

Nebraska Home and Community–Based Services (HCBS) Spending Plan

Quarterly Update

JANUARY 31, 2022

Nebraska Department of Health and
Human Services



NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



January 31, 2022

Jennifer Bowdoin
Director, Division of Community Systems Transformation
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Director Bowdoin:

DHHS is submitting the attached information as its quarterly spending plan update to its Home and Community Based Services Spending Plan as outlined in the American Rescue Plan Act of 2021.

As outlined in the general considerations in your original letter, Nebraska acknowledges and agrees that it will notify CMS if we propose changes to our HCBS spending plan to enhance, expand, or strengthen HCBS under ARP Section 9817 in such a way that:

- *Are focused on services other than those listed in SMD# 21-003 Appendix B or that could be listed in Appendix B.*
- *Include room and board (which CMS would not find to be a permissible use of funds); and/or*
- *Include activities other than those listed in Appendices C and D.*

Nebraska has not yet actually claimed any enhanced FMAP for the spending initiatives outlined in our plan, nor spent any funds eligible from the increased FMAP, pursuant to the submitted initial spending plan and first quarterly update. However, Nebraska did receive partial approval of its spending plan in a letter received from CMS on September 30, 2021, and accordingly Nebraska will begin claiming the enhanced FMAP for the calendar quarter ending December 31, 2021. This report will be updated in future iterations with the actual amounts claimed. For this report, Nebraska is providing updated estimates for both the estimated FFP that will be claimed and reflected the additional spending plan initiative on the spend plan chart (see appendices B and C).

In addition to this quarterly update, Nebraska respectfully requests an update to the status of the spending plan initiatives submitted in prior quarters. Nebraska submitted its initial spending plan in July 2021, with spending plan activities included. In late September 2021, Nebraska received partial approval from CMS allowing the state to begin claiming the 10% increase in FMAP for HCBS. However, Nebraska did not receive approval for any of the

included spending plan activities. CMS provided a list of questions on September 30, 2021, to which the state answered as part of the quarterly spend plan update submitted in October 2021. Nebraska has not received any follow up regarding the responses provided, nor on the status of the approvals of the spend plan activities. Nebraska appreciates any updates as soon as possible given the limited time period that states can spend the money created as a result of the 10% FMAP increase for HCBS.

As indicated in our initial spending plan, Nebraska DHHS, as Nebraska's single state agency for Medicaid, serves as the Operating Agency for the HCBS ARP initiatives. Jeremy Brunssen, Deputy Director for Finance and Program Integrity with the Division of Medicaid & Long-Term Care, serves as the primary contact for these initiatives. He can be reached at Jeremy.Brunssen@Nebraska.gov or (402) 471-5046.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Bagley". The signature is fluid and cursive, with the first name "Kevin" and last name "Bagley" clearly distinguishable.

Kevin Bagley, Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health and Human Services

Contents

Spending Plan – Quarterly Updates..... 5

- Grants to agencies to purchase telehealth equipment**..... 5
- Convert or renovate facilities for other purposes or enhance purpose** 6
- Funding of non-federal share for Administration on Community Living (ACL) grants for the State Unit on Aging**..... 7
- Procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services** 8
- NEW (2/1/22): Funding increase to address workforce shortages and continued increased costs due to COVID-19 for all four of Nebraska’s Waivers (TBI, AD, CDD, and DDAD)** 9

