providers.

- Provider relief request was based on discussions with Home Health Industry and collective review of other state efforts (with focus on Ohio program)
- Estimated incremental expenses related to COVID were based on recent surveys of Indiana Home Health providers (with response rates that represented ~25% of state expenditures)
- How 4.2% was determined: The 4.2% payment represents the sum of PPE and incentive pay expenses with a 2% offset for available Federal funding.
- The recommended relief percentage was calculated assuming that all Home Health providers had received Federal funding equivalent to 2% of recent Medicaid Reimbursement

- These will be one-time grants paid out to providers. These payments will be based on historical claims data which the 4.2% will be applied to.
- We have assumed that the vast majority of the current 225 Home Health providers would apply for and receive this State aid

Requested Funding: \$5,934,600

COVID-19 Daily Digest for Indiana's Frontline Responders

The [COVID-19 Daily Digest](https://indianactsi.org/community/monon-collaborative/covid-19/) (<https://indianactsi.org/community/monon-collaborative/covid-19/>) project is made possible by WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) – a partnership between the *Indiana Family and Social Services Administration* (FSSA) and the *Indiana Clinical and Translational Sciences Institute's Monon Collaborative* to engage Indiana's nationally-recognized academic experts to evaluate and inform Indiana practices, programs and policies. This project was launched in March 2020 in response to the *Indiana State Department of Health*'s need for rapid and evidence-informed responses to complex questions about the pandemic and best practices for preventing, mitigating, monitoring and recovering from the COVID-19 global pandemic.

To meet this need, WISE Indiana engaged academic researchers and clinicians to rapidly respond to [key questions](#) about COVID-19 from government leadership. Academic experts were also recruited to write daily summaries of [emerging COVID-19 literature](#) for the benefit of Indiana's frontline responders, and build and maintain an online repository of [evidence-based learning materials](#) for practitioners on the front lines. Research librarians from the Ruth Lilly Medical Library, the IUPUI University Library, and the Robert H. McKinney School of Law Library added their expertise by conducting comprehensive searches of evidence-based clinical, public health, policy, and law literature and writing up detailed annotated bibliographies, which are incorporated as part of these ongoing projects. This work has informed key decision-making at many levels of Indiana's COVID response. Examples include data modeling for the IN.gov COVID-19 Dashboard, the allocation of Remdesivir, decisions about resuming elective procedures, and strategies for scaling back mitigation efforts. From March through June 2020, administrative costs associated with this work were paid for by FSSA. The significant contributions of academic faculty from Indiana University, Purdue University and Notre Dame, as well as research librarian staff, were provided pro bono during this time. As teaching operations commence at the universities, compensation has been requested for the ongoing participation of research librarians and expert review contributors.

SFY 2021 Budget:

PERSONNEL	Effort (%)	Salary	Fringe	Total
Administrative Manager	10.0%	\$9,000	\$3,520	\$12,520
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Media Specialist	5.0%	\$3,778	\$1,478	\$5,256
Research Librarian	30.0%	\$28,058	\$10,974	\$39,032

Research Librarian	20.0%	\$11,628	\$4,548	\$16,176
Admin Support	10.0%	\$3,750	\$1,495	\$5,245
Finance	10.0%	\$6,400	\$2,503	\$8,903
Expert Review Contributors*	2.5%-5.0%	--	--	\$52,000
<i>TOTAL PERSONNEL</i>		<i>\$100,915</i>	<i>\$39,187</i>	<i>\$153,102</i>
TOTAL COST				153,102

Requested Funding: \$153,102

Blind Enterprise Program

During the COVID pandemic several of the BEP vendors were out of work due to the shutdown of the Government offices. We are request funding of \$120,000 to assist the providers in covering cost that they still have in order for them to ramp business back up once offices are opened back up. Will provide funding to approximately 30 managers to be provided in two payments of \$2,000. All of these facilities have had decreased sales and 1/3 are closed or closed to the public which is where most of the income is derived from.

Funding Requested: \$120,000

Safety Recovery Sites

The Division of Mental Health and Addiction is issuing Grants for the establishment and operation of a Safe Recovery Site (“Site”) for Indiana residents experiencing homelessness and COVID-19. The Safe Recovery Site is designed to provide a safe, voluntary quarantine or isolation option for people experiencing homelessness who are in need of a safe space due to having a diagnosis of COVID-19, having a pending COVID-19 test, or are a person experiencing homelessness who has been directed to quarantine/isolate by a medical professional due to exposure and/or being suspected to be positive for COVID-19 but not yet able to be tested.

The Safe Recovery Site is established at the direction of Indiana State Department of Health and DMHA as part of Indiana’s efforts to respond to a public health disaster emergency. This program is established in accordance with Executive Order 20-02, which declares that a public health disaster emergency exists in Indiana attributable to COVID-19 and orders all health care providers to “cooperate with the ISDH in its response to the public health disaster emergency and the implementation of this [EO 20-02].” As such, this program and those carrying out the functions of this program are subject to the immunity granted by various state and federal statutes, including, but not limited to, Indiana Code 10-14-3-15 and Indiana Code 34-30-13.5 et seq.

The Safe Recovery Site shall be developed to maintain the health and safety of the Residents in its care, the staff and volunteers of the program, and society as a whole. The Grantee's primary purpose shall be to minimize transmission of the virus while monitoring the health of its Residents in order to ensure Residents are either safely isolated until they are appropriate for discharge or safely transferred to a hospital if symptoms increase to a level that warrant hospitalization.

The Grantee shall utilize funding from this Grant Agreement solely for the purposes of establishing and operating the Safe Recovery Site. These Grantee's responsibilities include: establishment of a safe and secure facility, hiring and oversight of healthcare and non-healthcare support staff to run the facility, implementation of a referral and discharge process, provision of security, and services for the health and wellness of Residents.

Funding Requested: \$5,600,000

BeWellIndiana Advertising Campaign

BeWellIndiana.org is a web site developed to provide resources for Hoosiers to stay healthy, properly cope and help manage grief, anxiety and stress during COVID-19 pandemic. Once fully developed, a media/marketing campaign will help promote it to the Hoosiers who need these services and connections. Total cost of advertising campaign of \$176,000

Funding Requested: \$176,000

Total Funding Requested: \$190,410,708

Amendment 2

MEMORANDUM OF UNDERSTANDING Between the INDIANA STATE BUDGET AGENCY and the INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This is an Amendment to the existing Memorandum of Understanding entered into by and between the **Indiana State Budget Agency** (hereinafter referred to as SBA) and the **Indiana Family and Social Services Administration** (hereinafter referred to as FSSA) approved by the last State signatory on **June 25, 2020**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

A. Pursuant to Section V of the MOU, Section II is amended as follows:

II. Grant Information

- a) CFDA number and name: **21.019**
- b) Federal Award Name: **Coronavirus Relief Fund (“CRF”)**
- c) Federal Award Identification Number: **N/A**
- d) Federal Award Date: **March 27, 2020**
- e) Name of Federal Agency: **U.S. Treasury**
- f) Total Amount of Funds obligated to the sub state agency: **\$198,710,708.**
- g) Period of time sub state agency can obligate funds: start and end date. **The CRF funds may be used to cover expenditures that were incurred between March 1, 2020, and December 31, 2021.**
- h) Period of time to sub state agency can liquidate funds: start and end date: **The CRF funds may be used to cover expenditures that were incurred by December 31, 2021. Liquidation period, although not defined, is expected to be no later than 90 days after the close of the calendar year.**
- i) Requirements imposed on the sub-state agency so that the award is used in accordance with Federal statutes, regulations and the terms and conditions of the award. **The federal funds are considered federal financial assistance subject to the Single Audit Act of (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Grant**

Guidance; 2 C.F.R. § 200.303 regarding internal controls, 2 C.F. R. § § 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. In addition, guidance from the Department of Treasury.

- j) Indirect cost rate or cost allocation that can be charged to the federal grant:
None at this time.
- k) Match requirements: **None.**
- l) Reporting requirements:

FSSA must encumber all contractual and grant agreement amounts spent with Coronavirus Relief Funds in PeopleSoft, preferably in the FSSA Department of Treasury PeopleSoft Fund. Where amounts are encumbered outside of the FSSA Department of Treasury PeopleSoft Fund and transferred to the Coronavirus Relief Fund via journal entry, FSSA must attach a spreadsheet with Vendor and PO details to the journal entry so that OMB/SBA can comply with Department of Treasury Reporting Requirements.

(All contracts, grants, loans, transfers to other government entities, or direct payments greater than or equal to \$50,000 must be disclosed by OMB/SBA in the Department of Treasury's GrantSolutions portal within 10 calendar days of the end of each quarter until October 20, 2022.)

FSSA shall provide a list of all subrecipients as defined in 2 CFR 200.330 and the amount of the award as part of FSSA's monthly report.

FSSA should inquire with its CRF vendors if they are registered in SAM and if they have a DUNS number. If DUNS numbers are received, these should be forwarded to OMB/SBA as part of FSSA's monthly report.

B. Pursuant to Section V of the MOU, Attachment A attached to this Amendment 1 replaces Attachment A to the original MOU.

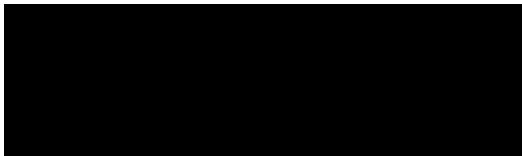
All other matters previously agreed to and set forth in the original Memorandum of Understanding and not affected by this Amendment shall remain in full force and effect. The parties having read and understanding the foregoing terms of the Memorandum of Understanding Amendment do by their respective signatures dated below agree to the terms thereof.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has

not, nor has any other member, employee, representative, agent or officer of the division, firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears on the face of this Agreement.

In Witness Whereof, SBA and FSSA have, through duly authorized representatives, entered into this MOU. The parties having read and understand the foregoing terms of this MOU, do by their respective signatures dated below hereby agree to the terms thereof.



Jennifer Sullivan, MD MPH, Secretary
Indiana Family Social Services
Administration



Zachary Q. Jackson, Director
State Budget Agency

DATE: March 1, 2021

DATE: 3/2/2021

Attachment A

FSSA Proposal for Use of Coronavirus Relief Funds

DDRS

Grant Opportunity:

1. From the period March through December of 2020, grants will be made available to HCBS Day Services Providers (including Adult Day, Facility Habilitation, and Pre-Vocational Habilitation) and OBRA Day Services (including Individual Habilitation, Group Habilitation, and Prevocational). and have been forced to close or suspend services as a result of COVID-19. These providers would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until funding is exhausted to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, they will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period. This amount of payment received will be deducted from this amount.

