

Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) Provider Capacity Development Grants Frequently Asked Questions

#	Question and Answer
1	<p>Q: How will I know if I am an eligible agency?</p> <p>A: Funding authorized by the American Rescue Plan Act (ARPA)'s Section 9817 is intended to enhance, expand, or strengthen home and community-based services (HCBS) under the Medicaid program. DHHS will distribute the appropriate payment to agencies that meets at least one of the requirements below.</p> <ul style="list-style-type: none"> • New organizations who intend to offer one or more of the approved Medicaid-reimbursable HCBS services; or • Existing organizations who intend to expand into a new Medicaid-reimbursable HCBS service line; or • Existing organizations who intend to expand an existing Medicaid-reimbursable HCBS service line to new geographies where HCBS-eligible households have a need for services.
2	<p>Q: Can I apply for more than one grant?</p> <p>A: Agencies are allowed to apply for multiple grants, based on their expansion plans.</p>
3	<p>Q: Are there limitations on how I can spend the awarded grant amount from DHHS?</p> <p>A: Funds may not be used for room and board. However, below are a few examples but not a full list of the ways the approved funds can be utilized by the grantee:</p> <ul style="list-style-type: none"> • Training and professional development • Staff recruitment or retention costs, including background checks • Operating costs (for up to 3 months) • Outreach and marketing activities • Promotional materials related to the new agency services • Technology costs to support the work of the new agency • Furniture and equipment costs, or simple building renovations needed to establish a new HCBS agency or expand services in an existing agency • Consulting services to help the agency assess and improve business operations (billing, staffing, operations) • Other allowable items if approved by the State.
4	<p>Q: Can I use the funds to contract with another entity to support implementation of my plan?</p> <p>A: Yes. Providers may include a subcontractor(s) as part of their application and plan.</p>
5	<p>Q: For what period does the funding start and end?</p> <p>The funding will end June 30, 2023. If DHHS obtains funding authority for the 2023-2025 biennium through legislative appropriations, the contracts could be extended if needed.</p>

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6	Q: Why are we receiving these funds?															
	A: ARPA’s Section 9817 supports the release of time-limited payments to providers for the purposes of enhancing, expanding, and/or strengthening home and community-based services (HCBS) under the Medicaid program. Payments are meant to help support workforce capacity impacted by the COVID-19 public health epidemic.															
7	Q: When will I receive these funds?															
	A: Once the deliverable for each tier is complete and documentation and an SFN 1763 Request for Reimbursement is submitted to DHHS, grantees can expect to receive payment within 30 days. Checks will be mailed to the address on file. If grantee wants to receive payments via electronic funds transfer, SFN 53656 must be submitted.															
8	Q: What is the process for receiving the payments?															
	A: DHHS will distribute payments in five-tiered payments based on identified project milestones. The amount awarded during each milestone will be defined in each grantee’s contract prior to signing.															
9	Q: Will I be required to submit more than one application?															
	A: Only one (1) application submission per Medicaid ID or Tax Identification Number (TIN) is required per grant opportunity.															
10	Q: How much will I be receiving?															
	A: Each agency can request up to \$50,000 when submitting the application. However, DHHS has the discretion to decide which applications to approve and how much the approval amount should be.															
11	Q: Do I need to spend award funding in a certain time frame?															
	A: DHHS requires all expenses to be incurred within the contract period.															
12	Q: What actions do I need to take to get this money?															
	A: Agencies must complete and submit the application(s) and budget template(s) for each funding source, as desired by the deadline. Each application has a different email address for submission which includes:															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type</th> <th style="text-align: left;">Due Date</th> <th style="text-align: left;">Email Application Submission</th> </tr> </thead> <tbody> <tr> <td>1915i</td> <td>10.17.22</td> <td>NDARPA@mnlc.com</td> </tr> <tr> <td>ASD</td> <td>10.17.22</td> <td>NDARPA@mnlc.com</td> </tr> <tr> <td>DD</td> <td>10.17.22</td> <td>NDARPA@mnlc.com</td> </tr> <tr> <td>QSP</td> <td>10.17.22</td> <td>NDARPA@mnlc.com</td> </tr> </tbody> </table>	Type	Due Date	Email Application Submission	1915i	10.17.22	NDARPA@mnlc.com	ASD	10.17.22	NDARPA@mnlc.com	DD	10.17.22	NDARPA@mnlc.com	QSP	10.17.22	NDARPA@mnlc.com
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13	Q: What records must be kept to demonstrate that grant requirements have been met?
	A: Agencies should maintain all necessary documentation and records regarding the use of these funds for auditing and compliance purposes.
14	Q: Which documents do I need to complete for approval consideration?
	A: Each funding type has a separate application and a budget template. Both documents must be completed and submitted together to the appropriate email address.
15	Q: Who can sign the application(s)?
	A: The application(s) must be signed by an individual with authority to bind the offeror.
16	Q: What expenses are unallowable?
	A: The following expenses are unallowable (not an all-inclusive list): room and board, cash, gift card distributions and distributions to owners, or spouses of owners. Anything that has not been approved in the application plan/budget is not allowable.
17	Q: What requirements apply if a qualifying provider subcontracts with another agency?
	A: Providers must ensure that any subcontractor(s) keep all documentation pertinent to the grant, expenditures and progress in the event of an audit.
18	Q: What costs will be approved for travel expenses?
	A: All travel expenses must meet the U.S. General Services Administration (GSA) requirements. Providers can visit the GSA website to determine the amount of costs that will be allowed.
19	Q: Will late submissions be accepted?
	A: No
20	Q: Will I have to pay these funds back?
	A: If Grantee fails to fulfill the expectation to become an HCBS Agency and begin delivering services within the specified timelines, all grant funds must be returned. Likewise, if grantee fails to maintain its status as an active provider of HCBS services for at least 6 months after receiving required approval to do so, all grant funds must be returned.
21	Q: What if my agency is not organized to legally conduct business in the State of North Dakota?