Appendix A: CMS Requests for Additional Information (10/2021) 10

Appendix B: Calculation of Supplemental Funding (Updated 2/2022)..... 15

Appendix C: Initiatives Enhancing Medicaid HCBS – Spending (Updated 2/2022). 17

Spending Plan – Quarterly Updates

Grants to agencies to purchase telehealth equipment	
Description	<p>Funding for providers to purchase technology that will support provision of direct clinical services through telehealth and telemonitoring for two-way audio/video communication or technology for asynchronous management of chronic diseases.</p> <p>Providers would need to develop protocols for the utilization of the technology, ensure it is HIPAA compliant, and meet all state and federal regulations for the use of technology for telehealth and telemonitoring.</p> <p>DHHS will require providers to submit an application form and proposal that includes the services to be provided, technology overview, and budget request. Approved providers will need to maintain invoice records to submit to the state for an audit post-program implementation.</p>
Timeframe	<p>Program will be rolled out 6 months from CMS approval of initial spending plan. Providers would have another 6 months to submit their funding requests.</p>
How it enhances or expands Medicaid HCBS	<p>Expands the use of technology and telehealth. Provides specialized supplies and equipment to agencies, which will allow greater access to HCBS through telehealth. Telehealth is especially critical in rural and other remote areas of the state.</p>
Additional Narrative (10/2021)	<p>Grants to agencies to purchase telehealth equipment are targeted at providers who are delivering services that are listed in Appendix B of SMD# 21-003 if the services can be delivered by telehealth. Services are only eligible to be delivered through telehealth if the service does not require hands-on care, does not put the patient in harm by providing the service through telehealth, and the service description can be met by providing the service through telehealth. An example of services not eligible for a telehealth grant would be personal care services that have to be provided in-person and requires hands-on care or are required to be provided by immediate supervision of the patient.</p> <p>Grants to agencies or providers to purchase telehealth equipment will also be considered for providers not listed in Appendix B if providing telehealth equipment will facilitate keeping the patient in their home or community setting. Cases may include a grant to a behavioral health provider in a frontier area that serves patients without transportation who would be unable to attend therapy and may relapse without that treatment. Equipment purchased with these grants may also be used for encounters for medication reviews or mental status exams, or occupational therapy to observe a patient in their home environment and provide rehabilitation services to ensure they can stay in their home or community-based setting.</p> <p>DHHS does not intend to cover ongoing connectivity cost as part of these telehealth equipment grants.</p>
Initiative Sustainability Beyond 2024?	<p>This is a grant program that will have an established cap amount, and once the cap is reached no further grants will be awarded.</p>

Convert or renovate facilities for other purposes or enhance purpose	
Description	<p>Make available a sum of money for physical improvements/conversions of established structures that include modernization and facility changes to support care provision to specific patient populations.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Nursing Facility to Rehabilitation facility, Day Rehabilitation, Assisted Living Facility • Therapeutic Group Home • Qualified Residential Treatment Program updates or conversion • Respite spaces <p>Providers would be required to submit their project design and plan with cost estimates. The plan must identify how the project improves the client experience and the specific patient population for the facility type.</p> <p>Financial allocation would be done through the establishment of project progress benchmarks and incremental distribution. Specific project benchmarks would be outlined with grant approval, and 25 percent of overall grant amount would 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.</p>
Timeframe	Six months for program roll out. Provider plans must be submitted within 2 years from project initiation.
How it enhances or expands Medicaid HCBS	<p>Expanding provider capacity by providing nursing facilities or other institutional settings with funding to convert to assisted living facilities or to provide adult day services, respite care, or other HCBS.</p> <p>This would incentivize investment in communities to support persons in need of HCBS services, as well as increase potential services and access points across the state.</p>
Additional Information (10/2021)	<p>Nebraska plans to pay for permissible capital investments as part of this proposal. We will require applicants to demonstrate compliance with the final settings rule.</p> <p>Developing community housing and services by leveraging and transforming existing and underutilized local infrastructure (especially in rural or frontiers areas) facilitates community inclusion and personal choice within participants' existing communities, which enhances, expands, and strengthens HCBS as described in section 9817 of the ARP.</p>
Initiative Sustainability Beyond 2024	This is a grant program that will have an established cap amount and once the cap is reached no further grants will be awarded.

Funding of non-federal share for Administration on Community Living (ACL) grants for the State Unit on Aging	
Description	ARP grants from the ACL included all program areas usually funded by annual formula grants. The ARP grants require state and local match (whereas other emergency funding did not). The ACL ARP awards are about \$7.7 million, and require a non-federal share match of 15 percent and 25 percent (local and state), totaling about \$1.2 million overall. This is an unexpected expense at the state and local level, as many programs are grant-funded and have limited outside resources. This proposal is to fund the non-federal share of the ACL ARP grants from the FMAP savings from the HCBS enhanced FMAP, which benefit HCBS and Medicaid participants and the Medicaid system. The need is for the ACL project period, 4/1/21 – 9/30/24, with the additional 10 percent FMAP funds requiring to be spent by 3/31/24. The federal award is likely to be fully expended prior to the end of the enhanced FMAP expenditure allowed date of 3/31/24. Funds will support Area Agencies on Aging (AAAs) and local programs managed by the agencies that serve seniors across the state.
Timeframe	Issue sub-awards to AAAs by 10/1/21 (with spending authorized through 3/31/24).
How it enhances or expands Medicaid HCBS	Increases access to HCBS services.
Additional Information (10/2021)	Additional information related to CMS's questions on this topic are included in Appendix A (pg. 11).
Initiative Sustainability Beyond 2024	This would be a one-time coverage of the non-federal share.

Procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services	
Description	This proposal is for two separate, but related activities. This would first pay for the costs of a rate study for PAS and chore services to develop a new methodology for establishing payment rate for these services. Second, this proposal would fund the implementation associated with a third party fiscal agent or fiscal intermediary who would process payments for these services when billed. These activities are eligible for administrative federal match at 50 percent.
Timeframe	Development of new rate methodologies: 12-15 months Procurement and implementation of a fiscal intermediary: 24-30 months
How it enhances or expands Medicaid HCBS	Addresses provider complaints about PAS and chore services reimbursement rates. Increases efficiency of the state government to process and pay HCBS providers.
Additional Information (10/2021)	Nebraska's plans to procure a fiscal intermediary and change the rate methodology for Personal Assistance Services and Chore services will not result in reduced provider payment rates as compared to those in place as of April 1, 2021. The investments made to complete these activities will strengthen HCBS, as a fiscal intermediary will provide additional support and more resources to these providers than what is currently in place today. Furthermore, completing a rate study and formal analysis, which has not been done in many years, will inform DHHS on the state of Medicaid payment for these HCBS. This information then can be used to make future decisions regarding payment rates that can positively impact access for these services.
Initiative Sustainability Beyond 2024	<p>Procuring a fiscal intermediary: This would add some new costs to the Medicaid program, while providing switch savings as it would have the benefit of sun setting some legacy functionality in NFOCUS and would likely fit into the longer-term strategy of Nebraska's new iServe system under iBEEM. This would also likely significantly improve the provider experience in a number of ways.</p> <p>Changing rate methodologies: In the event the rate study determines that rates need to be increased in an amount that is not able to be absorbed within current appropriations, a budget issue may be needed; or, provider associations may present a bill for funding in the Nebraska Legislature.</p>

NEW (2/1/22): Funding increase to address workforce shortages and continued increased costs due to COVID-19 for all four of Nebraska’s Waivers (TBI, AD, CDD, and DDAD)	
Description	<p>This proposal is to provide for temporary rate increases for all 1915(c) waiver services. This funding proposal includes approximately \$30.3 million to temporarily increase provider rates by 15% for all Home and Community Based Services (HCBS) waiver programs (Aged and Disabled Waiver; Adult Day DD Waiver; and Comprehensive DD Waiver) with the exception of payments for Assisted Living Facility and Traumatic Brain Injury services. Separately, this includes approximately \$6.3 million to fund a \$20 per patient per day temporary increase for Traumatic Brain Injury and Assisted Living Facilities.</p> <p>This funding proposal will be used to supplement multiple activities as stated in the ARPA law to enhance the Medicaid waiver services by:</p> <ul style="list-style-type: none"> • Supporting and protecting the HCBS workforce • Ensuring financial stability for HCBS providers
Timeframe	The rate increases will be administered to providers for dates of service from January 1, 2022, through June 30, 2022.
How it enhances or expands Medicaid HCBS	<p>The first funding increase proposal is to assist providers with two separate operational barriers. First, funds will provide a temporary rate increase of 15% for all CDD, DDAD, and AD community-based waiver services to aid providers with persistent workforce shortages. The increased funding will help providers pay staff overtime for direct care during the pandemic. Secondly, the increased funding will help stabilize operations by helping providers handle increased costs due to COVID-19.</p> <p>The second funding increase proposal is to assist AD/TBI providers with two separate operational barriers. First, funds will provide a temporary rate increase of an additional \$20 per patient per day for TBI and AD Assisted Living waiver services to aid providers with persistent workforce shortages. The increased funding will help providers pay staff overtime for direct care during the pandemic. Increased funding will also help stabilize operations by assisting providers in absorbing increased costs due to COVID-19.</p> <p>Both of these funding proposals will enhance provider’s ability to provide timely and quality Medicaid HCBS services across all of Nebraska’s Medicaid waivers and benefit both waiver providers and waiver participants.</p>
Initiative Sustainability Beyond 2024	Both proposed rate increases end on 6/30/2022.