Provider will submit a grant request each month to be eligible for these payments. To be eligible to submit a grant request, the provider must have previously notified BDDS of their closure/suspension per instructions outlined in [Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020](#). The base period for payment calculation will be based on the same period from last year (March - December 2019). For any new providers since this time frame a modified methodology will be performed.

Effective January 1, 2021, retainer payment grants will only be available to OBRA Day Service Providers (as described above). The provider will submit a grant request each quarter to be eligible for these payments and must meet the requirements as set forth under the original grant requests prior to January 1, 2021.

Estimated costs of grants is \$19,527,891 –fiscal based on 60% of providers being in a suspended or closed status

Requested Funding: \$19,527,891

Aging

1. HCBS waiver providers who provide Adult Day Services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until December 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is

still able to provide some of these service during this time, the amount of payment received will be deducted from this amount.

Estimated monthly costs of \$285,500 (4 months \$1,142,000)

Average monthly spend will be based on the period from July 2019 through February 2020. Provider will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period.

The Division of Aging will allocate these funds to a fiscal intermediary who will then distribute to individual DA certified adult day providers. The providers will have to be in good standing with the secretary of state and not on a corrective action plan from the Division of Aging.

Estimated cost of fiscal intermediary services: \$58,000 (5% of payments made)

Requested funding: \$1,200,000

DMHA

1. Indiana's 24 community mental health centers are the backbone of mental health and substance use disorder service delivery. They are facing a dual challenge due to the COVID-19 pandemic. First, although many of them have been creative and flexible in the use of telehealth they maintain some key services, they have experienced declining revenues and many have furloughed or laid off employees. Second, the pandemic has resulted in an explosion of behavioral health challenges, and the CMHCs are a key part of Indiana's response to meet those needs. They are needing an injection of funding to be able to meet that need. Additionally, CMHCs pay the state match portion for the Medicaid Rehabilitation Option (MRO) program. Therefore, by providing them with CRF funding, the State would be able to retain the 6.2% enhanced FMAP amount for the MRO program (estimated at \$9 million for Q3 and Q4 of SFY2020 and an additional \$9M for Q1 and Q2 of SFY2021), while still providing a much needed boost to the CMHCs.

Estimated funding request of \$16,275,394 to address this need. DMHA will perform a true-up when final MRO expenditures for the quarter ending 12/31/2020 are made available in January 2021.

Requested Funding: \$16,275,394

PPE and Cleaning Services

Funding for the additional costs related to PPE supplies needed for staff mainly located in local and regional offices, State Operated Facilities along with the deep cleaning of these facilities as more staff return to work in these offices. In addition, for several locations, Plexiglas was

needed to be installed in many of the reception areas of these offices. We are requesting \$1,682,359 in funding to cover this cost through the emergency period.

Requested Funding: \$1,682,359

State Operated Facilities Overtime Cost

Due to additional COVID patients that are being seen in these facilities along with staffing needs due to current staff testing positive for COVID, the SOF's are seeing higher OT utilization during this pandemic period. Therefore, we are requesting that funding in the amount of \$550,00 be provided to help cover the additional costs that is being seen for these expenditures.

Requested Funding: \$550,000

Conduent Regional Call Center (RCC) Staffing Amendment:

Given the urgent and compelling circumstances created by the COVID-19 pandemic, including but not limited to the public health emergency declaration issued by Indiana Governor Eric Holcomb on March 6, 2020, his subsequent Executive Orders, and the closure of local Division of Family Resources offices to the public, and as directed by the Indiana Family and Social Services Administration (“FSSA”). Conduent Human Services, LLC (“Conduent”) has recruited, hired, and trained two hundred (200) additional call center staff to support Indiana’s SNAP, TANF, and Medicaid. These staff will be needed through December 31, 2020. Based on this timeframe and the additional staff needed to address the increased call volume an additional \$7,607,273 is being added to this contract to cover this additional costs.

Since the COVID-19 situation is fluid and “shelter in place” directives and policies have been issued under the Governor of Indiana’s Executive Orders #20-08 and #20-09, these new resources may need to work from home at the direction of FSSA. FSSA provides all necessary computer equipment and remote access VPN capability for these new resources.

Requested Funding: \$7,607,273

Conduent Pandemic EBT Contract Amendment

On March 25, 2020, the “Families First Coronavirus Response Act,” H.R. 6201 (“FFCRA”) was signed into law. The FFCRA extends employee sick leave benefits, expands the availability of diagnostic testing for COVID-19, and takes other actions to mitigate the harm of the coronavirus outbreak in the U.S.

Among the law’s various provisions, the FFCRA also provides for a temporary expansion of benefits under the Supplemental Nutrition Assistance Program (“SNAP”) in an effort to maintain food security for qualifying low-income families during the pandemic. In addition, it provides for a temporary increase in benefit amounts for enrolled households currently enrolled in SNAP.

The FFCRA also provides for a new benefit class designed to replace the value of meals no longer provided to children under the Federal school lunch program due to temporary school closures. These new supplemental benefits, which are hereafter referred to as “Pandemic EBT ” or “P-EBT” must be provided under an approved state agency plan to the qualifying children of 1) households currently enrolled in SNAP; and 2) households not currently enrolled in SNAP.

Existing SNAP and/or Cash case that receive a P-EBT benefit(s) will be billed at the current Cost per Case per Month plus \$0.25 for a minimum of 3 months, regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the CPCM plus \$0.25. All P-EBT billing will occur in the billing month after the first P-EBT deposit is made. Should the State make all P-EBT deposits in any one month or stagger the delivery of a recipients first P-EBT deposit over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period. The same will hold true for any P-EBT benefit issued in subsequent months.

New P-EBT cases (Non-SNAP cases), will be billed at a P-EBT CPCM of \$1.75 for a minimum of 3 months regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the P-EBT CPCM of \$1.75. All P-EBT billing will occur in the billing month after the first P-EBT account is created. Should the State make all P-EBT accounts in any one month or stagger the creation of P-EBT over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period.

Indiana Issuance:

- Number of P-EBT cards issued: **305,432**
- Amount of P-EBT benefits issued: **\$188,562,688.00**
- Number of children who have received a P-EBT benefit: **591,363**

Based on the above changes we are amending the current Conduent contract to add funding to cover the additional administrative cost. This is one time spending for both system changes and issuance of P. EBT benefits, \$15,000 was the cost for system changes along with costs for the issuance of P. EBT cards to two (2) groups Existing SNAP or TANF Recipient and Non SNAP or TANF Recipient. The total amount of this contract amendment is \$1,669,242 for the three months ending September 30, 2020.

Base on the continuation of the P-EBT being made available through November 2020 there will be additional benefits paid out to those groups as described above. Based on these additional releases we will need to do another amendment to the Conduent contract to cover the additional cost to them for getting these benefits paid out. The total additional cost is \$1,603,167. Total costs for all Conduent contract amendments is \$3,272,409.

Requested Funding: \$3,272,409

Indianapolis Safety Recovery Site Hotel

Starting in March of 2020 we leased the Crown Plaza Hotel in Indianapolis to provide a safety site location for the homeless population. The initial lease term was through 5/23/2020 and in the amount of \$3,759,677. Due to the continued need for these services the lease was needed to be extend through July 7, 2020 and for an additional amount of \$2,775,000. We are requesting the use of relief funds to cover the cost of the lease of this hotel through July 7th in the amount of \$6,534,677.

Requested Funding: \$6,534,677

Misc. Cost Related to COVID-19

In addition to the above cost FSSA also incurred some misc. cost related to COVID-19 to include the cost of new computers for additional Conduent staff needed at the regional call centers due to the increase call volume that is being seen during this emergency period and lockboxes that had to be installed at some DFR local offices to handle the receipt of client documents. We are requesting funding to cover this additional cost in the amount of \$257,511.

Requested Funding: \$257,511

Nursing Facilities Reimbursement Increase

1. In order to address direct care wages for nursing facility staff we will provide to nursing facilities a 4.2% increase that will be applied to each facilities standard rate and will be effective 3/1/2020. This rate will remain in place until the earlier of March 31, 2021 or when funds have been exhausted.
2. We will be offering an additional rate increase of 2% for facilities that are COVID-ready. This is to provide support for the actions we have already asked facilities to do to care for residents with COVID. To qualify for this facilities will need to attest to following these guidelines. This can be done in the EMResources system under the column of COVID-Ready or by e-mailing a signed attestation form to OMPP. The additional 2% rate increase will be retroactive to May 1st for facilities that complete their attestation in May. Facilities that submit their attestation in June or later will receive the 2% higher rate beginning with the date of attestation. The 2.0% rate increase will be calculated based on each facility's standard rates (prior to the application of the 4.2% increase). This 2.0% temporary increases will remain in place until the earlier of 1) the end of the National Public Emergency or 2) 8/31/2020
3. COVID units. We will be offering an additional \$115/day for caring for COVID positive residents in facilities that are COVID ready. This add on rate will be for up to a maximum of 21 days. This rate will be retroactive to May 1st. This rate will remain in place until the earlier of the end of the National Public Emergency or 8/31/2020

Requested funding: \$92,978,766

DDRS Division of Disability and Rehabilitation Services

Grant Opportunities:

For the period March through December 2020 cost reimbursement grants are being offered to HCBS Residential Providers (including Residential Habilitation and Support, Respite, Participant Care and Assistance, Structured Family Caregiving, Transportation, Wellness Coordination, and Workplace Assistance) and ICF Providers. The purpose of these grants is to provide support for increased expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning and additional technology to improve access to services. These providers would be eligible to receive a monthly grant to help cover these costs during this period of time.

- Grant payments will be based on 4.2% of the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers

Effective January 1, 2021, DDSR is offering cost reimbursement grants to HCBS Residential Providers (as described above), ICF Providers, and HCBS Day Services Providers (as described above). With the addition of HCBS Day Services Providers.

- Grant payments will be based on the providers actual COVID-19 related expenses not covered by other federal relief efforts, up to 4.2% the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- Providers would submit applications for reimbursement of approved COVID-19 related expenses incurred in the first quarter of 2021, up to 4.2% of the provider's historical claims. The first application period would open on April 2, 2021.

Requested Funding: \$35,796,316

Home Health Providers

Home health providers who continue to provide services during this public health emergency and as a result are experiencing increase in cost related to PPE, overtime, training, cleaning etc. A survey was completed by these providers which showed some significant increased expenses

related to staffing pay/overtime and cost related to PPE, so we are requesting that a 4.2% grant payment for the months of March through August of 2020 be made available to these providers.

- Provider relief request was based on discussions with Home Health Industry and collective review of other state efforts (with focus on Ohio program)
- Estimated incremental expenses related to COVID were based on recent surveys of Indiana Home Health providers (with response rates that represented ~25% of state expenditures)
- How 4.2% was determined: The 4.2% payment represents the sum of PPE and incentive pay expenses with a 2% offset for available Federal funding.
- The recommended relief percentage was calculated assuming that all Home Health providers had received Federal funding equivalent to 2% of recent Medicaid Reimbursement
- These will be one-time grants paid out to providers. These payments will be based on historical claims data which the 4.2% will be applied to.
- We have assumed that the vast majority of the current 225 Home Health providers would apply for and receive this State aid

Requested Funding: \$1,125,522

COVID-19 Daily Digest for Indiana's Frontline Responders

The [COVID-19 Daily Digest](https://indianactsi.org/community/monon-collaborative/covid-19/) (<https://indianactsi.org/community/monon-collaborative/covid-19/>) project is made possible by WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) – a partnership between the *Indiana Family and Social Services Administration* (FSSA) and the *Indiana Clinical and Translational Sciences Institute's Monon Collaborative* to engage Indiana's nationally-recognized academic experts to evaluate and inform Indiana practices, programs and policies. This project was launched in March 2020 in response to the *Indiana State Department of Health*'s need for rapid and evidence-informed responses to complex questions about the pandemic and best practices for preventing, mitigating, monitoring and recovering from the COVID-19 global pandemic.

To meet this need, WISE Indiana engaged academic researchers and clinicians to rapidly respond to [key questions](#) about COVID-19 from government leadership. Academic experts were also recruited to write daily summaries of [emerging COVID-19 literature](#) for the benefit of Indiana's frontline responders, and build and maintain an online repository of [evidence-based learning materials](#) for practitioners on the front lines. Research librarians from the Ruth Lilly Medical Library, the IUPUI University Library, and the Robert H. McKinney School of Law Library added their expertise by conducting comprehensive searches of evidence-based clinical, public health, policy, and law literature and writing up detailed annotated bibliographies, which are incorporated as part of these ongoing projects. This work has informed key decision-making at many levels of Indiana's COVID response. Examples include data modeling for the IN.gov COVID-19 Dashboard, the allocation of Remdesivir, decisions about resuming elective procedures, and strategies for scaling back mitigation efforts. From March through June 2020, administrative costs associated with this work were paid for by FSSA. The significant contributions of academic faculty from Indiana University, Purdue University and Notre Dame, as well as research librarian staff, were provided pro bono during this time. As teaching

operations commence at the universities, compensation has been requested for the ongoing participation of research librarians and expert review contributors.

SFY 2021 Budget:

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Finance	10.0%	\$6,400	\$2,503	\$8,903
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<i>TOTAL PERSONNEL</i>		\$100,915	\$39,187	\$153,102
TOTAL COST				153,102

Requested Funding: \$153,102

Blind Enterprise Program

During the COVID pandemic several of the BEP vendors were out of work due to the shutdown of the Government offices. We are request funding of \$120,000 to assist the providers in covering cost that they still have in order for them to ramp business back up once offices are opened back up. Will provide funding to approximately 30 managers to be provided in two payments of \$2,000. All of these facilities have had decreased sales and 1/3 are closed or closed to the public which is where most of the income is derived from.

Funding Requested: \$120,000

Safety Recovery Sites

The Division of Mental Health and Addiction is issuing Grants for the establishment and operation of a Safe Recovery Site (“Site”) for Indiana residents experiencing homelessness and COVID-19. The Safe Recovery Site is designed to provide a safe, voluntary quarantine or isolation option for people experiencing homelessness who are in need of a safe space due to having a diagnosis of COVID-19, having a pending COVID-19 test, or are a person experiencing homelessness who has been directed to quarantine/isolate by a medical professional due to exposure and/or being suspected to be positive for COVID-19 but not yet able to be tested.

The Safe Recovery Site is established at the direction of Indiana State Department of Health and DMHA as part of Indiana's efforts to respond to a public health disaster emergency. This program is established in accordance with Executive Order 20-02, which declares that a public health disaster emergency exists in Indiana attributable to COVID-19 and orders all health care providers to "cooperate with the ISDH in its response to the public health disaster emergency and the implementation of this [EO 20-02]." As such, this program and those carrying out the functions of this program are subject to the immunity granted by various state and federal statutes, including, but not limited to, Indiana Code 10-14-3-15 and Indiana Code 34-30-13.5 et seq.

The Safe Recovery Site shall be developed to maintain the health and safety of the Residents in its care, the staff and volunteers of the program, and society as a whole. The Grantee's primary purpose shall be to minimize transmission of the virus while monitoring the health of its Residents in order to ensure Residents are either safely isolated until they are appropriate for discharge or safely transferred to a hospital if symptoms increase to a level that warrant hospitalization.

The Grantee shall utilize funding from this Grant Agreement solely for the purposes of establishing and operating the Safe Recovery Site. These Grantee's responsibilities include: establishment of a safe and secure facility, hiring and oversight of healthcare and non-healthcare support staff to run the facility, implementation of a referral and discharge process, provision of security, and services for the health and wellness of Residents.

Funding Requested: \$5,600,000

BeWellIndiana Advertising Campaign

BeWellIndiana.org is a web site developed to provide resources for Hoosiers to stay healthy, properly cope and help manage grief, anxiety and stress during COVID-19 pandemic. Once fully developed, a media/marketing campaign will help promote it to the Hoosiers who need these services and connections. Total cost of advertising campaign of \$301,000

Funding Requested: \$301,000

DDRS

Cardinal Services – Emergency Transition

- I. October 14, 2020, Cardinal Services notified BDDS leadership via a virtual meeting that Cardinal was unable to serve 41 individuals by Friday, October 16, 2020.
 - a. Cardinal cited the long-standing direct support professional workforce crisis exasperated by COVID-19 as the issue for its inability to provide services.
 - b. Cardinal asked the BDDS to expedite nursing facility placements for the identified individuals as their response to not fulfilling their obligation. Note:

BDDS requires 60-day notice from provider if they are no longer able to provide services to an individual.

- c. EasterSeals Arc Northeast (ESARC) was contacted to assist with the emergency transition. Prior to transitioning the individuals out of their homes, ESARC offered several alternative options to Cardinal to identify other short or long-term solutions to meet the staffing needs of the impacted individuals to prevent them from being moved from their homes. Cardinal did not accept alternative options.
- d. Due to health and safety risks of the individuals and the ongoing COVID-19 related issues, BDDS instituted an emergency order to transition the identified individuals to ESARC. These individuals were transitioned temporarily to the Ramada Plaza Hotel and Conference Center in Fort Wayne.
- e. The final list of individuals was decided on the evening of October 15, 2020.
- f. ESARC agreed to assist in transitioning via accessible vans/buses a total of 31 individuals on the morning of October 16, 2020.
- g. ESARC and DDSR identified a target date of October 30, 2020 to have all impacted individuals transitioned to a long-term placement.

II. ESARC expenses associated with the BDDS' directed emergency transition included the following:

- a. Shift differential wages, overtime wages, payroll taxes/benefits, consultants, lodging and meals, medical supplies & equipment¹, PPE and other supplies, transportation\bussing
- b. The cost is estimated at up to \$147,054, depending on the time needed to transition impacted individuals into a long-term placement.

Funding Requested: \$147,054

Indiana211

IN211 was brought into the Indiana executive branch of government for two synergistic reasons:

- 1) To provide an extension of human services that overcome administrative burden and simplify coordination of services across local, state, and federal sources. This is a frame shift in human services delivery that improves health outcomes and lowers cost.
- 2) The IN211 network experienced a growing lack of philanthropic community confidence over the last three years to the point of financial insolvency. The United Ways network was the largest funder and given their lack of confidence, pulled their funding pledge completely at the end of 2019.

During the pandemic 211 has seen additional cost related to the increase in call volume that they have seen since March and continues to date. Below is the increase in call volume that they have seen to date and the cost associated with this increased call volume.

- 39,088 - Total COVID calls between 3/1/2020 – 11/15/2020
 - 22,943 self-selected COVID queue
 - 16,145 documented as Public Health Emergency
- On average each call is for 8.5 minutes or a total of 332,248 minutes of COVID calls
- Cost per minute is estimated at \$1.89 per minute - calculation based on AIRS guidance
 - Total budget \$4,215,353/ total call minutes 2,406,880.95 = \$1.75 per minute
- Calculated additional costs (332,248*\$1.75) \$581,434

Given this reality and the need for ongoing partnership for the future success of IN211 and other shared programs, we request CARES funding to fill the transition shortfall gap to fully fund IN211 through 12/31/20 into a stable fiscal future for the benefit of Hoosiers across the state.

Requested Funding: \$581,434

Medicaid Administrative Costs

The Office of Medicaid Policy and Procedures during the pandemic have incurred additional cost related to system changes, staffing costs and contractor cost due to the implementation of various policy changes that have occurred during this period. The cost related to changes made to put these policies in place and cost that will be seen in order to remove these policies at the end of the PHE period. Total estimated additional cost is \$5,000,000.

Requested Funding: \$5,000,000

Total Funding Requested: \$198,710,708

Amendment 3

MEMORANDUM OF UNDERSTANDING Between the INDIANA STATE BUDGET AGENCY and the INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This is an Amendment to the existing Memorandum of Understanding entered into by and between the **Indiana State Budget Agency** (hereinafter referred to as SBA) and the **Indiana Family and Social Services Administration** (hereinafter referred to as FSSA) approved by the last State signatory on **June 25, 2020**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

A. Pursuant to Section V of the MOU, Section II is amended as follows:

II. Grant Information

- a) CFDA number and name: **21.019**
- b) Federal Award Name: **Coronavirus Relief Fund (“CRF”)**
- c) Federal Award Identification Number: **N/A**
- d) Federal Award Date: **March 27, 2020**
- e) Name of Federal Agency: **U.S. Treasury**
- f) Total Amount of Funds obligated to the sub state agency: **\$218,110,708**
- g) Period of time sub state agency can obligate funds: start and end date. **The CRF funds may be used to cover expenditures that were incurred between March 1, 2020, and December 31, 2021.**
- h) Period of time to sub state agency can liquidate funds: start and end date: **The CRF funds may be used to cover expenditures that were incurred by December 31, 2021. Liquidation period, although not defined, is expected to be no later than 90 days after the close of the calendar year.**
- i) Requirements imposed on the sub-state agency so that the award is used in accordance with Federal statutes, regulations and the terms and conditions of the award. **The federal funds are considered federal financial assistance subject to the Single Audit Act of (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Grant**

Guidance; 2 C.F.R. § 200.303 regarding internal controls, 2 C.F. R. § 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. In addition, guidance from the Department of Treasury.

