
American Rescue Plan – DHHS Programs (LB1014)

Guidance Document

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This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

Pursuant to Neb. Rev. Stat. 84-901.03



Program:	Rural Ambulance Replacement
Division:	Public Health
Contact Name:	Tim Wilson
Amount:	\$20,000,000
Anticipated Start Date:	July 1, 2022, target for establishing advisory committee

Grant/project summary:

There is included in the amount shown as aid for this program for Fiscal Year (FY) 2022-23 \$20,000,000 federal funds for a rural ambulance replacement program, which shall only be used for such purpose.

Grant/project goals:

The goal of this project is to assist Emergency Medical Services (EMS) across the state to replace aging ambulance fleets.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under American Rescue Plan Act (ARPA)?

State and Local Fiscal Recovery Funds (SLFRP) final rule, page 61, provides a list of enumerated eligible uses for COVID-19 mitigation funds, which includes obtaining “COVID-19 prevention and treatment equipment, such as ventilators and ambulances.”

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

For the Rural Ambulance Replacement program, DHHS will:

1. Establish an advisory committee to assist with the evaluation and scoring of applications that are received.
2. Develop:
 - a. A process for application submission (i.e., one-time application period, continuous application period, or first-come, first-served).
 - b. An online application process for EMS services.
 - c. A scoring matrix that will take into consideration items such as need, age of existing ambulance(s), and community-based health measures.
 - d. Cost share guidelines, as applicant services are expected to provide a portion of the total cost of acquisition.
3. Develop a communication plan, in coordination with DHHS Communications, to ensure information gets out to project stakeholders and potential applicants, including virtual town hall sessions to provide an overview of the program and application process.

Program:	Behavioral Health Care Services
Division:	Public Health
Contact Name:	Office of Rural Health
Amount:	\$2,500,000
Anticipated Start Date:	December 2023 (to allow for program design and implementation)

Grant/project summary:

Funding is intended to provide grants of up to \$250,000 for capital costs of expanding access to behavioral health acute care beds in rural areas where beds are not currently available, or a shortage exists.

Grant/project goals:

Expand acute care behavioral health capacity in rural Nebraska.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

As referenced in SLFRP final rules, pages 69, 70, and 102, development of behavioral health facilities and increased access to behavioral health inpatient treatment are enumerated uses of ARPA funds.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No. The grants for capital expenditures are capped at \$250,000.

In-depth grant/project planning & process:

As DHHS does not have internal expertise in this area (specifically surrounding acute care capital improvements), DHHS will engage a consultant with experience and subject matter expertise to guide project design and implementation.

The project design will include grant criteria determination; grant application design; grant application processes; work plan and budget review; key performance indicator and project deliverable metric creation; grant sub-award development and implementation, and subrecipient monitoring.

Additionally, due to added administrative support responsibilities, DHHS will need to hire temporary staff to support program oversight and compliance.

Program:	Emergency Medical Services Grants
Division:	Public Health
Contact Name:	Tim Wilson
Amount:	\$5,000,000
Anticipated Start Date:	July 1, 2022, target for establishing advisory committee

Grant/project summary:

There is included in the amount shown as aid to this program for FY2022-23 \$5,000,000 federal funds for grants to licensed emergency medical services programs, which shall only be used for such purpose.

It is the intent of the Legislature that the grants be used for the one-time purchase of equipment. Priority in awarding grants should be given to emergency medical services programs which are volunteer-based, located in a community with a population of fewer than one hundred thousand inhabitants as determined by the most recent federal decennial census or the most recent revised certified count by the United States Bureau of the Census, and have high needs, as determined by the Department of Health and Human Services in consultation with a statewide organization dedicated to supporting providers of prehospital emergency medical care in Nebraska.

Grant/project goals:

The goal of this grant is to provide for the one-time purchase of equipment for Emergency Medical Service (EMS) that are primarily volunteer and rural.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

SLFRP final rule, page 417, provides a list of enumerated eligible uses for COVID-19 mitigation and prevention funds which includes the “acquisition and distribution of medical equipment for prevention and treatment of COVID-19.”

