

ARPA HCBS Facilities Grant Checklist

- 1. Projects submitted under the ARPA HCBS grants must be for modification to existing facilities. Requests for new facilities should follow normal state request processes.
- 2. Intended to allow institutional settings to convert to HCBS settings.

	Provider Name & Contact Information:	Project ID: (Assigned by
APPLICANT		MLTC)
INFORMATION		
Project Title:		

Prioritization			(Choose those that
Category	Definition	Criteria	apply)
Benefit and Value	developing community housing and services by leveraging and transforming existing and underutilized local infrastructure (especially in rural or frontiers areas) which facilitates	Aligns with DHHS Medicaid and Long-Term Care regulatory requirements (Mandatory)	
		Supports the conversion of existing facilities. Requests for new facilities should follow normal state request processes. (Mandatory)	
		Supports conversion to HCBS settings based on the applicable facility types (listed in application) (Mandatory)	
		Help Nebraska citizens receive Medicaid services in their homes and community (Mandatory)	
		Clearly Identifies Medicaid billable services that would benefit from the implementation of the requested technology (Mandatory)	
Reach		Nebraska Medicaid beneficiaries <i>(Mandatory)</i>	
	Who directly benefits from the project?	Clear evidence of how project need was determined and services to be provided	
Project Planning	Does the project have clear objetives and timelines?	There are clear and obtainable timelines that align with HCBS grant funding guidelines	
		Project identifies specific deliverables, phases of conversion, and costs associated with each deliverable	
Application Packet	Was the application packet submitted according to the instructions?	All required documents and information are submitted as directed (Mandatory)	

Notes:

		Date
"Helping People Live Better Lives"	Reviewer Name & Title:	Completed: