



Direct Service Workforce Investment Grant FAQs

**Information was updated on 12/15/22*

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

What is the Direct Service Workforce Investment Grant?

A key and critical focus of the Indiana Family and Social Services Administration (FSSA)'s Home and Community-Based Services Spend Plan is on supporting our direct service workforce. To that end, we have developed a Direct Service Workforce State plan that will include short-, mid-, and long-term strategies around wages and benefits; training and pathways; and promotion and planning.

In advance of the DSW State Plan release, FSSA is excited to launch a critical short-term wages and benefits strategy in the form of a Direct Service Workforce Investment grant opportunity. Direct service workers are essential in providing the day-to-day, in-person HCBS supports necessary for people to live, work, and participate in their communities. FSSA is dedicating \$130 million to this opportunity with a requirement that 95% of funding awarded flow through to direct service workers.

To receive funding, interested and eligible providers must submit an attestation form at this [link](#) by December 22, 2022.

Which Medicaid provider categories qualify to receive the grant?

To qualify for this grant, the Provider must comply with the following:

1. Active during State Fiscal Year 2022: Defined as having submitted claims for qualifying paid expenditures during State Fiscal Year 2022 (July 1, 2021 - June 30, 2022)
2. Currently active: Defined as currently providing services to Medicaid beneficiaries
3. Medicaid Provider that provides services to individuals in the home and community: As of the date of attestation, providers must be an actively enrolled IHCP provider and delivering the following types of services:
 - a. Adult Day Services
 - b. Adult Foster Care
 - c. Assisted Living
 - d. Attendant Care (including Self-Directed Attendant Care)
 - e. Community/Day Habilitation



- f. Extended Services
- g. Facility Based Supports
- h. Facility Habilitation
- i. Home Health Services
- j. Homemaker
- k. Participant Assistance and Care
- l. Pre Vocational
- m. Program of All-Inclusive Care for the Elderly (PACE)
- n. Residential Habilitation and Support (Hourly & Daily)
- o. Respite Care
- p. Structured Family Caregiving
- q. Waiver Transportation
- r. Workplace Assistance

Who is defined as a Direct Service Worker (DSW)?

DSW is defined as:

1. A person who is employed (self or by an agency) to provide hands-on care or direct support in HCBS settings for individuals who need assistance to perform routine daily activities secondary to aging and/or disabilities. DSW staff typically have the following characteristics:
 - i. Provide regularly scheduled services
 - ii. Paid hourly or on a monthly basis
- b. Contractors are eligible DSWs
2. A direct supervisor (who performs DSW functions when there is a lack of availability of DSWs) is eligible unless their primary job duties fall in the ineligible recipient list below:
 - i. Chief Executive Officers, Chief Financial Officers, Chief Operating Officers, Chief Clinical Officers, Chief Medical Officers and other similar or equivalent agency leadership positions are not eligible
 - ii. Administrative staff, Office staff, and other similar or equivalent employee positions are not eligible

What are the requirements for awardees?

Awardees are required to do the following, which providers must attest to as part of the attestation form:

1. Direct 95% of the grant funding to direct service workers
2. Develop a plan for how they will direct grant funding to direct service workers. Completed plans must be submitted in the attestation no later than Dec. 22,



2022. Providers must post their spend plan to the provider's public-facing website when they receive the award notice.
3. Respond to a final grant impact survey that captures how the dollars were spent
 4. Obligate money from each round prior to receiving the next round of funding
 5. Comply fully with the HCBS Settings Rule: After the March 17, 2023 deadline, providers must be compliant in order to receive further rounds of funding
 - a. For HCBS providers under DDRS waivers, the provider shall comply with the following:
 - i. Home and community-based services provided through the DDRS waivers must not be tied to the lease arrangement. Particular scrutiny is placed on provider-owned residential settings where FSW and CIH waiver services are rendered. Individuals must be free to choose any DDRS/BDDS-approved provider(s) of waiver services and support without impacting the lease agreement/living arrangement.
 - ii. DDRS Providers of HCBS through the FSW and CIH waivers must be compliant with DDRS Policy & Procedure, BDDS Service Definitions, 460IAC, and CMS Settings Compliance in order to receive funding.

What does the grant requirement to post the plan publicly on a website mean?

After providers receive their grant award notification, they are required to post a plan of how they will spend the funds on their website. FSSA wants to encourage transparency between the providers and their direct service workforce. In order to reach this goal, providers shall post an outline of how much funds they received and how they plan to spend it.

A sample post could look like the following:

FSSA is issuing [Provider Name] funding to support our direct service workforce. We plan to use the funding in the following 3 ways to invest in our DSWs:

1. One time bonuses: To provide immediate support to our workforce, we plan to issue bonuses to DSWs. We will dedicate X% of the grant amount towards this activity. We will issue the bonus on [Date]. Employees can expect to receive the funding through [Payment Plan].
2. Hourly Wage Increase: As a part of our long term strategy, we will be increasing hourly wages. We will dedicate X% of the grant amount towards this activity. The hourly wage increase will be issued based on [Payment Plan].



3. **Transportation Vouchers:** In order to relieve some of the pressure of increased cost of travel, we will issue transportation vouchers to help pay for gas, travel, and other car related expenses. We will dedicate X% of the grant amount towards this activity. To issue the vouchers, we plan to [Payment Plan].