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

For the EMS Equipment Program, DHHS will:

1. Establish an advisory committee to assist with the evaluation and scoring of applications that are received.
 - a. DHHS will consult with a statewide organization dedicated to supporting providers of prehospital emergency medical care in Nebraska.
2. Develop:
 - a. A process for application submission (i.e., one-time application period, continuous application period, or first-come, first-served.)
 - b. A schedule of approved items/types of equipment that can be purchased using program funds

- c. An online application process for EMS Services
 - d. A scoring matrix that will take into consideration items such as volunteer or paid, rural or urban based, need, age of existing equipment, does service currently have equipment, and community-based health measures
 - e. Cost share guidelines, as applicant services are expected to provide a portion of the total cost of acquisition
3. Develop a communication plan, in coordination with DHHS Communications team, to ensure information gets out to project stakeholders and potential applicants, including virtual town hall sessions to provide an overview of the program and application process.

Program:	Local Public Health Departments
Division:	Public Health
Contact Name:	Caryn Vincent
Amount:	\$10,000,000
Anticipated Start Date:	July 1, 2022

Grant/project summary:

Funds for the local public health departments that receive aid pursuant to section Neb. Rev. Stat. 71-1628.08, which shall be distributed evenly to the local public health departments for one-time infrastructure needs and any other costs, including testing, personal protective equipment, and other preventive measures, to combat the COVID-19 virus and any of its mutations.

Grant/project goals:

To provide additional funds and support to 18 local health departments for one-time infrastructure needs and any other costs, including testing, personal protective equipment, and other preventive measures to combat the COVID-19 virus.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

As referenced in SLFRP final rule, pages 55-56, the project fits under the enumerated uses of responding to the public health emergency caused by the COVID-19 pandemic, including COVID-19 mitigation and prevention. This project supports public health response.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

Each of the 18 local health departments that receive funds pursuant to Neb. Rev. Stat. 71-1628.08 will receive an equal share of the \$10,000,000 appropriated by LB 1014. Split equally, each of the 18 health departments will receive \$555,000. Local health departments will be required to submit a budget and work plan outlining their plans for use of the funds.

Allowable uses of funds include but are not limited to salaries and wages, fringe benefits, supplies, equipment, other capital expenditures, professional services, and facility occupancy. Funds could be used to support health department infrastructure and building fees or renovations, provide equity-focused services, or to provide premium pay to the health department workforce.

Health departments will be required to submit work plans and budgets (using the proposed standardized templates) prior to execution of subawards. The intent is to provide flexibility in the use of funds, but budgets and work plans must be approved prior to disbursement of funds to ensure all requested uses are allowable per federal guidelines.

Funds will be distributed quarterly, based on reimbursement of actual costs incurred. Health departments must submit quarterly invoices with supporting documentation. Documentation must also include quarterly progress reports on the use of funds, staff supported, or projects completed using ARPA funds.

Program: Rural Health Providers Incentive Program
Division: Public Health
Contact Name: Rachael Wolfe
Amount: \$5,000,000
Anticipated Start Date: July 1, 2022

Grant/project summary:

Funds for repayment of qualified educational debts owed by eligible health professionals as provided in Neb. Rev. Stat. 71-5662.

Grant/project goals:

Recruitment and retention of health professionals for rural and underserved areas.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

Because the COVID-19 pandemic exacerbated the shortage of healthcare providers in rural areas of the state, which had a direct negative impact on members of the public living in rural communities, it is appropriate to utilize ARPA funds for repayment of qualified educational debts owed by eligible health professionals, to increase the number of healthcare providers available to provide medical care to Nebraska residents in rural communities. We will need to justify the specific use via documentation (from Nebraska Hospital Association - NHA, Nebraska Medical Association - NMA, Behavioral Health Education Center of Nebraska - BHECN, etc) that there is an increased shortage of providers due to COVID-19.

This is allowable as a response to the public health and negative economic impacts of the pandemic, as referenced in SLFRP final rule, pages 37-38 and 49.