Appendix A: CMS Requests for Additional Information (10/2021)

Request: Clearly indicate whether the “grants to agencies to purchase telehealth equipment” are targeted at providers delivering services that are listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If this activity is not focused on providers that are delivering services listed in Appendix B or that could be listed in Appendix B, explain how the activity enhances, expands, or strengthens HCBS under Medicaid.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 5.

Request: Clearly indicate whether your state plans to pay for ongoing internet connectivity costs as part of the “grants to agencies to purchase telehealth equipment” activity. Ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how ongoing internet connectivity costs would enhance, expand, or strengthen HCBS. Further, approval of ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 5.

Request: Clearly indicate whether your state plans to pay for capital investments as part of the “convert or renovate facilities for other purposes or enhance purpose” activity. Capital investments costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP. Additionally, please note that settings that are in the same building as a public or private institution or on the same grounds of or adjacent to a public institution, are considered presumptively institutional under the HCBS settings final rule (42 CFR 441.301(c)(5)). For newly constructed settings that are presumptively institutional, states should follow guidance released in the CMCS Informational Bulletin (CIB) dated August 2, 2019 regarding Heightened Scrutiny Review of Newly Constructed Presumptively Institutional Settings.

DHHS Response: Additional information is included with the narrative for this spending proposal on page 6.

Request: Regarding the “non-federal share for Administration on Community Living (ACL) grants for the State Unit on Aging” activity, CMS would like to schedule a call with the state to discuss how the state intends to use ARP section 9817 funds under each part of the Older Americans Act Title III program.

DHHS Response: Specific questions are included with each response.

Are there any waitlists in place for the four approved section 1915 (c) Nebraska waivers?

There are only waitlists for the DD Waivers, not for the AD and TBI Waiver.

- Aged and Disabled (AD) Waiver: -0-
- Comprehensive Developmental Disabilities (CDD) Waiver: 36
- Developmental Disabilities Adult Day (DDAD) Waiver: -0-
- Traumatic Brain Injury (TBI) Waiver: -0-

How many current Older Americans Act (OAA) Title III clients are on each of the four section 1915 (c) HCBS waiver waitlists?

There are 36 clients on the Comprehensive Developmental Disabilities (CDD) Waiver waitlist age 60+. Of those 36, there are 2 clients receiving OAA services.

Is there information available by Title III Part and/or service?

DHHS is awaiting a technical assistance call with CMS to be able to sufficiently answer this question.

Is there an OAA Title III waitlist? If so, how many clients are on both the Title III and the 1915(c) HCBS waiver waitlist?

There are waitlists in 3 service areas. The totals are as follows:

Agency	# Waitlist	Notes
AOWN, Scottsbluff	0	
AP, Lincoln	35	Case management
BRAAA, Beatrice	-0-	
ENOA, Omaha	-0-	When the III E program is at capacity no additional referrals are accepted until an opening is available.
MAAA, Hastings	-0-	
NENAAA, Norfolk	61	III B Chore, Personal Care, Homemaker, Material Distribution, and III E services of Respite, and Supplemental Services. Not accepting applications at this time due to funding.
SCNAAA, Kearney	25	Personal Emergency Response System (Lifeline); under the family caregiver program
WCNAAA, North Platte	-0-	

Funds may be used to better address the use of waitlists both for OAA and Waiver clients in these service areas and across the state. AAAs closely monitor clients, and assist them in applying for Medicaid if /when they meet financial criteria.

Are additional Medicaid waiver waitlist clients anticipated to be served with the additional funding?

This initiative will not reduce the number of individuals on the DD waitlist.

How will ARP section 9817 funds be used to enhance, expand, or strengthen HCBS under the Medicaid program, under each Part of OAA Title III program requiring a state match of the grant funds?

- **Part B – Supportive Services**

- The Area Agencies on Aging (AAAs) are pursuing methods to enhance, expand, and strengthen the HCBS provider network and availability in their service areas to recover from the pandemic and better serve both Medicaid and OAA clients in their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. AAAs facilitate the coordination of community-based, long-term care services for older persons living at home, and who are at risk of institutionalization due to their ability to function independently. AAAs will work with older persons who are patients in hospitals or long-term care facilities who have a desire to return to the community of their choice, if community-based services are made available to them. AAAs assist older adults in applying for public benefits. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers were often in the most “at risk” groups early on, and ceased participation in programs from both paid and unpaid positions.

