NORTH Dakota Be Legendary. | Health & Human Services	**Home and Community Based Services (HCBS) Agency Development Grant General Overview**

The North Dakota Department of Health and Human Services (DHHS) is offering **Agency Development Grants** to facilitate the growth and development of businesses that can deliver high quality home and community-based services to qualified individuals living in North Dakota, for the purpose of promoting a person's right to live in the least restrictive setting possible and their ability to live in the place they choose.

Eligibility to Apply

DHHS is seeking proposals from:

- New organizations who intend to enroll 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.

Entities can apply for these funds by submitting the ND HCBS Agency Development Grant Application that outlines the services they intend to provide, the counties they intend to serve, and a project budget utilizing the Grant Application and Budget templates. The budget should outline how they will utilize the funds to create and operate or expand as an HCBS Agency.

Funding

DHHS will award grants in amounts up to $50,000 to assist agencies with their enrollment and/or successful operation as a Medicaid-reimbursable HCBS Agency in North Dakota.

Agencies are allowed to apply for multiple grants, based on their expansion plans. DHHS is offering four grant opportunities, to align with four unique HCBS funding sources:

- 1915(i) State Plan Amendment
- HCBS 1915(c) Waiver (QSP)
    - Medicaid State Plan -personal care (MSP-PC)
    - Service Payments to the Elderly and Disabled (SPED)
    - Expanded-Service Payments to the Elderly and Disabled (EX-SPED)
- ID/DD 1915(c) Waiver (DD)
- Autism Spectrum Disorder 1915(c) Waiver (ASD).

Each application will be evaluated separately and awarded based on the feasibility of their plan for providing the identified service(s) to people who receive their service and support from the identified funding source.

Summary

- Maximum funding per application is not to exceed $50,000. Max funding per agency is $200,000 (if approved for four separate grants).
- Grants are one-time only and will not be renewed.
- Funding will be dependent upon availability of dollars.
- Partial awards are possible depending on funding availability. If grantee is awarded a partial amount, the payment tiers will be adjusted based on the amount approved.

Examples of the ways these funds can be utilized by the Grantee:

- 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 or expanded services
- Technology costs to support the work of the new or expanding 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. Funds may not be used for Room and Board.

Payment Tiers

The maximum HCBS Agency Development Grant is $50,000 and is distributed in five tiered payments, based on identified project milestones.

If awardee meets all milestones, the maximum total grant award is $50,000. Specific milestones with dates will be defined in each awardee's contract prior to signing.

Tier 1: $25,000 – Initial payment available upon grant approval for expenses incurred during the term of the contract (if awarded less than $50,000 for total grant amount, the total reimbursement for Tier 1 cannot exceed 50 percent of the total award)

Enrolled Agencies Serving Members:

Upon award, agency can begin to claim reimbursement from the Tier 1 payment for expenses related to enrolling in additional services or expanding service(s) to underserved groups and/or communities. ***Note: payment is for expenses already incurred; funds will not be distributed as an advance. Additional enrollment and/or licensure application(s) may be required and must be completed prior to payment.***

Enrolled Agencies Not Serving Members:
Upon award, agency can begin to claim reimbursement from the Tier 1 payment for expenses related to expansion or start-up. ***Note: payment is for expenses already incurred; funds will not be distributed as an advance.***

Non-Enrolled Agencies:
Upon award, agency can begin to claim reimbursement from the Tier 1 payment for expenses related to expansion or start-up. ***Note: payment is for expenses already incurred; funds will not be distributed as an advance.*** *Providers signing up as QSP, ASD waiver, or 1915i must submit complete enrollment paperwork within 60 days of award; providers signing up as DD must submit licensing application within 4 months of award. If enrolling as a DD provider, CQL Quality Assurance accreditation must be completed during the first year of DD Licensure (i.e., does not have to be completed to meet Tier 2 milestone).*

Tier 2: $5,000 - Verification as enrolled and/or licensed as a Medicaid agency (if awarded less than $50,000 for total grant amount, the total reimbursement for Tier 2 cannot exceed 10 percent of the total award)

Enrolled and/or licensed Agencies Serving Members:
Awardee is eligible for Tier 2 payment upon verification that they are successfully enrolled and/or licensed as a Medicaid provider in an additional service or have expanded service(s) to an underserved group and/or community.

Enrolled and/or licensed Agencies Not Serving Members:
Awardee is eligible for Tier 2 payment upon verification that they are successfully enrolled and/or licensed as a Medicaid provider.