Per Treasury guidance this activity is allowable employing the following justification framework:

Step	1. Identify COVID-19 public health or economic impact	2. Design a response that addresses or responds to the impact
Analysis	<ul style="list-style-type: none">• Can identify impact to a specific household, business or nonprofit or to a class of households, businesses, or nonprofits (i.e., group).• Can also identify disproportionate impacts, or more severe impacts, to a specific beneficiary or to a class.	<ul style="list-style-type: none">• Types of responses can include a program, service, or capital expenditure.• Response should be related and reasonably proportional to the harm.• Response should also be reasonably designed to benefit impacted individual or class.

Negative economic and public health impact:

Healthcare industry staff were uniquely impacted by the COVID-19 pandemic, including increased burnout, turnover, and departures from the industry. This has created a dual negative economic and public health impact by creating a nursing shortage, resulting in difficulties recruiting and retaining

healthcare staff across the state. This shortage decreases the availability of healthcare services, to the detriment of the public health. This impact is particularly acute in low income and rural areas and their populations, particularly those that experienced a shortage of workers prior to the pandemic.

Response to impact:

The educational debt program will encourage providers to practice in rural areas of the state that are experiencing healthcare shortages. Program participants must practice within a designated health profession shortage area for at least three years and accept Medicaid patients to their practice.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

The program will be implemented as an extension of the current loan repayment program. New recipients starting July 1, 2022, will be able to receive “no match” awards, with a focus on/specific outreach to behavioral health providers.

Program: COVID Model System of Care
Division: Division of Public Health
Contact Name: Charity Menefee
Amount: \$5,000,000
Anticipated Start Date: July 2022, target application materials release

Grant/project summary:

This project will support a rehabilitation hospital in advancing COVID-19 model system of care in the state. The selected rehabilitation hospital will coordinate with the DHHS Division of Public Health and other healthcare facilities with established long COVID clinics to set up a statewide “long COVID surveillance and support network.” The network will assist in identifying patients with persistent symptoms who will benefit from rehabilitation services. These include both medical and mental health (cognitive and psychiatric) services. The project will enhance access for long COVID treatment and rehabilitation services across the state (which may require additional post-COVID clinics, telehealth, or other virtual programs in partnership with established long COVID clinics). In addition, the surveillance network will continue to collect and evaluate data to understand the long COVID burden and impact on the communities. That data should inform the services provided through long COVID (or post-COVID rehabilitation) clinics. The long COVID surveillance and support network will also focus on educating healthcare providers and the public on long COVID and help them connect with healthcare resources in the state for treatment and rehabilitation.

Grant/project goals:

- Gain better understanding of the current burden and impact of long COVID in Nebraska to inform the services provided through long COVID clinics.
- Improve access of Nebraskans to long COVID clinics for meeting the medical and mental health needs including rehabilitation services
- Increase awareness of long COVID symptoms and treatment resources available in the state for both public and healthcare providers

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

Per the SLFRP final rule, pages 37-38 and 49, this activity is allowable employing the following justification framework:

Step	1. Identify COVID-19 public health or economic impact	2. Design a response that addresses or responds to the impact
Analysis	<ul style="list-style-type: none">• Can identify impact to a specific household, business or nonprofit or to a class of households, businesses, or nonprofits (i.e., group).• Can also identify disproportionate impacts, or more severe impacts, to a specific beneficiary or to a class.	<ul style="list-style-type: none">• Types of responses can include a program, service, or capital expenditure.• Response should be related and reasonably proportional to the harm.

- Response should also be reasonably designed to benefit impacted individual or class.

Public health and economic impact:

With an increasing number of COVID-19 cases, the prevalence of long COVID is also on the rise with some of studies estimating up to 50% of individuals suffering from persistent symptoms after COVID-19 infection. This creates not only an enormous public health challenge but may also have economic challenges due to the workforce dealing with post-COVID symptoms. Furthermore, long COVID may contribute towards increased health disparities as most established long COVID clinics are in the urban areas in Nebraska, creating access issues for rural and other underserved populations.