- j) Indirect cost rate or cost allocation that can be charged to the federal grant:
None at this time.
- k) Match requirements: **None.**
- l) Reporting requirements:

FSSA must encumber all contractual and grant agreement amounts spent with Coronavirus Relief Funds in PeopleSoft, preferably in the FSSA Department of Treasury PeopleSoft Fund. Where amounts are encumbered outside of the FSSA Department of Treasury PeopleSoft Fund and transferred to the Coronavirus Relief Fund via journal entry, FSSA must attach a spreadsheet with Vendor and PO details to the journal entry so that OMB/SBA can comply with Department of Treasury Reporting Requirements.

(All contracts, grants, loans, transfers to other government entities, or direct payments greater than or equal to \$50,000 must be disclosed by OMB/SBA in the Department of Treasury's GrantSolutions portal within 10 calendar days of the end of each quarter until October 20, 2022.)

FSSA shall provide a list of all subrecipients as defined in 2 CFR 200.330 and the amount of the award as part of FSSA's monthly report.

FSSA should inquire with its CRF vendors if they are registered in SAM and if they have a DUNS number. If DUNS numbers are received, these should be forwarded to OMB/SBA as part of FSSA's monthly report.

B. Pursuant to Section V of the MOU, Attachment A attached to this Amendment 1 replaces Attachment A to the original MOU.

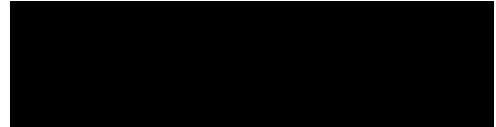
All other matters previously agreed to and set forth in the original Memorandum of Understanding and not affected by this Amendment shall remain in full force and effect. The parties having read and understanding the foregoing terms of the Memorandum of Understanding Amendment do by their respective signatures dated below agree to the terms thereof.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has

not, nor has any other member, employee, representative, agent or officer of the division, firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears on the face of this Agreement.

In Witness Whereof, SBA and FSSA have, through duly authorized representatives, entered into this MOU. The parties having read and understand the foregoing terms of this MOU, do by their respective signatures dated below hereby agree to the terms thereof.



Indiana Family Social Services
Administration

DATE: April 23, 2021



Zachary Q. Jackson, Director
State Budget Agency

DATE: 4/23/2021

Attachment A

FSSA Proposal for Use of Coronavirus Relief Funds

DDRS

Grant Opportunity:

1. From the period March through December of 2020, grants will be made available to HCBS Day Services Providers (including Adult Day, Facility Habilitation, and Pre-Vocational Habilitation) and OBRA Day Services (including Individual Habilitation, Group Habilitation, and Prevocational). and have been forced to close or suspend services as a result of COVID-19. These providers would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until funding is exhausted to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, they will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period. This amount of payment received will be deducted from this amount.

Provider will submit a grant request each month to be eligible for these payments. To be eligible to submit a grant request, the provider must have previously notified BDDS of their closure/suspension per instructions outlined in [Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020](#). The base period for payment calculation will be based on the same period from last year (March - December 2019). For any new providers since this time frame a modified methodology will be performed.

Effective January 1, 2021, retainer payment grants will only be available to OBRA Day Service Providers (as described above). The provider will submit a grant request each quarter to be eligible for these payments and must meet the requirements as set forth under the original grant requests prior to January 1, 2021.

Estimated costs of grants is \$19,527,891 –fiscal based on 60% of providers being in a suspended or closed status

Requested Funding: \$19,527,891

Aging

1. HCBS waiver providers who provide Adult Day Services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until December 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is

still able to provide some of these service during this time, the amount of payment received will be deducted from this amount.

Estimated monthly costs of \$285,500 (4 months \$1,142,000)

Average monthly spend will be based on the period from July 2019 through February 2020. Provider will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period.

The Division of Aging will allocate these funds to a fiscal intermediary who will then distribute to individual DA certified adult day providers. The providers will have to be in good standing with the secretary of state and not on a corrective action plan from the Division of Aging.

Estimated cost of fiscal intermediary services: \$58,000 (5% of payments made)

Requested funding: \$1,200,000

DMHA

1. Indiana's 24 community mental health centers are the backbone of mental health and substance use disorder service delivery. They are facing a dual challenge due to the COVID-19 pandemic. First, although many of them have been creative and flexible in the use of telehealth they maintain some key services, they have experienced declining revenues and many have furloughed or laid off employees. Second, the pandemic has resulted in an explosion of behavioral health challenges, and the CMHCs are a key part of Indiana's response to meet those needs. They are needing an injection of funding to be able to meet that need. Additionally, CMHCs pay the state match portion for the Medicaid Rehabilitation Option (MRO) program. Therefore, by providing them with CRF funding, the State would be able to retain the 6.2% enhanced FMAP amount for the MRO program (estimated at \$9 million for Q3 and Q4 of SFY2020 and an additional \$9M for Q1 and Q2 of SFY2021), while still providing a much needed boost to the CMHCs.

Estimated funding request of \$16,275,394 to address this need. DMHA will perform a true-up when final MRO expenditures for the quarter ending 12/31/2020 are made available in January 2021.

Requested Funding: \$16,275,394

PPE and Cleaning Services

Funding for the additional costs related to PPE supplies needed for staff mainly located in local and regional offices, State Operated Facilities along with the deep cleaning of these facilities as more staff return to work in these offices. In addition, for several locations, Plexiglas was

needed to be installed in many of the reception areas of these offices. We are requesting \$1,682,359 in funding to cover this cost through the emergency period.

Requested Funding: \$1,682,359

State Operated Facilities Overtime Cost

Due to additional COVID patients that are being seen in these facilities along with staffing needs due to current staff testing positive for COVID, the SOF's are seeing higher OT utilization during this pandemic period. Therefore, we are requesting that funding in the amount of \$550,00 be provided to help cover the additional costs that is being seen for these expenditures.

Requested Funding: \$550,000

Conduent Regional Call Center (RCC) Staffing Amendment:

Given the urgent and compelling circumstances created by the COVID-19 pandemic, including but not limited to the public health emergency declaration issued by Indiana Governor Eric Holcomb on March 6, 2020, his subsequent Executive Orders, and the closure of local Division of Family Resources offices to the public, and as directed by the Indiana Family and Social Services Administration (“FSSA”). Conduent Human Services, LLC (“Conduent”) has recruited, hired, and trained two hundred (200) additional call center staff to support Indiana’s SNAP, TANF, and Medicaid. These staff will be needed through December 31, 2020. Based on this timeframe and the additional staff needed to address the increased call volume an additional \$7,607,273 is being added to this contract to cover this additional costs.

Since the COVID-19 situation is fluid and “shelter in place” directives and policies have been issued under the Governor of Indiana’s Executive Orders #20-08 and #20-09, these new resources may need to work from home at the direction of FSSA. FSSA provides all necessary computer equipment and remote access VPN capability for these new resources.

Requested Funding: \$7,607,273

Conduent Pandemic EBT Contract Amendment

On March 25, 2020, the “Families First Coronavirus Response Act,” H.R. 6201 (“FFCRA”) was signed into law. The FFCRA extends employee sick leave benefits, expands the availability of diagnostic testing for COVID-19, and takes other actions to mitigate the harm of the coronavirus outbreak in the U.S.

Among the law’s various provisions, the FFCRA also provides for a temporary expansion of benefits under the Supplemental Nutrition Assistance Program (“SNAP”) in an effort to maintain

food security for qualifying low-income families during the pandemic. In addition, it provides for a temporary increase in benefit amounts for enrolled households currently enrolled in SNAP. The FFCRA also provides for a new benefit class designed to replace the value of meals no longer provided to children under the Federal school lunch program due to temporary school closures. These new supplemental benefits, which are hereafter referred to as “Pandemic EBT” or “P-EBT” must be provided under an approved state agency plan to the qualifying children of 1) households currently enrolled in SNAP; and 2) households not currently enrolled in SNAP.

Existing SNAP and/or Cash case that receive a P-EBT benefit(s) will be billed at the current Cost per Case per Month plus \$0.25 for a minimum of 3 months, regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the CPCM plus \$0.25. All P-EBT billing will occur in the billing month after the first P-EBT deposit is made. Should the State make all P-EBT deposits in any one month or stagger the delivery of a recipients first P-EBT deposit over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period. The same will hold true for any P-EBT benefit issued in subsequent months.

New P-EBT cases (Non-SNAP cases), will be billed at a P-EBT CPCM of \$1.75 for a minimum of 3 months regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the P-EBT CPCM of \$1.75. All P-EBT billing will occur in the billing month after the first P-EBT account is created. Should the State make all P-EBT accounts in any one month or stagger the creation of P-EBT over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period.

Indiana Issuance:

- Number of P-EBT cards issued: **305,432**
- Amount of P-EBT benefits issued: **\$188,562,688.00**
- Number of children who have received a P-EBT benefit: **591,363**

Based on the above changes we are amending the current Conduent contract to add funding to cover the additional administrative cost. This is one time spending for both system changes and issuance of P. EBT benefits, \$15,000 was the cost for system changes along with costs for the issuance of P. EBT cards to two (2) groups Existing SNAP or TANF Recipient and Non SNAP or TANF Recipient. The total amount of this contract amendment is \$1,669,242 for the three months ending September 30, 2020.

Base on the continuation of the P-EBT being made available through November 2020 there will be additional benefits paid out to those groups as described above. Based on these additional releases we will need to do another amendment to the Conduent contract to cover the additional cost to them for getting these benefits paid out. The total additional cost is \$1,603,167. Total costs for all Conduent contract amendments is \$3,272,409.

Requested Funding: \$3,272,409

Indianapolis Safety Recovery Site Hotel

Starting in March of 2020 we leased the Crown Plaza Hotel in Indianapolis to provide a safety site location for the homeless population. The initial lease term was through 5/23/2020 and in the amount of \$3,759,677. Due to the continued need for these services the lease was needed to be extend through July 7, 2020 and for an additional amount of \$2,775,000. We are requesting the use of relief funds to cover the cost of the lease of this hotel through July 7th in the amount of \$6,534,677.