Non-Enrolled Agencies:
Awardee is eligible for Tier 2 payment upon verification that they are successfully enrolled and/or licensed as a Medicaid agency.

Tier 3: $5,000 – First client service authorized and reimbursed (if awarded less than $50,000 for total grant amount, the total reimbursement for Tier 3 cannot exceed 10 percent of the total award)

Enrolled Agencies Serving Members:
Awardee is eligible for Tier 3 payment when the additional service or service in an underserved group and/or community is delivered and reimbursed. To be eligible for Tier 3 payment, the additional service must be delivered and reimbursed within 3 months of successful enrollment or within 3 months of expansion to an underserved group and/or community.

Enrolled Agencies Not Serving Members:

Awardee is eligible for Tier 3 payment when the first service is delivered and reimbursed.

<u>Non-Enrolled Agencies:</u>
Awardee is eligible for Tier 3 payment when the first service is delivered and reimbursed.

Tier 4: $5,000 – 3-months of service delivery (if awarded less than $50,000 for total grant amount, the total reimbursement for Tier 4 cannot exceed 10 percent of the total award)

<u>Enrolled Agencies Serving Members:</u>
Awardee is eligible for Tier 4 payment after demonstrating 3 months of continuous delivery of the additional service or service in an underserved group and/or community to Medicaid-eligible client(s).

<u>Enrolled Agencies Not Serving Members:</u>
Awardee is eligible for Tier 4 payment after demonstrating 3 months of continuous delivery of service(s) to Medicaid-eligible client(s).

<u>Non-Enrolled Agencies:</u>
Awardee is eligible for Tier 4 payment after demonstrating 3 months of continuous delivery of service(s) to Medicaid-eligible client(s).

Tier 5: $10,000 – 6-months of service delivery (if awarded less than $50,000 for total grant amount, the total reimbursement for Tier 5 cannot exceed 20 percent of the total award)

<u>Enrolled Agencies Serving Members:</u>
Awardee is eligible for Tier 5 payment after demonstrating 6 months of continuous delivery of the additional service or service in an underserved group and/or community to Medicaid-eligible client(s).

<u>Enrolled Agencies Not Serving Members:</u>
Awardee is eligible for Tier 5 payment after demonstrating 6 months of continuous delivery of service(s) to Medicaid-eligible client(s).

<u>Non-Enrolled Agencies:</u>
Awardee is eligible for Tier 5 payment after demonstrating 6 months of continuous delivery of service(s) to Medicaid-eligible client(s).

<u>Approval Criteria</u>
Upon receipt of a grant application, the Program Administrators shall review the application to determine whether the application is responsive to all requirements as described in this grant overview and the accompanying application documents.

Geographic and service type priorities are described below. Grant proposals will be awarded preference points during scoring and evaluation based in part on these priorities.

Type	Geographic Priority	Service Type Priority
1915(i)	Underserved Groups and/or Communities	• Children's services • Agencies offering 2 or more 1915(i) services
ASD		• Service Management • Respite
DD		• Services designed to serve youth with significant behavioral needs • Services that address behavioral health needs for children and adults • Expansion of opportunities for competitive employment
QSP		• Significant behavioral health needs • Complex medical needs • Supervision needs

Expectations of Grantee

- Meet with the appropriate DHHS Program Administrator before the grant begins to review business plan, budget, and timeline.
- Enter into a Grant Agreement and abide by 2 CFR Part 200.
- Submit a quarterly report on work plan progress, including training and credentialing of staff, client referrals received, and services delivered.
- Provide evidence of costs incurred as documentation for grant funds, no less than quarterly.
- If Grantee fails to fulfill the expectation to become an HCBS Agency and begin delivering services after Medicaid provider enrollment and/or licensure, 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.

Schedule

Applications are **due** to DHHS by:

Type	Due Date	Email Application Submission
1915i	10.17.22	NDARPA@mslc.com
ASD	10.17.22	NDARPA@mslc.com
DD	10.17.22	NDARPA@mslc.com
QSP	10.17.22	NDARPA@mslc.com

DHS will send notification of award(s) to HCBS Agency Development Grants in October 2022, as funds are available.

If all available funds are not awarded to applicants submitting applications by the deadline, then a notification will be issued informing funding is still available and applications will be accepted until all funds have been awarded, or until June 30, 2023, whichever occurs first.