Response to impact:

Enumerated eligible uses of ARPA funds allow its use toward medical services for COVID-19, support for vulnerable populations to access medical or public health services, public health surveillance, and public communication efforts. This project consists of urgently needed interventions including of all of the above-mentioned eligible components of COVID-19 public health response. Beyond the enumerated uses, the development of a system of care is a reasonable response to address the class of individuals affected by persistent symptoms after COVID-19 infection.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

Possibly, because this is part of larger efforts for long COVID surveillance and access to care, funded in a variety of ways. Expenditures will be within the \$1,000,000 to \$10,000,000 range, but DHHS will not spend more than the \$5,000,000 allocated to this project. If such expenditures are necessary, they may require written justification to be submitted by DHHS.

In-depth grant/project planning & process:

This project will require coordination with a rehabilitation hospital and other established long COVID clinics in the state. DHHS will facilitate this collaboration, develop case investigation forms to standardized data collection across all long COVID clinics, and maintain a database to inform partner facilities including the rehabilitation hospital and other long COVID clinics on ongoing trends and long COVID support needs.

DHHS will publish application materials and establish a grant agreement with the rehabilitation hospital selected following the application process.

DHHS will require personnel to administer this project; for database development, maintenance, and analyses; and to coordinate with the rehabilitation hospital to inform long COVID support needs on an ongoing basis. Program design, implementation, and evaluation metrics will be developed in collaboration between the DHHS Division of Public Health and the contracted rehabilitation hospital over the first three months of the project.

Program: Nursing Incentives
Division: Public Health
Contact Name: Caryn Vincent
Amount: \$5,000,000
Anticipated Start Date: August 1, 2022

Grant/project summary:

Funds for scholarships to students (a) residing in Nebraska, (b) intending to enroll or enrolled in a nursing program that (i) is approved pursuant to sections 38-2232 to 38-2236, (ii) is offered by a public or private postsecondary institution in Nebraska, and (iii) consists of courses of instruction in regularly scheduled classes leading only to an associate degree, diploma, or certificate in nursing or an accelerated bachelor of science in nursing degree, (c) intending to practice as a licensed practical nurse, licensed registered nurse, or nurse aide upon completion of the approved nursing program, and (d) agreeing in writing to work for two years in this state as a licensed practical nurse, licensed registered nurse, or nurse aide upon completion of the approved nursing program. Each qualifying student shall receive a scholarship of up to \$2,500 per semester.

Grant/project goals:

Provide incentives for current and prospective nursing students to finish nursing school and subsequently practice nursing for two years in Nebraska.

Program guidelines to apply and conform with State law and federal act or regulations?

Though not specifically enumerated in the interim final rule, this program is an appropriate use of ARPA funds. The COVID-19 pandemic exacerbated the nursing shortage throughout Nebraska, which had a direct negative impact on the public. Because of this, it is appropriate to utilize ARPA funds to provide nursing scholarships to increase the number of nurses trained and able to provide care to Nebraskans.

How is this eligible under ARPA?

The program addresses negative economic impacts by rebuilding public sector capacity and helps support public health response.

Per the SLFRP final rule, page 13, this activity is allowable employing the following justification framework:

Step	1. Identify COVID-19 public health or economic impact	2. Design a response that addresses or responds to the impact
Analysis	<ul style="list-style-type: none">• Can identify impact to a specific household, business or nonprofit or to a class of households, businesses, or nonprofits (i.e., group).• Can also identify disproportionate impacts, or more severe impacts, to a specific beneficiary or to a class.	<ul style="list-style-type: none">• Types of responses can include a program, service, or capital expenditure.• Response should be related and reasonably proportional to the harm.• Response should also be reasonably designed to benefit impacted individual or class.

Negative economic and public health impact:

Healthcare industry staff were uniquely impacted by the COVID-19 pandemic, including increased burnout, turnover, and departures from the industry. This has created a dual negative economic and public health impact by creating a nursing shortage, resulting in difficulties recruiting and retaining nursing staff across the state. This shortage decreases the availability of healthcare services, to the detriment of the public health.