Requested Funding: \$6,534,677

Misc. Cost Related to COVID-19

In addition to the above cost FSSA also incurred some misc. cost related to COVID-19 to include the cost of new computers for additional Conduent staff needed at the regional call centers due to the increase call volume that is being seen during this emergency period and lockboxes that had to be installed at some DFR local offices to handle the receipt of client documents. We are requesting funding to cover this additional cost in the amount of \$257,511.

Requested Funding: \$257,511

Nursing Facilities Reimbursement Increase

1. In order to address direct care wages for nursing facility staff we will provide to nursing facilities a 4.2% increase that will be applied to each facilities standard rate and will be effective 3/1/2020. This rate will remain in place until March 31, 2021.
2. Effective April 1, 2021 a 3% increase will be applied to each facilities standard rate and will remain in place until 06/30/2021 to help cover additional cost seen by the facilities due to the pandemic.
3. We will be offering an additional rate increase of 2% for facilities that are COVID-ready. This is to provide support for the actions we have already asked facilities to do to care for residents with COVID. To qualify for this facilities will need to attest to following these guidelines. This can be done in the EMResources system under the column of COVID-Ready or by e-mailing a signed attestation form to OMPP. The additional 2% rate increase will be retroactive to May 1st for facilities that complete their attestation in May. Facilities that submit their attestation in June or later will receive the 2% higher rate beginning with the date of attestation. The 2.0% rate increase will be calculated based on each facility's standard rates (prior to the application of the 4.2% increase). This 2.0% temporary increases will remain in place until the earlier of 1) the end of the National Public Emergency or 2) 8/31/2020
3. COVID units. We will be offering an additional \$115/day for caring for COVID positive residents in facilities that are COVID ready. This add on rate will be for up to a maximum

of 21 days. This rate will be retroactive to May 1st. This rate will remain in place until the earlier of the end of the National Public Emergency or 8/31/2020

Requested funding: \$106,978,766

DDRS Division of Disability and Rehabilitation Services

Grant Opportunities:

For the period March through December 2020 cost reimbursement grants are being offered to HCBS Residential Providers (including Residential Habilitation and Support, Respite, Participant Care and Assistance, Structured Family Caregiving, Transportation, Wellness Coordination, and Workplace Assistance) and ICF Providers. The purpose of these grants is to provide support for increased expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning and additional technology to improve access to services. These providers would be eligible to receive a monthly grant to help cover these costs during this period of time.

- Grant payments will be based on 4.2% of the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers

Effective January 1, 2021, DDSR is offering cost reimbursement grants to HCBS Residential Providers (as described above), ICF Providers, and HCBS Day Services Providers (as described above). With the addition of HCBS Day Services Providers.

- Grant payments will be based on the providers actual COVID-19 related expenses not covered by other federal relief efforts, up to 4.2% the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- Providers would submit applications for reimbursement of approved COVID-19 related expenses incurred in the first quarter of 2021, up to 4.2% of the provider's historical claims. The first application period would open on April 2, 2021.

Requested Funding: \$35,796,316

Home Health Providers

Home health providers who continue to provide services during this public health emergency and as a result are experiencing increase in cost related to PPE, overtime, training, cleaning etc. A survey was completed by these providers which showed some significant increased expenses related to staffing pay/overtime and cost related to PPE, so we are requesting that a 4.2% grant payment for the months of March through August of 2020 be made available to these providers.

- Provider relief request was based on discussions with Home Health Industry and collective review of other state efforts (with focus on Ohio program)
- Estimated incremental expenses related to COVID were based on recent surveys of Indiana Home Health providers (with response rates that represented ~25% of state expenditures)
- How 4.2% was determined: The 4.2% payment represents the sum of PPE and incentive pay expenses with a 2% offset for available Federal funding.
- The recommended relief percentage was calculated assuming that all Home Health providers had received Federal funding equivalent to 2% of recent Medicaid Reimbursement
- These will be one-time grants paid out to providers. These payments will be based on historical claims data which the 4.2% will be applied to.
- We have assumed that the vast majority of the current 225 Home Health providers would apply for and receive this State aid

Requested Funding: \$1,125,522

COVID-19 Daily Digest for Indiana's Frontline Responders

The [COVID-19 Daily Digest](https://indianactsi.org/community/monon-collaborative/covid-19/) (<https://indianactsi.org/community/monon-collaborative/covid-19/>) project is made possible by WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) – a partnership between the *Indiana Family and Social Services Administration* (FSSA) and the *Indiana Clinical and Translational Sciences Institute's Monon Collaborative* to engage Indiana's nationally-recognized academic experts to evaluate and inform Indiana practices, programs and policies. This project was launched in March 2020 in response to the *Indiana State Department of Health*'s need for rapid and evidence-informed responses to complex questions about the pandemic and best practices for preventing, mitigating, monitoring and recovering from the COVID-19 global pandemic.

To meet this need, WISE Indiana engaged academic researchers and clinicians to rapidly respond to [key questions](#) about COVID-19 from government leadership. Academic experts were also recruited to write daily summaries of [emerging COVID-19 literature](#) for the benefit of Indiana's frontline responders, and build and maintain an online repository of [evidence-based learning](#)

materials for practitioners on the front lines. Research librarians from the Ruth Lilly Medical Library, the IUPUI University Library, and the Robert H. McKinney School of Law Library added their expertise by conducting comprehensive searches of evidence-based clinical, public health, policy, and law literature and writing up detailed annotated bibliographies, which are incorporated as part of these ongoing projects. This work has informed key decision-making at many levels of Indiana's COVID response. Examples include data modeling for the IN.gov COVID-19 Dashboard, the allocation of Remdesivir, decisions about resuming elective procedures, and strategies for scaling back mitigation efforts. From March through June 2020, administrative costs associated with this work were paid for by FSSA. The significant contributions of academic faculty from Indiana University, Purdue University and Notre Dame, as well as research librarian staff, were provided pro bono during this time. As teaching operations commence at the universities, compensation has been requested for the ongoing participation of research librarians and expert review contributors.

SFY 2021 Budget:

PERSONNEL	Effort (%)	Salary	Fringe	Total
Administrative Manager	10.0%	\$9,000	\$3,520	\$12,520
Assistant Scientist	30.0%	\$20,100	\$7,861	\$27,961
Research Assistant	20.0%	\$8,000	\$3,189	\$11,189
Media Specialist	5.0%	\$3,778	\$1,478	\$5,256
Research Librarian	30.0%	\$28,058	\$10,974	\$39,032
Research Librarian	20.0%	\$11,628	\$4,548	\$16,176
Admin Support	10.0%	\$3,750	\$1,495	\$5,245
Finance	10.0%	\$6,400	\$2,503	\$8,903
Expert Review Contributors*	2.5%-5.0%	--	--	\$52,000
<i>TOTAL PERSONNEL</i>		\$100,915	\$39,187	\$153,102
TOTAL COST				153,102

Requested Funding: \$153,102

Blind Enterprise Program

During the COVID pandemic several of the BEP vendors were out of work due to the shutdown of the Government offices. We are request funding of \$120,000 to assist the providers in covering cost that they still have in order for them to ramp business back up once offices are opened back up. Will provide funding to approximately 30 managers to be provided in two payments of \$2,000. All of these facilities have had decreased sales and 1/3 are closed or closed to the public which is where most of the income is derived from.

Funding Requested: \$120,000

Safety Recovery Sites

The Division of Mental Health and Addiction is issuing Grants for the establishment and operation of a Safe Recovery Site (“Site”) for Indiana residents experiencing homelessness and COVID-19. The Safe Recovery Site is designed to provide a safe, voluntary quarantine or isolation option for people experiencing homelessness who are in need of a safe space due to having a diagnosis of COVID-19, having a pending COVID-19 test, or are a person experiencing homelessness who has been directed to quarantine/isolate by a medical professional due to exposure and/or being suspected to be positive for COVID-19 but not yet able to be tested.

The Safe Recovery Site is established at the direction of Indiana State Department of Health and DMHA as part of Indiana’s efforts to respond to a public health disaster emergency. This program is established in accordance with Executive Order 20-02, which declares that a public health disaster emergency exists in Indiana attributable to COVID-19 and orders all health care providers to “cooperate with the ISDH in its response to the public health disaster emergency and the implementation of this [EO 20-02].” As such, this program and those carrying out the functions of this program are subject to the immunity granted by various state and federal statutes, including, but not limited to, Indiana Code 10-14-3-15 and Indiana Code 34-30-13.5 et seq.

The Safe Recovery Site shall be developed to maintain the health and safety of the Residents in its care, the staff and volunteers of the program, and society as a whole. The Grantee’s primary purpose shall be to minimize transmission of the virus while monitoring the health of its Residents in order to ensure Residents are either safely isolated until they are appropriate for discharge or safely transferred to a hospital if symptoms increase to a level that warrant hospitalization.

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 - c. EasterSeals Arc Northeast (ESARC) was contacted to assist with the emergency transition. Prior to transitioning the individuals out of their homes, ESARC offered several alternative options to Cardinal to identify other short or long-term solutions to meet the staffing needs of the impacted individuals to prevent them from being moved from their homes. Cardinal did not accept alternative options.
 - d. Due to health and safety risks of the individuals and the ongoing COVID-19 related issues, BDDS instituted an emergency order to transition the identified individuals to ESARC. These individuals were transitioned temporarily to the Ramada Plaza Hotel and Conference Center in Fort Wayne.
 - e. The final list of individuals was decided on the evening of October 15, 2020.
 - f. ESARC agreed to assist in transitioning via accessible vans/buses a total of 31 individuals on the morning of October 16, 2020.
 - g. ESARC and DDS identified a target date of October 30, 2020 to have all impacted individuals transitioned to a long-term placement.
- II. ESARC expenses associated with the BDDS' directed emergency transition included the following:
 - a. Shift differential wages, overtime wages, payroll taxes/benefits, consultants, lodging and meals, medical supplies & equipment¹, PPE and other supplies, transportation\bussing
 - b. The cost is estimated at up to \$147,054, depending on the time needed to transition impacted individuals into a long-term placement.

Funding Requested: \$147,054

Indiana211

IN211 was brought into the Indiana executive branch of government for two synergistic reasons:

- 1) To provide an extension of human services that overcome administrative burden and simplify coordination of services across local, state, and federal sources. This is a frame shift in human services delivery that improves health outcomes and lowers cost.2) The IN211 network

experienced a growing lack of philanthropic community confidence over the last three years to the point of financial insolvency. The United Ways network was the largest funder and given their lack of confidence, pulled their funding pledge completely at the end of 2019.