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	<p>A: An agency can submit an application but must register as a new business with the Secretary of State within 30 days of grant award. More information can be found here.</p>
22	<p>Q: Will DHHS give preference to agencies that are serving rural counties in North Dakota?</p> <p>A: DHHS will give preference to rural areas that have an unmet service need that can be met by Medicaid-reimbursable HCBS services. All agencies should apply if there is an unmet service in non-rural areas because DHHS will review all applications and award as much money as possible.</p> <p>Preference will be given to the plans that are more cost-effective in order to stretch the rewarded dollar amount amongst the most people.</p>
23	<p>Q: What is the largest dollar amount DHHS will award per grant request?</p> <p>A: Each agency should only request up to the dollar amount that is needed for their spending plan. The largest amount that can be requested is \$50,000. However, it is not guaranteed that DHHS will approve the full amount requested. For example, if the agency requests \$30,000, DHHS has the discretion to award the agency with only \$20,000.</p>
24	<p>Q: Why did DHHS limit the grant request to \$50,000?</p> <p>A: During prior grant applications DHHS set the maximum amount lower than the \$50,000. However, based on feedback from agencies in North Dakota, DHHS has raised the maximum amount allowed to be requested.</p>
25	<p>Q: Are agencies allowed to apply for multiple grants?</p> <p>A: DHHS is offering the four grant opportunities listed below and agencies are allowed to submit applications for all four grant opportunities if appropriate. However, the max funding allowed per agency across all four grant opportunities is \$200,000.</p> <ul style="list-style-type: none"> • 1915(i) State Plan Amendment, • HCBS 1915(c) Waiver (QSP), • ID/DD 1915(c) Waiver (DD), and • Autism Spectrum Disorder 1915(c) Waiver (ASD).
26	<p>Q: If an agency was approved for a grant application during a prior application process, can the agency be eligible for another HCBS grant?</p> <p>A: Yes, an agency who received grant funds previously is eligible to apply again, however the application must indicate how the new funds will be used to start or expand Medicaid HCBS services.</p>