- **Part C1 and C2 – Congregate Meals and Home Delivered Nutrition programs**

- The AAAs are pursuing methods to enhance, expand, and strengthen the network and availability of workers and volunteers in the nutritional programs within each of their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. All Nebraska AAAs provide congregate and home-delivered meal and nutrition programs through a variety of operational structures. Traditional senior center congregate meals, restaurant vouchers, meal sites, home delivered, to-go meals (permissible during the pandemic), and shelf-stable food boxes. These programs will be further enhanced, expanded, and strengthened for the collective older population in the communities served – both through OAA and Waiver programs. Meal needs for medical purposes are addressed at the local level and managed by the AAA staff. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers involved in nutrition programs were often in the most “at risk” groups early on, and ceased participation in programs, both paid and unpaid. This issue continues today, where masks are not required in a community, but provide a level of protection for the staff. Often, when a cook becomes ill, the meal site will close for a period of time. Meals are then brought in from a neighboring facility.

- Medicaid waiver provides home delivered meals. This is available statewide. These are managed by the AAAs at the local level.
- **Part E – Caregiver programs**
 - The AAAs are pursuing methods to enhance, expand, and strengthen the network and availability of workers and volunteers in the caregiver programs within each of their service areas. Recruitment of providers for this vulnerable population is crucial to the continuance of services to help older Nebraskans remain in the community of their choice. A number of caregiver programs are available throughout the state. Each service area provides caregiver programs. AAAs coordinate caregiver programs locally, which enhances the availability and support of HCBS Waiver programs in addition to OAA programs. AAAs in Nebraska, as elsewhere, were significantly affected by the pandemic. Providers involved in caregiver and respite programs were often in the most “at risk” groups early on, and ceased participation in programs, both paid and unpaid. This issue continues today, and a robust recruitment, retention, and training program will support the Medicaid and OAA clients on an ongoing basis.
- **Title III State Plan and Area Plan Administration**
 - The State proposes that no funds from the ARP be used for state plan or area plan administration at this time.

Identify the services that are provided under each Part of the Title III program requiring a state match of the grant funds:

- **Part B – Supportive Services:**
 - Service
 - Personal Care
 - Homemaker
 - Chore
 - Case Management
 - Assisted Transportation
 - Transportation
 - Information & Assistance
 - Health Promotion/Disease Prevention (Non Evidence-Based)
 - Legal Assistance
 - Telephone & Visiting
 - Senior Center Hours
 - Material Distribution
 - Social Activities
 - Outreach
 - Information Services
- **Part C1 and C2 – Congregate Meals and Home Delivered Nutrition programs:**
 - Home Delivered Meals
 - Congregate Meals
 - Nutrition Counseling
 - Nutrition Education
- **Part E – Caregiver programs**
 - Caregiver Respite
 - Caregiver Assistance: Case Management
 - Caregiver Assistance: Information & Assistance

- Caregiver Counseling
- Caregiver Training
- Caregiver Supplemental Services
- Caregiver Support Groups
- Caregiver Outreach
- Caregiver Information Services

Request: Clearly indicate that the activity to “procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services” will not result in reduced provider payment rates as compared to those in place as of April 1, 2021.

DHHS Response: Additional information is included with the narrative for this spending initiative on page 8.

Appendix B: Calculation of Supplemental Funding (Updated 2/2022)

Nebraska has not yet claimed any enhanced FMAP, nor spent any increased FMAP pursuant to the submitted initial spending plan, as the state was awaiting formal approval. Nebraska provided the estimated FFP by proposed spending activity that the State believes would be eligible for match in the chart submitted in the initial spend plan.

Nebraska does not plan to claim additional enhanced FMAP for the grants for telehealth equipment, nor conversion of facilities to expand HCBS services in communities. However, Nebraska does plan to use FFP for the fiscal intermediary and HCBS rate study at 50 percent. Nebraska is not claiming additional FFP for the funding of the non-federal share of ACL grants for the State Unit on Aging.

