One-Time Funding for Home and Community-Based Services (HCBS) Providers (10% FMAP)

Overview of the Waiver and Reporting Processes

April 2022
Login to South Dakota Grants Portal

Applicants go to this website to login: 
https://sd covidhelp.force.com/Grants/s/login/

On the home page, applicants will click the orange button to access their application.
Begin Waiver Request or Reporting

**Reporting**
- Select the **Conduct Reporting** button to enter financial information on expenditures from the one-time supplemental payment.

**OPTIONAL: Request Waiver**
- Select the **Request Waiver** button to request changes to the mandated allocation of funding provided.
Reporting Process
**Award Summary Description**

These fields display the approved award amount and the required breakout of expenditures.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Funds Awarded</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>Direct Workforce Awarded</td>
<td>$80,000</td>
<td>80%</td>
</tr>
<tr>
<td>Equipment &amp; Supplies Awarded</td>
<td>$20,000</td>
<td>20%</td>
</tr>
<tr>
<td>Total Proposed Waiver Funds</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>Waiver Direct Workforce</td>
<td>$50,000</td>
<td>50%</td>
</tr>
<tr>
<td>Waiver Equipment &amp; Supplies</td>
<td>$50,000</td>
<td>50%</td>
</tr>
</tbody>
</table>

These fields will appear only if a waiver has been requested and approved.
Step 1: Conduct Reporting – Cost Categories

- Reporting is broken out into two tables: **Direct Care Workforce** and **Equipment and Supplies**. In the tables provided, expenditures should be reported against the appropriate cost categories.

- Enter figures in the **Funds Expended** fields.

- Providers may record expenses in **all** cost categories but must record expenses in **at least one** cost category under Direct Care Workforce and **in at least one** sub-category under Equipment and Supplies.

- If you do not have a complete list of your expenditures, you can save your work with the **Save** button and return to finish your entries later.

- NOTE: Be sure to click the **Save** button after providing your entries in these tables.

Please note that the rule on “Direct Care Workforce | One-Time Compensation Adjustments” sub-category has not changed and will not be waivered.

Rule: No more than 55% of the total funds (payment) will be used for one-time compensation adjustments.
Step 1 (Continued): Conduct Reporting – Cost Categories

<table>
<thead>
<tr>
<th>COST CATEGORY</th>
<th>FUNDS EXPENDED</th>
<th>% OF AMOUNT EXPENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing Supplies</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td>Other</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td>Infection Control</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td>Telehealth Equipment</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td>COVID-19 Related Equipment</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>$0.00</td>
<td>%</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td><strong>$0.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

Percentages are calculated based off the “Totals” amount at the bottom of the table.
Waiver Request and Approval Process
Waiver Process

- **Request Waiver**
  - Complete the Waiver request process and submit proposed changes through the South Dakota portal

- **Receive and Sign Waiver Attestation**
  - Provider will be sent an Attestation form via email
  - Waiver process will not begin until form is e-signed and submitted

- **Await Waiver Approval**
  - Provider will be sent correspondence if revisions must be made to the proposed waiver, if necessary.
  - Once approved, the provider will be notified via email of the waiver approval.
Step 1: Waiver – Begin Waiver Request

**OPTIONAL: Request Waiver**

- Select the *Request Waiver* button to request changes to the mandated allocation of funding provided.
Step 2: Waiver – Revise Proposed Use of Funds

In the pop-up box that appears after selecting the Request Waiver button on the application page, enter the proposed revision to the funding expenditure categories required in the original application.

Amount of funding that was awarded from your application. Your entries in the text boxes must total this number.

Amount of funding that you project to use on Direct Care Workforce related costs.

Amount of funding that you project to use on Equipment and Supplies.

---

Waiver Request

Total Funds Awarded: $120,000

Proposed Use of Funds

Direct Care Workforce

* Enter Proposed $ Here

Equipment and Supplies

* Enter Proposed $ Here

Continue
Next, the waiver request requires the applicant to provide a justification for their waiver, amounts of funding they have spent to date, and a certification that their entries are correct. Upon submission, the waiver will be submitted to the State for review and approval.
Step 4: Waiver – Attestation Agreement E-Signature

In the email account associated with your application, you will receive an email requesting signature of your new Section 9817 ARPA Funding Attestation Agreement.

Select this button to navigate to the signature agreement
Step 5: Waiver – Attestation Agreement E-Signature

In the generated Attestation Agreement page, follow the below steps to complete your e-signature.

1. Select the ‘I Agree’ button to consent to the Electronic Record and Signature Disclosure

2. Select the blue ‘Signature’ button to enter your name and initials for your e-signature

3. Select the ‘Complete Signing’ button at the top of the page to submit the signature
Step 6: Waiver – Review and Approval

- The State will contact the Provider if revisions to the proposed waiver are necessary.
- Once approved, the provider will be notified via email of the waiver approval.
Additional Information & Resources
Resources Available

Resources available:

1. Email: DSS.GRANTS@state.sd.us

   - FAQ: https://dhs.sd.gov/docs/HCBS%20FAQ.pdf