Timing wise, our goal is to use the funding as soon as possible so that we can provide immediate funding to support our workforce. We are aiming to spend all funding by [Date]. Please reach out to [Point of Contact] with any question regarding how the funds will be spent.

What if I do not have a website or do not have the functionality to post our spending plan publicly?

In addition to submitting your plan through the attestation form, please email your spending plan to FSSA at hcbs.spendplan@fssa.IN.gov as well as directly to your employees.

What if we are not compliant with the HCBS Settings Rule before the March 17, 2023 deadline?

For providers that are not compliant with the HCBS Settings Rule after the March 17, 2023 deadline, they will not be eligible to receive the second or third round of the Direct Service Workforce Investment Grant. Providers shall not be required to return the first round payment issued in January.

What methodology was used to calculate the grant payments?

FSSA intends to distribute \$130 million in total funding. Payments will be a flat percentage of qualifying SFY 2022 claims expenditures for each provider. The flat percentage applied to calculate grant amounts will be established based on provider participation.

What is the required provider attestation process?

The grant will be distributed in three equal payments, with the first payment round targeted for January 2023 and subsequent payment rounds expected to be in the spring and summer of 2023. Providers must complete the attestation form prior to the attestation deadline to qualify. After completing this attestation, eligible providers will receive an award notice with an estimate of their funding amount per payment round. Providers must be an active Medicaid provider before each payment round. Additional providers, or providers seeking to add additional service locations to their initial application, will **not** be allowed to apply after the Dec. 22, 2022 deadline.



How does a qualified provider demonstrate eligibility for the Direct Service Workforce Investment Grant?

To demonstrate eligibility for all three rounds of the Direct Service Workforce Investment Grant, any interested applicant must submit an **attestation form at this [link](#) by Dec. 22, 2022**. New providers will not be allowed to apply after this deadline.

Providers are required to submit one complete Attestation Form for each Medicaid Provider ID. The Medicaid Provider ID is a nine-digit number. If you provide services in multiple locations, please include the letter at the end of your nine-digit Medicaid Provider ID. The Medicaid Provider ID can be found on the IHCP Provider Portal on the first page.

Do I need to submit one Attestation Form per Medicaid Provider ID?

Yes. Providers are required to submit one complete Attestation Form for each Medicaid Provider ID. The Medicaid Provider ID is a nine-digit number. If you provide services in multiple locations, please include the letter at the end of your nine-digit Medicaid Provider ID. The Medicaid Provider ID can be found on the IHCP Provider Portal on the first page.

Is there a way to confirm that my attestation submission was received?

Every Friday, FSSA will issue an email from hcbs.spendplan@fssa.IN.gov notifying providers that we have received their attestation. This email serves as a confirmation of receipt of the attestation, and should not be considered an award notice.

Eligible providers will also receive an award notice with an estimate of their funding amount prior to the first payment in January 2023. If you would like to confirm that your attestation submission was received before this, please reach out to hcbs.spendplan@fssa.IN.gov.

When will the grants be distributed? Once a provider submits their attestation, how quickly will they receive payment?

The grant will be distributed in three equal payments, with the first payment round targeted for January 2023 and subsequent payment rounds expected to be in the spring and summer of 2023.



If I do not agree with my payment amount is there a process to appeal?

Please direct any inquiries to hcbs.spendplan@fssa.IN.gov.

As a provider is there a time frame in which these funds need to be expended?

The intent of the grant is to provide immediate support for DSWs. Providers are required to obligate the funding from each round prior to receiving the next round of funding. FSSA encourages providers to use the funding within 3 months of receiving the grant. The provider shall spend all money by the end of calendar year 2023.

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

Awarded providers are beneficiaries.

Is the grant amount received from the Direct Service Workforce Investment Grant considered taxable income?

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

Can this grant be used to address any retroactive costs?

This grant may not be used to address any retroactive costs; these funds must be used to enhance and expand home and community-based services rather than replace existing funding or programs.

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

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

What reporting requirements are anticipated for this grant?

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



What are possible allowable costs?

For the 95% of funding awarded that must go towards the direct service workforce, providers are able to use the funding on the following:

1. Financial Compensation
 - a. Bonuses, hourly wage increases, overtime, or shift differentials
2. Wraparound Benefits, could include:
 - a. Providing financial support or assistance for:
 - i. Transportation, including public transportation, gas cards, and/or vehicle repair/maintenance;
 - ii. Child care;
 - iii. Cell phone or other technology;
 - iv. Housing support;
 - v. Payroll taxes; and
 - vi. Tuition reimbursement or assistance with student loans.
 - b. Benefit packages (only when starting new packages);
 - i. Retirement, healthcare insurance, vision or dental insurance
3. Retention Activities

For the 5% of funding awarded that is not required to go towards direct service workforce investment, providers may use that funding as needed. Examples include:

1. Recruitment and training
2. Administrative needs
3. Payroll taxes

When is the Webinar?

FSSA hosted the webinar on Dec. 1, 2022 at 1 PM ET. To view the recording, please see the following [link to the webinar](#).

How do stakeholders provide feedback, comments, questions?

FSSA welcomes stakeholder feedback through the dedicated inbox. Please direct all comments and questions to hcbs.spendplan@fssa.in.gov

Where can stakeholders learn more about Indiana's HCBS Spend Plan?

To learn more about Indiana's plan for the HCBS enhanced FMAP funds, please visit <https://www.in.gov/fssa/ompp/hcbs-enhanced-fmap-spending-plan/>.