During the pandemic 211 has seen additional cost related to the increase in call volume that they have seen since March and continues to date. Below is the increase in call volume that they have seen to date and the cost associated with this increased call volume.

- 39,088 - Total COVID calls between 3/1/2020 – 11/15/2020
 - 22,943 self-selected COVID queue
 - 16,145 documented as Public Health Emergency
- On average each call is for 8.5 minutes or a total of 332,248 minutes of COVID calls
- Cost per minute is estimated at \$1.89 per minute - calculation based on AIRS guidance
 - Total budget \$4,215,353/ total call minutes 2,406,880.95 = \$1.75 per minute
- Calculated additional costs (332,248*\$1.75) \$581,434

Given this reality and the need for ongoing partnership for the future success of IN211 and other shared programs, we request CARES funding to fill the transition shortfall gap to fully fund IN211 through 12/31/20 into a stable fiscal future for the benefit of Hoosiers across the state.

Requested Funding: \$581,434

Medicaid Administrative Costs

The Office of Medicaid Policy and Procedures during the pandemic have incurred additional cost related to system changes, staffing costs and contractor cost due to the implementation of various policy changes that have occurred during this period. The cost related to changes made to put these policies in place and cost that will be seen in order to remove these policies at the end of the PHE period. Total estimated additional cost is \$5,000,000.

Requested Funding: \$5,000,000

EMS Provider Grants

EMS providers will be offered one-time grants during the last quarter of SFY2021. The purpose of these grants is to provide support for increased expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning, and additional technology to improve access to services.

- Grant payments will be based on reimbursement of COVID Related Expenses up to 4.2% of the provider's historical claims for the period July 1, 2018 through June 30, 2019.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less

the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers

Requested funding: \$1,500,000

Assisted Living Provider Grants

Assisted Living providers will be offered one-time grants during the last quarter of SFY2021. The purpose of these grants is to provide reimbursement for COVID related expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning, and additional technology to improve access to services.

- Relief would potentially benefit 120 Assisted Living Facilities
- Reimbursement of COVID Related Expenses **up to 3%** of Medicaid revenue
- Period eligible for reimbursement would be March 1, 2020 – March 31, 2020
- Assisted Living Facilities would submit one claim form to the State for the full 13-month period
- Fiscal Impact of approximately \$3.9M

- The 3% expense level was selected based on that the COVID challenges for AL providers were less severe than nursing facilities who received a 4.2% temporary increase. The time period selected aligns with the period of approved 4.2% increase for nursing facilities.

Requested funding: \$3,900,000

Total Funding Requested: \$218,110,708

Amendment 4

MEMORANDUM OF UNDERSTANDING Between the INDIANA STATE BUDGET AGENCY and the INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This is an Amendment to the existing Memorandum of Understanding entered into by and between the **Indiana State Budget Agency** (hereinafter referred to as SBA) and the **Indiana Family and Social Services Administration** (hereinafter referred to as FSSA) approved by the last State signatory on **June 25, 2020**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

A. Pursuant to Section V of the MOU, Section II is amended as follows:

II. Grant Information

- a) CFDA number and name: **21.019**
- b) Federal Award Name: **Coronavirus Relief Fund (“CRF”)**
- c) Federal Award Identification Number: **N/A**
- d) Federal Award Date: **March 27, 2020**
- e) Name of Federal Agency: **U.S. Treasury**
- f) Total Amount of Funds obligated to the sub state agency: **\$218,110,708.**
- g) Period of time sub state agency can obligate funds: start and end date. **The CRF funds may be used to cover expenditures that were incurred between March 1, 2020, and December 31, 2021.**
- h) Period of time to sub state agency can liquidate funds: start and end date: **The CRF funds may be used to cover expenditures that were incurred by December 31, 2021. Liquidation period, although not defined, is expected to be no later than 90 days after the close of the calendar year.**
- i) Requirements imposed on the sub-state agency so that the award is used in accordance with Federal statutes, regulations and the terms and conditions of the award. **The federal funds are considered federal financial assistance subject to the Single Audit Act of (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Grant**

Guidance; 2 C.F.R. § 200.303 regarding internal controls, 2 C.F. R. § § 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements. In addition, guidance from the Department of Treasury.

- j) Indirect cost rate or cost allocation that can be charged to the federal grant:
None at this time.
- k) Match requirements: **None.**
- l) Reporting requirements:

FSSA must encumber all contractual and grant agreement amounts spent with Coronavirus Relief Funds in PeopleSoft, preferably in the FSSA Department of Treasury PeopleSoft Fund. Where amounts are encumbered outside of the FSSA Department of Treasury PeopleSoft Fund and transferred to the Coronavirus Relief Fund via journal entry, FSSA must attach a spreadsheet with Vendor and PO details to the journal entry so that OMB/SBA can comply with Department of Treasury Reporting Requirements.

(All contracts, grants, loans, transfers to other government entities, or direct payments greater than or equal to \$50,000 must be disclosed by OMB/SBA in the Department of Treasury's GrantSolutions portal within 10 calendar days of the end of each quarter until October 20, 2022.)

FSSA shall provide a list of all subrecipients as defined in 2 CFR 200.330 and the amount of the award as part of FSSA's monthly report.

FSSA should inquire with its CRF vendors if they are registered in SAM and if they have a DUNS number. If DUNS numbers are received, these should be forwarded to OMB/SBA as part of FSSA's monthly report.

B. Pursuant to Section V of the MOU, Attachment A attached to this Amendment 1 replaces Attachment A to the original MOU.

All other matters previously agreed to and set forth in the original Memorandum of Understanding and not affected by this Amendment shall remain in full force and effect. The parties having read and understanding the foregoing terms of the Memorandum of Understanding Amendment do by their respective signatures dated below agree to the terms thereof.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the agreeing party, or that he/she is the representative, agent, member or officer of the agreeing party, that he/she has

not, nor has any other member, employee, representative, agent or officer of the division, firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears on the face of this Agreement.

In Witness Whereof, SBA and FSSA have, through duly authorized representatives, entered into this MOU. The parties having read and understand the foregoing terms of this MOU, do by their respective signatures dated below hereby agree to the terms thereof.



Daniel Rusyniak, MD Secretary
Indiana Family Social Services
Administration

DATE: 09/27/2021



Zachary Q. Jackson, Director
State Budget Agency

DATE: 9/29/2021

Attachment A

FSSA Proposal for Use of Coronavirus Relief Funds

DDRS

Grant Opportunity:

1. From the period March through December of 2020, grants will be made available to HCBS Day Services Providers (including Adult Day, Facility Habilitation, and Pre-Vocational Habilitation) and OBRA Day Services (including Individual Habilitation, Group Habilitation, and Prevocational). and have been forced to close or suspend services as a result of COVID-19. These providers would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until funding is exhausted to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is still able to provide some of these service during this time, they will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period. This amount of payment received will be deducted from this amount.

Provider will submit a grant request each month to be eligible for these payments. To be eligible to submit a grant request, the provider must have previously notified BDDS of their closure/suspension per instructions outlined in [Guidance for BDDS Providers on Temporary Policy Changes Related to COVID-19 and Appendix K, As of April 3, 2020](#). The base period for payment calculation will be based on the same period from last year (March - December 2019). For any new providers since this time frame a modified methodology will be performed.

Effective January 1, 2021, retainer payment grants will only be available to OBRA Day Service Providers (as described above). The provider will submit a grant request each quarter to be eligible for these payments and must meet the requirements as set forth under the original grant requests prior to January 1, 2021.

Estimated costs of grants is \$19,126,588 –fiscal based on 60% of providers being in a suspended or closed status

Requested Funding: \$19,126,588

Aging

1. HCBS waiver providers who provide Adult Day Services and have been forced to close or suspend services as a result of COVID-19 would be able to apply for a monthly grant to help them maintain staff and facilities during the emergency period or until December 31, 2020 to ensure that they are able to ramp services back up once the public emergency is over. The grant amount provided to them would be based on the historical amount of payments they had received for these services with the grant amount being based on 75% of this amount. If the provider is

still able to provide some of these service during this time, the amount of payment received will be deducted from this amount.

Estimated monthly costs of \$285,500 (4 months \$1,142,000)

Average monthly spend will be based on the period from July 2019 through February 2020. Provider will self-attest to what was authorized/billed in these periods as part of the grant application, subject to audit for the period.

The Division of Aging will allocate these funds to a fiscal intermediary who will then distribute to individual DA certified adult day providers. The providers will have to be in good standing with the secretary of state and not on a corrective action plan from the Division of Aging.

Estimated cost of fiscal intermediary services: \$58,000 (5% of payments made)

Requested funding: \$1,200,000

DMHA

1. Indiana's 24 community mental health centers are the backbone of mental health and substance use disorder service delivery. They are facing a dual challenge due to the COVID-19 pandemic. First, although many of them have been creative and flexible in the use of telehealth they maintain some key services, they have experienced declining revenues and many have furloughed or laid off employees. Second, the pandemic has resulted in an explosion of behavioral health challenges, and the CMHCs are a key part of Indiana's response to meet those needs. They are needing an injection of funding to be able to meet that need. Additionally, CMHCs pay the state match portion for the Medicaid Rehabilitation Option (MRO) program. Therefore, by providing them with CRF funding, the State would be able to retain the 6.2% enhanced FMAP amount for the MRO program (estimated at \$9 million for Q3 and Q4 of SFY2020 and an additional \$9M for Q1 and Q2 of SFY2021), while still providing a much needed boost to the CMHCs.

Estimated funding request of \$16,020,672 to address this need. DMHA will perform a true-up when final MRO expenditures for the quarter ending 12/31/2020 are made available in January 2021.

Requested Funding: \$16,020,672

PPE and Cleaning Services

Funding for the additional costs related to PPE supplies needed for staff mainly located in local and regional offices, State Operated Facilities along with the deep cleaning of these facilities as more staff return to work in these offices. In addition, for several locations, Plexiglas was

needed to be installed in many of the reception areas of these offices. We are requesting \$1,185,886 in funding to cover this cost through the emergency period.

Requested Funding: \$1,185,886

State Operated Facilities Overtime Cost

Due to additional COVID patients that are being seen in these facilities along with staffing needs due to current staff testing positive for COVID, the SOF's are seeing higher OT utilization during this pandemic period. Therefore, we are requesting that funding in the amount of \$550,00 be provided to help cover the additional costs that is being seen for these expenditures.