Response to impact:

The scholarship program is intended reduce barriers to entry in the nursing field and will boost the availability of nursing services throughout the state with the two-year in-state practice requirement.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

Though not a loan repayment program, this program should be modeled on existing student loan repayment programs. An application form will be developed for nursing students in Nebraska. The program will be open to students who are Nebraska residents and intend to enroll or are enrolled in an approved nursing program that leads to an associate degree, diploma, or certificate in nursing, or an accelerated Bachelor of Science in nursing degree.

Interested students will complete an application form, proving Nebraska residency and providing proof of enrollment or acceptance in an approved nursing program. On the application form, students must also attest that they will practice in Nebraska for at least two years after completing their degree, diploma, or certificate. Prior to administration of funds, students will be required to provide proof of enrollment from their school's registrar office.

Funds will be disbursed to the student, in an amount of up to \$2,500 per semester. Students will be required to provide proof of school fees per semester; if over \$2,500, students will receive \$2,500. If semester fees are less than \$2,500, student will receive the total amount due. To receive funds each semester of enrollment, students will be required to submit proof of enrollment each semester. As part of the written agreement to receive funds, the student will again be required to attest that they will practice in Nebraska for at least two years after completing school. If they do not, they will be required to repay the money provided to them.

Program funds will be distributed to eligible students on a first-come, first-served basis. Students will have to identify an estimated number of semesters for which they wish to receive funds. All funds must be awarded prior to December 31, 2024. The program will require monitoring for at least two years beyond the last disbursement of funds. Students who receive funds will be required to provide proof of employment periodically, proving that they are employed as a nurse or nurse aide in Nebraska.

Program: HIV Surveillance and Prevention
Division: Public Health
Contact Name: Sara Morgan
Amount: \$500,000
Anticipated Start Date: July 1, 2022, for start of procurement activities

Grant/project summary:

Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for education on the benefits of pre-exposure prophylaxis (PrEP) medication and for the costs of medication.

Grant/project goals:

- Expand education about PrEP as well as access to PrEP medication and required lab draws to receive medication.
- Get PrEP into the hands of any and all individuals who are at risk of HIV/AIDS. Providing PrEP is a prevention strategy to help stop the spread of HIV.
- Provide PrEP education for providers, medical case managers, and consumers including benefits of PrEP, prescribing information, maintenance (importance of remaining on the medication while transmissible), and resources for continuing medication assistance when these funds are depleted (since this is a time-limited program).

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

This is a response to Nebraskans who are at high risk who have been impacted due to COVID-19 restrictions that limited access to testing, medication, and health care.

Per SLFRP final rule, page 13, this activity is allowable employing the following justification framework:

Step	1. Identify COVID-19 public health or economic impact	2. Design a response that addresses or responds to the impact
Analysis	<ul style="list-style-type: none">• Can identify impact to a specific household, business or nonprofit or to a class of households, businesses, or nonprofits (i.e., group).• Can also identify disproportionate impacts, or more severe impacts, to a specific beneficiary or to a class.	<ul style="list-style-type: none">• Types of responses can include a program, service, or capital expenditure.• Response should be related and reasonably proportional to the harm.• Response should also be reasonably designed to benefit impacted individual or class.

Public health impact:

During COVID-19, several testing sites for HIV were shut down and providers' offices were only offering telehealth. This limited Nebraskans' access to HIV testing and office visits. The program has seen an increase in positive HIV cases during FY21. Nebraskans as a whole constitute a population class impacted

by reduction in these services, with particular subpopulations already disproportionately affected by HIV risk.¹

Response to impact:

A program to provide education and PrEP drugs would respond to this impact through the prevention of HIV infection/transmission. This response is reasonably proportional, as current research indicates a prevention intervention is cost-saving if the cost effectiveness ratio is less than \$379,668 (in 2010 dollars).²

