



The Indiana Family and Social Services Administration

HME/DME Stabilization Grant



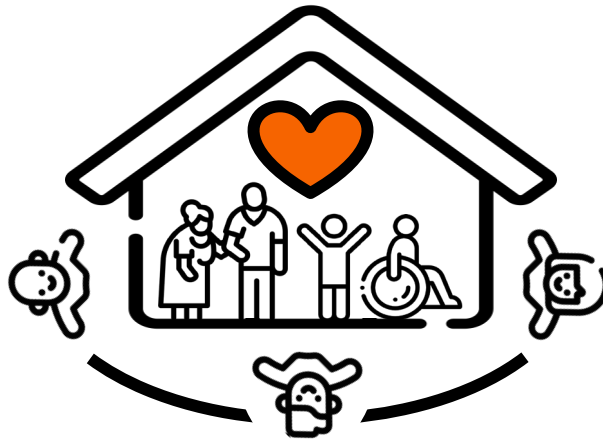
Agenda

- Purpose
- HME/DME Stabilization Grant
 - Methodology
 - Distribution Process
 - Attestation Form



Purpose

This grant is intended to support home and durable medical equipment (HME/DME) providers as part of Phase II of the Home and Community-Based Services (HCBS) Spend Plan. The purpose of this grant is both to address COVID-19-related expenses and challenges and to recognize the important role that HME/DME providers play in serving vulnerable Hoosiers in the home and community.



HME/DME Stabilization Grant Methodology

HME/DME Stabilization Grants will be distributed to eligible HCBS Medicaid providers as a one-time payment by the end of January 2023.

Provider Eligibility Criteria

Providers must meet ALL criteria listed below to be eligible:

- 1 Active during Calendar Year 2021-** Defined as having submitted at least \$500 in claims for qualifying HME/DME paid expenditures during Calendar Year 2021
- 2 Currently Active -** Defined as currently providing services to Medicaid beneficiaries
- 3 Medicaid Provider that provides HME/DME services to individuals in the home and community -** As of the date of attestation, providers must be an actively enrolled IHCP provider as one of the following provider types:
 - Audiologist (Type 20)
 - Hearing Aid Dealer (Type 22)
 - DME/Medical Supply Dealer (Type 25, Specialty 250)
 - HME/Home Medical Equipment (Type 25, Specialty 251)
 - Pharmacy (Type 24, Specialties 250 and 251)



HME/DME Stabilization Grant Methodology (cont.)

HME/DME Stabilization Grants will be distributed to eligible HCBS Medicaid providers as a one-time payment by the end of January 2023.

Grant Amount Calculation

In order to issue stabilization payments efficiently and swiftly to best assist providers, FSSA is using a flat percentage increase to calculate the Stabilization Grants.

8.1%*

Flat percentage increase applied to **qualifying baseline CY2021 claims expenditures**, calculated per each individual HCBS provider

**To stay consistent with prior provider stabilization grants distributed by FSSA*



HME/DME Stabilization Grant Distribution Process

Prior to the receipt of funds, each provider must sign and submit an Attestation Form.

Attestation/Payment Process

- 1 FSSA will issue the Attestation Form via FSSA HCBS Webpage & Provider Bulletins
- 2 Submit your signed Attestation Form online via the Microsoft Forms link by **November 18, 2022**.
- 3 Following submission of your signed Attestation Form, FSSA will confirm eligibility. If eligible, your stabilization grant payment should show up by the end of January 2023.



HME/DME Stabilization Grant: Attestation Form

By signing the Attestation Form, each provider attests to the following. For providers with more than one eligible Medicaid Provider ID, one form is necessary for each active ID.

Microsoft Form*



 **Attestation Statement - Indiana HME/DME Stabilization Grant Program**

As identified in the IN FSSA Home and Community Based Services (HCBS) Spend Plan, FSSA is dedicated to providing stabilization funding to support providers affected by the public health emergency and as an investment in building provider capacity. The Home and Durable Medical Equipment (HME/DME) Stabilization Grant has been made available by FSSA to support HME/DME providers affected by the COVID-19 public health emergency.

Purpose: The purpose of the grant is both to address COVID-19-related expenses and challenges and to recognize the important role that HME/DME providers play in serving vulnerable Hoosiers in the home and community.

Methodology: Consistent with prior provider stabilization grants distributed by FSSA, a flat percentage increase of 8.1% will be applied to the qualifying claims total for each provider for calendar year 2021.

Allowable Expenses: Grant funds must be used to support provider operations as they relate to HME/DME provided in home or community-based settings. Allowable expenses include but are not limited to: business operation expenses, COVID training, PPE, payroll, employee bonuses, employee benefits, shipping, transportation, etc.

Attestation Process: Providers must 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.

Attestation Statements must be submitted by November 17, 2022 to qualify.

* Required

Qualifying Questions

If your answer is "No" or "None of the above" to any of the Qualifying Questions, you are not eligible for the grant, and the form will automatically end. If your answer is "Yes" to all of the Qualifying Questions, you are eligible and will be taken to the next page to capture Provider Information.

Attestations:

1. The above described provider is a current Medicaid provider with claims submission to Indiana Health Coverage Programs during calendar year 2021.
2. The above described provider agrees that by accepting the grant payment, the provider organization will participate in the follow-up impact survey OMPP plans to issue.
3. The above described provider agrees that by accepting the grant payment, the provider organization is subject to audit by the State of Indiana. The provider should maintain documentation and any records to support the amount received and that grant funds were used to support allowable expenses so that it can be available upon audit.
4. By typing my name and submitting this form, I attest that I am an agent of the provider, whose name and information is set forth in this form, and am authorized to agree to and bind the provider to the aforementioned terms.

*Page 1/2 of the Attestation Form



Questions?

For more information, please access the FAQ at in.gov/fssa/ompp and select the link to the HCBS Enhanced FMAP on the left hand side.

Direct all inquiries to hcbs.spendplan@fssa.IN.gov