Nebraska is providing the below chart, which provides a breakdown of the estimated FMAP that Nebraska will be eligible to claim pursuant to ARP Section 9817. With the partial approval of the spending plan received from CMS, Nebraska will begin claiming the enhanced FMAP and will update this report in future quarterly updates with the actual amounts claimed, as they are claimed on quarterly CMS-64 reports.

Calculation of Supplemental Funding from 10% FMAP Increase

ARPA Sec. 9817; eff. 4/1/21 to 3/31/22

Federal Fiscal Year Quarter	*Estimated FFY 21	*Estimated FFY 21	*Estimated FFY 22	*Estimated FFY 22	Total
	<u>Q3: Apr to Jun</u>	<u>Q4: Jul to Sep</u>	<u>Q1: Oct to Dec</u>	<u>Q2: Jan to Mar</u>	
<u>ASSUMPTIONS</u>					
Qualifying Baseline Total Costs					
Home and Community Based Services	\$ 146,406,685	\$ 146,406,685	\$ 146,406,685	\$ 146,406,685	\$ 585,626,740
Case Management Services	\$ 12,232,210	\$ 12,232,210	\$ 12,232,210	\$ 12,232,210	\$ 48,928,840
Rehabilitation Services	\$ 54,516,029	\$ 55,426,844	\$ 55,720,695	\$ 60,144,534	\$ 225,808,102
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal: Baseline	\$ 213,154,924	\$ 214,065,739	\$ 214,359,590	\$ 218,783,429	\$ 860,363,682
<u>IMPACT TO FUNDING</u>					
Current Funding					
State Match (-10% of cost)	\$ (20,859,018)	\$ (20,938,801)	\$ (20,953,494)	\$ (21,334,197)	\$ (84,085,510)
Federal Match (+10% of cost)	\$ 20,859,018	\$ 20,938,801	\$ 20,953,494	\$ 21,334,197	\$ 84,085,510
Subtotal: Current Funding	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix C: Initiatives Enhancing Medicaid HCBS – Spending (Updated 2/2022)

Proposal Number	Title	Type	FFP% Estimated	Total Estimated Cost	Funding	Spending (State Fiscal Year) - Replace Estimates with Actual Amounts as They Become Available												
						Total	2022				2023				2024			
							QE 9/21	QE 12/21	QE 3/22	QE 6/22	QE 9/22	QE 12/2	QE 3/23	QE 6/23	QE 9/23	QE 12/23	QE 3/24	QE 6/24
1	Grants to agencies to purchase telehealth equipment	Provider	0%	5,750,000	GF	5,750,000	100,000	100,000	616,667	616,667	616,667	616,667	616,667	616,667	616,667	616,667	-	
					FFP	-	-	-	-	-	-	-	-	-	-	-	-	
2	Convert or renovate facilities for other purposes or enhance purpose.	Provider	0%	20,750,004	GF	20,750,004	100,000	100,000	2,283,334	2,283,334	2,283,334	2,283,334	2,283,334	2,283,334	2,283,334	2,283,334	-	
					FFP	-	-	-	-	-	-	-	-	-	-	-		
3	Funding of non-federal share for Administration on Community Living grants for State Unit on Aging	IDS	56%	1,200,000	GF	528,000	-	-	58,667	58,667	58,667	58,667	58,667	58,667	58,667	58,667	-	
					FFP	672,000	-	-	74,667	74,667	74,667	74,667	74,667	74,667	74,667	74,667		
4	Procure a fiscal intermediary and change the rate methodology for personal assistance services and chore services	IDS	50%	5,000,000	GF	2,500,000	-	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	-	
					FFP	2,500,000	-	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000		
5	Temporary Provider Rate increases for HCBS Waiver Services	Provider	57.80%	36,684,004	GF	15,480,650	-	-	7,740,325	7,740,325	-	-	-	-	-	-		
					FFP	21,203,354	-	-	10,601,677	10,601,677	-	-	-	-	-	-		
TOTAL				69,384,008	GF	45,008,654	200,000	450,000	10,948,992	10,948,992	3,208,667	3,208,667	3,208,667	3,208,667	3,208,667	3,208,667	-	
					FFP	24,375,354	-	250,000	10,926,344	10,926,344	324,667	324,667	324,667	324,667	324,667	324,667	-	

GF Available 84,085,510
 GF Allocated 45,008,654
 GF Unallocated 39,076,856