Requested Funding: \$550,000

State Operated Facilities Vaccination Storage Cost

In order for the SOF's to be able to administer vaccinations in their facilities they must meet FDA medication storage requirements. CDC dictates requirements for vaccine storage and their requirements include that fridge/freezers storing vaccines must be monitored by a calibrated/traceable thermometer and be manually checked. Currently there are two of our State hospitals that do not have this equipment, so we are requesting \$3,530 in funding to purchase these thermometers for these facilities.

Requested Funding: \$3,530

Conduent Regional Call Center (RCC) Staffing Amendment:

Given the urgent and compelling circumstances created by the COVID-19 pandemic, including but not limited to the public health emergency declaration issued by Indiana Governor Eric Holcomb on March 6, 2020, his subsequent Executive Orders, and the closure of local Division of Family Resources offices to the public, and as directed by the Indiana Family and Social Services Administration ("FSSA"). Conduent Human Services, LLC ("Conduent") has recruited, hired, and trained two hundred (200) additional call center staff to support Indiana's SNAP, TANF, and Medicaid. These staff will be needed through December 31, 2020. Based on this timeframe and the additional staff needed to address the increased call volume an additional \$7,607,273 is being added to this contract to cover this additional costs.

Since the COVID-19 situation is fluid and "shelter in place" directives and policies have been issued under the Governor of Indiana's Executive Orders #20-08 and #20-09, these new resources may need to work from home at the direction of FSSA. FSSA provides all necessary computer equipment and remote access VPN capability for these new resources.

Requested Funding: \$7,607,273

Conduent Pandemic EBT Contract Amendment

On March 25, 2020, the “Families First Coronavirus Response Act,” H.R. 6201 (“FFCRA”) was signed into law. The FFCRA extends employee sick leave benefits, expands the availability of diagnostic testing for COVID-19, and takes other actions to mitigate the harm of the coronavirus outbreak in the U.S.

Among the law’s various provisions, the FFCRA also provides for a temporary expansion of benefits under the Supplemental Nutrition Assistance Program (“SNAP”) in an effort to maintain food security for qualifying low-income families during the pandemic. In addition, it provides for a temporary increase in benefit amounts for enrolled households currently enrolled in SNAP. The FFCRA also provides for a new benefit class designed to replace the value of meals no longer provided to children under the Federal school lunch program due to temporary school closures. These new supplemental benefits, which are hereafter referred to as “Pandemic EBT” or “P-EBT” must be provided under an approved state agency plan to the qualifying children of 1) households currently enrolled in SNAP; and 2) households not currently enrolled in SNAP.

Existing SNAP and/or Cash case that receive a P-EBT benefit(s) will be billed at the current Cost per Case per Month plus \$0.25 for a minimum of 3 months, regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the CPCM plus \$0.25. All P-EBT billing will occur in the billing month after the first P-EBT deposit is made. Should the State make all P-EBT deposits in any one month or stagger the delivery of a recipients first P-EBT deposit over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3 month period. The same will hold true for any P-EBT benefit issued in subsequent months.

New P-EBT cases (Non-SNAP cases), will be billed at a P-EBT CPCM of \$1.75 for a minimum of 3 months regardless of number of benefits issued in any of the 1st, 2nd or 3rd months. Should for any reason the State extend P-EBT benefits to a 4th or subsequent month, the State will be billed at the P-EBT CPCM of \$1.75. All P-EBT billing will occur in the billing month after the first P-EBT account is created. Should the State make all P-EBT accounts in any one month or stagger the creation of P-EBT over the course of two or more billable months, the State shall be invoiced for the maximum number of P-EBT cases for the entirety of the first 3-month period.

Indiana Issuance:

- Number of P-EBT cards issued: **305,432**
- Amount of P-EBT benefits issued: **\$188,562,688.00**
- Number of children who have received a P-EBT benefit: **591,363**

Based on the above changes we are amending the current Conduent contract to add funding to cover the additional administrative cost. This is one time spending for both system changes and issuance of P. EBT benefits, \$15,000 was the cost for system changes along with costs for the

issuance of P. EBT cards to two (2) groups Existing SNAP or TANF Recipient and Non SNAP or TANF Recipient. The total amount of this contract amendment is \$1,669,242 for the three months ending September 30, 2020.

Base on the continuation of the P-EBT being made available through November 2020 there will be additional benefits paid out to those groups as described above. Based on these additional releases we will need to do another amendment to the Conduent contract to cover the additional cost to them for getting these benefits paid out. The total additional cost is \$1,603,167. Total costs for all Conduent contract amendments is \$3,272,409.

Requested Funding: \$3,272,409

Indianapolis Safety Recovery Site Hotel

Starting in March of 2020 we leased the Crown Plaza Hotel in Indianapolis to provide a safety site location for the homeless population. The initial lease term was through 5/23/2020 and in the amount of \$3,759,677. Due to the continued need for these services the lease was needed to be extend through July 7, 2020 and for an additional amount of \$2,775,000. We are requesting the use of relief funds to cover the cost of the lease of this hotel through July 7th in the amount of \$6,534,677.

Requested Funding: \$6,534,677

Misc. Cost Related to COVID-19

In addition to the above cost FSSA also incurred some misc. cost related to COVID-19 to include the cost of new computers for additional Conduent staff needed at the regional call centers due to the increase call volume that is being seen during this emergency period and lockboxes that had to be installed at some DFR local offices to handle the receipt of client documents. We are requesting funding to cover this additional cost in the amount of \$240,488.

Requested Funding: \$240,488

Nursing Facilities Reimbursement Increase

1. In order to address direct care wages for nursing facility staff we will provide to nursing facilities a 4.2% increase that will be applied to each facilities standard rate and will be effective 3/1/2020. This rate will remain in place until March 31, 2021.
2. Effective April 1, 2021, a 3% increase will be applied to each facilities standard rate and will remain in place until 06/30/2021 to help cover additional cost seen by the facilities due to the pandemic.
3. We will be offering an additional rate increase of 2% for facilities that are COVID-ready. This is to provide support for the actions we have already asked facilities to do to care for

residents with COVID. To qualify for this, facilities will need to attest to following these guidelines. This can be done in the EMResources system under the column of COVID-Ready or by e-mailing a signed attestation form to OMPP. The additional 2% rate increase will be retroactive to May 1st for facilities that complete their attestation in May. Facilities that submit their attestation in June or later will receive the 2% higher rate beginning with the date of attestation. The 2.0% rate increase will be calculated based on each facility's standard rates (prior to the application of the 4.2% increase). This 2.0% temporary increases will remain in place until the earlier of 1) the end of the National Public Emergency or 2) 8/31/2020

3. COVID units. We will be offering an additional \$115/day for caring for COVID positive residents in facilities that are COVID ready. This add on rate will be for up to a maximum of 21 days. This rate will be retroactive to May 1st. This rate will remain in place until the earlier of the end of the National Public Emergency or 8/31/2020
4. Effective 9/20/2021 a temporary increase of 4% per patient day (all Medicaid patients in the facility) will be available for all facilities that attest to being COVID-19 Ready and an additional \$230 per COVID-19 positive resident up to 21 days. This increase will initially be in place for four weeks with the potential for extension.

Each nursing facility desiring to become COVID-19 Ready must follow and attest to the below Indiana Department of Health (IDOH) COVID-19 Ready requirements. The COVID-19 Ready Attestation Statement is linked below.

- Follow IDOH COVID-19 Long-Term Care (LTC) Standard Operating Procedures and IDOH COVID-19 Infection Prevention (IP) Toolkit, located on the [Professional Resources](#) page at coronavirus.in.gov.
- Follow IDOH LTC hospital transfer guidance or have developed a mutually agreed upon plan with local hospitals for admission and readmission of COVID-19 patients.
- Follow IDOH, Centers for Medicare & Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC) communication guidelines.
- Accept COVID-19 new admissions, readmissions, and transfers.
- Share complete COVID-19 status information with transportation providers serving residents.
- Follow IDOH, CMS and CDC reporting requirements for new COVID-19 cases and deaths involving residents and staff.
- Provide daily updates of COVID-19 bed capacity and changes in admission status (for example, admissions hold) in the EMResource system at emresource.juvare.com.

Requested funding: \$106,978,766

DDRS Division of Disability and Rehabilitation Services

Grant Opportunities:

For the period March through December 2020 cost reimbursement grants are being offered to HCBS Residential Providers (including Residential Habilitation and Support, Respite, Participant Care and Assistance, Structured Family Caregiving, Transportation, Wellness Coordination, and Workplace Assistance) and ICF Providers. The purpose of these grants is to provide support for increased expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning and additional technology to improve access to services. These providers would be eligible to receive a monthly grant to help cover these costs during this period of time.

- Grant payments will be based on 4.2% of the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers

Effective January 1, 2021, DDSR is offering cost reimbursement grants to HCBS Residential Providers (as described above), ICF Providers, and HCBS Day Services Providers (as described above). With the addition of HCBS Day Services Providers.

- Grant payments will be based on the providers actual COVID-19 related expenses not covered by other federal relief efforts, up to 4.2% the provider's historical claims (March 2019 – December 2019). The historical claims data will only include those services that require a face-to-face interaction. Case management is an example of service excluded as this can be provided through telemedicine.
- Providers would submit applications for reimbursement of approved COVID-19 related expenses incurred in the first quarter of 2021, up to 4.2% of the provider's historical claims. The first application period would open on April 2, 2021.

Requested Funding: \$36,197,619

Home Health Providers

Home health providers who continue to provide services during this public health emergency and as a result are experiencing increase in cost related to PPE, overtime, training, cleaning etc. A survey was completed by these providers which showed some significant increased expenses

related to staffing pay/overtime and cost related to PPE, so we are requesting that a 4.2% grant payment for the months of March through August of 2020 be made available to these providers.

- Provider relief request was based on discussions with Home Health Industry and collective review of other state efforts (with focus on Ohio program)
- Estimated incremental expenses related to COVID were based on recent surveys of Indiana Home Health providers (with response rates that represented ~25% of state expenditures)
- How 4.2% was determined: The 4.2% payment represents the sum of PPE and incentive pay expenses with a 2% offset for available Federal funding.
- The recommended relief percentage was calculated assuming that all Home Health providers had received Federal funding equivalent to 2% of recent Medicaid Reimbursement
- These will be one-time grants paid out to providers. These payments will be based on historical claims data which the 4.2% will be applied to.
- We have assumed that the vast majority of the current 225 Home Health providers would apply for and receive this State aid

Requested Funding: \$1,125,522

COVID-19 Daily Digest for Indiana's Frontline Responders

The [COVID-19 Daily Digest](https://indianactsi.org/community/monon-collaborative/covid-19/) (<https://indianactsi.org/community/monon-collaborative/covid-19/>) project is made possible by WISE Indiana (Wellbeing Informed by Science and Evidence in Indiana) – a partnership between the *Indiana Family and Social Services Administration* (FSSA) and the *Indiana Clinical and Translational Sciences Institute's Monon Collaborative* to engage Indiana's nationally-recognized academic experts to evaluate and inform Indiana practices, programs and policies. This project was launched in March 2020 in response to the *Indiana State Department of Health*'s need for rapid and evidence-informed responses to complex questions about the pandemic and best practices for preventing, mitigating, monitoring and recovering from the COVID-19 global pandemic.

