

ARPA Home and Community Based Facilities Conversion Grant

Instructions

The Nebraska Department of Health and Human Services (DHHS) is pleased to announce opportunities for funding of Medicaid Home and Community Based Services (HCBS) through the American Rescue Plan Act (ARPA) of 2021. This grant is to provide funds to nursing facilities or other institutional settings to convert existing settings to HCBS settings as described in section 9817 of the ARP.

The grant provides direct funding to providers to serve additional patients in need of home or community-based care by leveraging and transforming existing and underutilized local infrastructure, especially in rural or frontiers areas.

Providers must submit the application form and associated checklist. The summary of the grant request must include:

- detailed plans and costs associated with physical modifications to their existing settings,
- description of how these physical modifications will meet the objectives of the grant for Medicaid services, and
- meet all State and Federal regulations to achieve certification and licensing for the intended use of the HCBS setting.

Approved grantees will need to maintain invoice records to submit to the State for an audit after the program is implemented.

DHHS will evaluate the details of each grant request and its suitability to meet the objectives of HCBS described in [section 9817](#). Applicants will be notified about a grant award decision and may contact DHHS with questions at DHHS.MedicaidHCBSARPA@Nebraska.gov.

Examples of allowable uses of ARPA HCBS facility grant funds to support the delivery of Medicaid services include, but are not limited to, the following:

Allowable HCBS Settings:
<ul style="list-style-type: none">• Day Rehabilitation• Assisted Living Facility• Therapeutic Group Home/CDD/BH or SUD• Qualified Residential Treatment Program• Respite spaces• Non-Residential Centers/Adult Day Centers• Child Day Habilitation Centers
Allowable Associated Costs:
<ul style="list-style-type: none">• This grant is to provide funds to nursing facilities or other institutional settings to convert existing settings to HCBS settings.• Use of the converted HCBS facility must result in a Medicaid billable service
Prohibited expenses include, but are not limited to:
<ul style="list-style-type: none">• Travel expenses• Indirect Costs. For example: Federally determined indirect costs such as staff fringe benefits or facility maintenance (facilities and administrative-F&A)• Ongoing maintenance or support plans for the conversion• Other costs to be evaluated by DHHS

Project and Applicant Requirements

Projects must:

- Support delivery of Medicaid billable direct services management of conditions that are within the Providers scope of practice.
- Fall within the following parameters for use of funds:
 - Funds must only be used to improve institutional settings as described above.

- Projects must adhere to the approved project funding amounts and show incremental proof of purchase or phase completion or be subject to cover any amounts over the approved budget.
- Upon being awarded the grant, applicant must ensure projects meet regulation requirements, licensure requirements, and align with HCBS final rule settings requirements.

Applicants must:

- Be an approved Nebraska Medicaid provider
- Submit the application form and checklist that includes the services to be provided or impacted by the project, overview of improvements, and budget request.
- Approved providers will need to maintain invoice records to submit to the state for an audit post-program implementation.
- Provide a line-item budget for all requested facility enhancements and the services impacted/improved for which grant funding is requested. Do not include prohibited items described above.

Grant Process

- Applications are to be submitted to DHHS.MedicaidHCBSARPA@Nebraska.gov
- DHHS will begin application processing on 7/30/2022 and continue on a rolling basis, pending full distribution of funds.
- Project timelines must indicate completion of reimbursable activities/purchases by 1/1/2024.
- Projects will be reviewed and approved on a first come first served basis.
- Maximum use of \$500,000 per project with exceptions allowable on a case-by-case basis (e.g., for programs that cover a large number of community members).
- Specific project benchmarks would be outlined with grant approval, and 25 percent of overall grant amount will be provided at start-up. Twenty-five percent would be distributed upon receipt of documentation of successful completion of benchmarks for stage 2, and 50 percent upon completion.
- Approval of projects will include consideration of alignment with grant goals, community impact, and completeness of application.

ARPA Home and Community Based Facilities Conversion Grant Application

1. Confirm this grant request project meets the requirements outlined in the instructions.

Yes

No

2. Applicant Contact and Background Information

Organization Contact Information	
Organization:	
Name:	
Phone:	
Email:	
Address:	
State:	
License Type (if active):	
License Number (if active):	
Facility d/b/a name and address shown on license:	

3. Summary of the Grant Request and its Purpose

Summary must describe:

- The problem or gap this request is aiming to address,
- The plan to implement this request,
- Detailed plans and costs associated with physical modifications to their existing settings, and
- How these physical modifications will meet the objectives of the grant for Medicaid services.

4. Total ARPA Fund Request Amount: \$_____

Note: this amount should match the total cost of the construction detailed in Budget section below.

5. Budget

Applicants must provide a line-item budget for all items, broken down per project, for which ARPA funding is requested. All items must directly relate to facility enhancements or improvements for covered Medicaid HCBS services. Providers will be required to provide detailed invoicing for approved projects per agreed upon terms in the grant approval.

Line-Item Name	Estimated Cost	Source/Vendor of Service <i>(if known)</i>	Approximate Implementation Date
<i>[Examples:]</i> Structural Changes Demolition/Removal Flooring/Tile Roofing Windows Painting HVAC Electrical Plumbing Appliances Furniture Fencing Security/Surveillance Landscaping Windows/Doors Misc. Equipment			

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Line-Item Name	Estimated Cost	Source/Vendor of Service <i>(if known)</i>	Approximate Implementation Date
Total Cost of Construction:			

If the project includes more items than will fit in the table above, please provide a complete record in an Appendix.

6. Attestation Statement

ARPA Enhancement funds have been provided for the express purpose of providing services to patients in home and community settings. By signing below, you are confirming that everything stated in this application is truthful and you are aware of, and in compliance with, the ARPA project and applicant requirements.

Name of the Applicant (print): _____

Date of Signature: _____

Authorized Applicant Signature: _____