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

- To increase access and knowledge of PrEP, the HIV Program plans to work with a pharmacy benefit manager to facilitate drug access, using 340B drug prices to generate program income, and collecting data on the number of prescriptions filled as well as cost (at a minimum). The Ryan White HIV/AIDS Program Part B, part of DHHS's Infectious Disease Prevention and Control Program currently has a contract with a pharmacy benefit manager.
- To ease access to PrEP medication for all Nebraskans, both urban and rural, the HIV Program plans to enter into an agreement with a contract pharmacy that can ship prescriptions directly to consumers. This not only allows access for all Nebraskans, but allows the program to obtain, analyze, and utilize data for program improvement. Data will help identify usage and the ongoing need for PrEP.
- We will either amend the contract with a current DHHS pharmacy benefits manager (PBM) to include PrEP or execute a contract with a new PBM.
- We will contract with one pharmacy to fill and distribute PrEP (to include mail order, especially for greater Nebraska).
- We will also increase funding and the scope of current DHHS sub-award(s) within the HIV Program for provider and patient education to include PrEP.

¹ <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv>

² <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

Program: Services for Youth Who Have Aged Out of Foster Care
Division: Children and Families Services - Protection and Safety
Contact Name: Deanna Brakhage and Michaela Hirschman
Amount: \$1,000,000
Anticipated Start Date: July 1, 2022

Grant/project summary:

Provide funding for facility upgrades, building maintenance, transportation, construction, and training for youth who have aged out of the foster care system. Programming must include preparing of youth who have aged out of the foster care system to enter the workforce in Nebraska. Any recipient of funding from DHHS pursuant to this section shall: (a) Provide low-income housing in a campus environment for youth who have aged out of the foster care system; and (b) Require youth who have aged out of the foster care system to find employment, attend school, or both.

Grant/project goals:

Provide housing for homeless to near homeless former foster youth between the ages of 18 and 23.

Program guidelines to apply and conform with State law and federal act or regulations?

N/A

How is this eligible under ARPA?

The program will address negative economic impacts caused by the public health emergency (low-income eligibility based on SLFRP final rule, pages 30-33), by enhancing affordable housing and increasing workforce employment skills, based on SLFRP final rule, pages 82-84.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

N/A

In-depth grant/project planning & process:

We will need to create and publish a Request for Applications. Applications will need to describe the housing project, youth and young adults targeted by the project, and employment programming to be included.

Program:	Child Welfare Case Counts and Provider Rates
Division:	Children and Family Services
Contact Name:	Andrew Keck
Amount:	\$10,000,000 SFY 2022-23, \$15,000,000 SFY 2023-24
Anticipated Start Date:	January 1, 2022

Grant/project summary:

Increased appropriation for child welfare case counts due to the pandemic and an increase to child welfare provider rates.

Grant/project goals:

Increase rates for providers to increase services to child welfare cases so that the case counts can potentially decrease in the future. There is a current increase in child welfare cases that is going above current funding. Providers are experiencing a high turnover and requested the rate increases to stabilize the workforce. Once the workforce is more stable, providers say they can provide more services timely for child welfare cases. This could help to close cases in a timelier manner.

Program guidelines to apply and conform with State law and federal act or regulations?

There are no new program guidelines to use these funds. These are within federal and state law and would be applicable to the current state/federal regulations for child welfare.

How is this eligible under ARPA?

SLFRP final rule, pages 94-100, references the use of these funds for child welfare services. This includes responses to the negative economic impacts of the pandemic. It is theorized that the pandemic has been difficult on families across the U.S. Other states are also seeing an increase in child welfare cases. These funds will be used for providers who were impacted by COVID-19, as well as the state budget for child welfare, which was also impacted.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

A separate plan will be developed for proposed uses of the funds set aside for child welfare providers. Once the plan is finalized, CFS will either revise existing contracts or issue new contracts to spend the funds. The amounts allocated for child welfare case counts will be used to reimburse general fund expenses for these cases with a journal entry.

Program:	Childcare Capacity
Division:	Children and Family Services (CFS)
Contact Name:	Shannon Grotrian
Amount:	\$4,000,000
Anticipated Start Date:	ASAP

Grant/project summary:

Contract with a statewide nonprofit organization that supports children and families to increase childcare capacity in areas of need by providing grants to expand or start childcare programs for children from birth through five years of age.