To meet this need, WISE Indiana engaged academic researchers and clinicians to rapidly respond to [key questions](#) about COVID-19 from government leadership. Academic experts were also recruited to write daily summaries of [emerging COVID-19 literature](#) for the benefit of Indiana's frontline responders, and build and maintain an online repository of [evidence-based learning materials](#) for practitioners on the front lines. Research librarians from the Ruth Lilly Medical Library, the IUPUI University Library, and the Robert H. McKinney School of Law Library added their expertise by conducting comprehensive searches of evidence-based clinical, public health, policy, and law literature and writing up detailed annotated bibliographies, which are incorporated as part of these ongoing projects. This work has informed key decision-making at many levels of Indiana's COVID response. Examples include data modeling for the IN.gov COVID-19 Dashboard, the allocation of Remdesivir, decisions about resuming elective procedures, and strategies for scaling back mitigation efforts. From March through June 2020, administrative costs associated with this work were paid for by FSSA. The significant contributions of academic faculty from Indiana University, Purdue University and Notre Dame, as well as research librarian staff, were provided pro bono during this time. As teaching

operations commence at the universities, compensation has been requested for the ongoing participation of research librarians and expert review contributors.

SFY 2021 Budget:

PERSONNEL	Effort (%)	Salary	Fringe	Total
Administrative Manager	10.0%	\$9,000	\$3,520	\$12,520
Assistant Scientist	30.0%	\$20,100	\$7,861	\$27,961
Research Assistant	20.0%	\$8,000	\$3,189	\$11,189
Media Specialist	5.0%	\$3,778	\$1,478	\$5,256
Research Librarian	30.0%	\$28,058	\$10,974	\$39,032
Research Librarian	20.0%	\$11,628	\$4,548	\$16,176
Admin Support	10.0%	\$3,750	\$1,495	\$5,245
Finance	10.0%	\$6,400	\$2,503	\$8,903
Expert Review Contributors*	2.5%-5.0%	--	--	\$52,000
<i>TOTAL PERSONNEL</i>		\$100,915	\$39,187	\$153,102
TOTAL COST				153,102

Requested Funding: \$153,102

Blind Enterprise Program

During the COVID pandemic several of the BEP vendors were out of work due to the shutdown of the Government offices. We are request funding of \$120,000 to assist the providers in covering cost that they still have in order for them to ramp business back up once offices are opened back up. Will provide funding to approximately 30 managers to be provided in two payments of \$2,000. All of these facilities have had decreased sales and 1/3 are closed or closed to the public which is where most of the income is derived from.

Funding Requested: \$120,000

Safety Recovery Sites

The Division of Mental Health and Addiction is issuing Grants for the establishment and operation of a Safe Recovery Site (“Site”) for Indiana residents experiencing homelessness and COVID-19. The Safe Recovery Site is designed to provide a safe, voluntary quarantine or isolation option for people experiencing homelessness who are in need of a safe space due to having a diagnosis of COVID-19, having a pending COVID-19 test, or are a person experiencing homelessness who has been directed to quarantine/isolate by a medical professional due to exposure and/or being suspected to be positive for COVID-19 but not yet able to be tested.

The Safe Recovery Site is established at the direction of Indiana State Department of Health and DMHA as part of Indiana's efforts to respond to a public health disaster emergency. This program is established in accordance with Executive Order 20-02, which declares that a public health disaster emergency exists in Indiana attributable to COVID-19 and orders all health care providers to "cooperate with the ISDH in its response to the public health disaster emergency and the implementation of this [EO 20-02]." As such, this program and those carrying out the functions of this program are subject to the immunity granted by various state and federal statutes, including, but not limited to, Indiana Code 10-14-3-15 and Indiana Code 34-30-13.5 et seq.

The Safe Recovery Site shall be developed to maintain the health and safety of the Residents in its care, the staff and volunteers of the program, and society as a whole. The Grantee's primary purpose shall be to minimize transmission of the virus while monitoring the health of its Residents in order to ensure Residents are either safely isolated until they are appropriate for discharge or safely transferred to a hospital if symptoms increase to a level that warrant hospitalization.

The Grantee shall utilize funding from this Grant Agreement solely for the purposes of establishing and operating the Safe Recovery Site. These Grantee's responsibilities include: establishment of a safe and secure facility, hiring and oversight of healthcare and non-healthcare support staff to run the facility, implementation of a referral and discharge process, provision of security, and services for the health and wellness of Residents.

Funding Requested: \$6,364,688

BeWellIndiana Advertising Campaign

BeWellIndiana.org is a web site developed to provide resources for Hoosiers to stay healthy, properly cope and help manage grief, anxiety and stress during COVID-19 pandemic. Once fully developed, a media/marketing campaign will help promote it to the Hoosiers who need these services and connections. Total cost of advertising campaign of \$301,000

Funding Requested: \$301,000

DDRS

Cardinal Services – Emergency Transition

- I. October 14, 2020, Cardinal Services notified BDDS leadership via a virtual meeting that Cardinal was unable to serve 41 individuals by Friday, October 16, 2020.
 - a. Cardinal cited the long-standing direct support professional workforce crisis exasperated by COVID-19 as the issue for its inability to provide services.
 - b. Cardinal asked the BDDS to expedite nursing facility placements for the identified individuals as their response to not fulfilling their obligation. Note: BDDS requires 60-day notice from provider if they are no longer able to provide services to an individual.

- c. EasterSeals Arc Northeast (ESARC) was contacted to assist with the emergency transition. Prior to transitioning the individuals out of their homes, ESARC offered several alternative options to Cardinal to identify other short or long-term solutions to meet the staffing needs of the impacted individuals to prevent them from being moved from their homes. Cardinal did not accept alternative options.
- d. Due to health and safety risks of the individuals and the ongoing COVID-19 related issues, BDDS instituted an emergency order to transition the identified individuals to ESARC. These individuals were transitioned temporarily to the Ramada Plaza Hotel and Conference Center in Fort Wayne.
- e. The final list of individuals was decided on the evening of October 15, 2020.
- f. ESARC agreed to assist in transitioning via accessible vans/buses a total of 31 individuals on the morning of October 16, 2020.
- g. ESARC and DDS identified a target date of October 30, 2020 to have all impacted individuals transitioned to a long-term placement.

II. ESARC expenses associated with the BDDS' directed emergency transition included the following:

- a. Shift differential wages, overtime wages, payroll taxes/benefits, consultants, lodging and meals, medical supplies & equipment¹, PPE and other supplies, transportation\bussing
- b. The cost is estimated at up to \$147,054, depending on the time needed to transition impacted individuals into a long-term placement.

Funding Requested: \$147,054

Indiana211

IN211 was brought into the Indiana executive branch of government for two synergistic reasons:

- 1) To provide an extension of human services that overcome administrative burden and simplify coordination of services across local, state, and federal sources. This is a frame shift in human services delivery that improves health outcomes and lowers cost.
- 2) The IN211 network experienced a growing lack of philanthropic community confidence over the last three years to the point of financial insolvency. The United Ways network was the largest funder and given their lack of confidence, pulled their funding pledge completely at the end of 2019.

During the pandemic 211 has seen additional cost related to the increase in call volume that they have seen since March and continues to date. Below is the increase in call volume that they have seen to date and the cost associated with this increased call volume.

- 39,088 - Total COVID calls between 3/1/2020 – 11/15/2020
 - 22,943 self-selected COVID queue

- 16,145 documented as Public Health Emergency
- On average each call is for 8.5 minutes or a total of 332,248 minutes of COVID calls
- Cost per minute is estimated at \$1.89 per minute - calculation based on AIRS guidance
 - Total budget \$4,215,353/ total call minutes 2,406,880.95 = \$1.75 per minute
- Calculated additional costs (332,248*\$1.75) \$581,434

Given this reality and the need for ongoing partnership for the future success of IN211 and other shared programs, we request CARES funding to fill the transition shortfall gap to fully fund IN211 through 12/31/20 into a stable fiscal future for the benefit of Hoosiers across the state.

Requested Funding: \$581,434

Medicaid Administrative Costs

The Office of Medicaid Policy and Procedures during the pandemic have incurred additional cost related to system changes, staffing costs and contractor cost due to the implementation of various policy changes that have occurred during this period. The cost related to changes made to put these policies in place and cost that will be seen in order to remove these policies at the end of the PHE period. Total estimated additional cost is \$5,000,000.

Requested Funding: \$5,000,000

EMS Provider Grants

EMS providers will be offered one-time grants during the last quarter of SFY2021. The purpose of these grants is to provide support for increased expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning, and additional technology to improve access to services.

- Grant payments will be based on reimbursement of COVID Related Expenses up to 4.2% of the provider's historical claims for the period July 1, 2018 through June 30, 2019.
- How 4.2% was determined: Based on the increased costs that is being seen by these providers this number reflects the COVID FMAP increase provided to states of 6.2% less the 2% available through Federal provider relief programs. This is also consistent with other relief payments provided to similar providers

Requested funding: \$1,500,000

Assisted Living Provider Grants

Assisted Living providers will be offered one-time grants during the last quarter of SFY2021. The purpose of these grants is to provide reimbursement for COVID related expenses related to providing services during the public health emergency to include cost related to PPE, overtime, training, cleaning, and additional technology to improve access to services.

- Relief would potentially benefit 120 Assisted Living Facilities

- Reimbursement of COVID Related Expenses **up to 3%** of Medicaid revenue
- Period eligible for reimbursement would be March 1, 2020 – March 31, 2020
- Assisted Living Facilities would submit one claim form to the State for the full 13-month period
- Fiscal Impact of approximately \$3.9M
- The 3% expense level was selected based on that the COVID challenges for AL providers were less severe than nursing facilities who received a 4.2% temporary increase. The time period selected aligns with the period of approved 4.2% increase for nursing facilities.

Requested funding: \$3,900,000

Total Funding Requested: \$218,110,708