Grant/project goals:

Increase childcare capacity in areas of need and reduce the number of childcare deserts to ensure families have access to quality childcare.

Program guidelines to apply and conform with State law and federal act or regulations?

LB1014 uses the word “contract” to mean services contracts, interlocal agreements, or grant agreements. This language allows DHHS to enter a subaward agreement with a selected entity that meets the criteria outlined in the bill.

How is this eligible under ARPA?

SLFRP final rule, pages 96-97.

SEC. 2201 Child Care and Development Block Grant (CCDBG) Program

(a) CHILD CARE AND DEVELOPMENT BLOCK GRANT FUNDING.

In addition to amounts otherwise available, there is appropriated for fiscal year 2021, out of any amounts in the Treasury not otherwise appropriated, \$14,990,000,000, to remain available through September 30, 2021, to carry out the program authorized under section 658C of the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858a) without regard to requirements in sections 658E(c)(3)(E) or 658G of such Act (42 U.S.C. 9858c(c)(3)(E), 9858e). Payments made to States, territories, Indian Tribes, and Tribal organizations from funds made available under this subsection shall be obligated in fiscal year 2021 or the succeeding 2 fiscal years. States, territories, Indian Tribes, and Tribal organizations are authorized to use such funds to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to coronavirus by public officials, without regard to the income eligibility requirements of section 658P(4) of the Child Care and Development Block Grant Act (42 U.S.C. 9858n(4)).

45 CFR §98.53 Activities to improve the quality of childcare

(a) (4) Improving the supply and quality of child care programs and services for infants and toddlers through activities, which may include: (i) Establishing or expanding high quality community or neighborhood based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age appropriate care to infants and toddlers from low-income families.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No capital expenditures are required.

In-depth grant/project planning & process:

DHHS will not need to do in-depth planning, as it will be completed by the entity receiving the funds.

Program:	Food Assistance Grants to Nonprofit Organizations
Division:	Children and Family Services (CFS)
Contact Name:	Shannon Grotrian
Amount:	\$20,000,000
Anticipated Start Date:	ASAP

Grant/project summary:

\$17,500,000 shall be awarded to nonprofit organizations that focus on food distribution in ten or more counties in the state and qualify for The Emergency Food Assistance Program (TEFAP) administered by the U.S. Department of Agriculture.

\$2,500,000 shall be awarded for regional or local capacity and food security innovation grants.

Grant/project goals:

\$17,500,000 shall be awarded to qualifying TEFAP agencies to:

1. Purchase and distribute food, infrastructure, and equipment;
2. Construction to support increased capacity;

\$2,500,000 shall be awarded in food security grants to:

1. Decrease Nebraska's reliance on national supply chains;
2. Support local businesses,
3. Create local and regional economic resilience,
4. Encourage healthy eating habits,
5. Reduce food deserts, and
6. Support partnerships between local businesses and producers meeting the greatest needs statewide in the most efficient and sustainable manner.

Program guidelines to apply and conform with State law and federal act or regulations?

LB1014 uses the language "Contract with a third-party to solicit, vet, award, and monitor grants." This language allows DHHS to enter into a contract agreement with a selected entity to meet the criteria outlined in the bill.

The third party will create a grant application and develop a statewide communication strategy aimed at informing interested parties about the grant opportunity. This will include establishing an application timeline, application reviews, and announcement of awards.

How is this eligible under ARPA?

As referenced in SLFRP final rule, page 81, these funds provide for assistance to households through food assistance (e.g., child nutrition programs, including school meals) and food banks; Assistance to Small Businesses; Assistance to Nonprofits; and Aid to Impacted Industries.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

DHHS Procurement is identifying a third-party contractor to administer the program.

Program:	Health Aid – Assisted Living Facilities
Division:	Public Health (implemented by MLTC/DD)
Contact Name:	Jeremy Brunssen, Lily Kathee-Harner
Amount:	\$5,462,800
Anticipated Start Date:	July 15, 2022

Grant/project summary:

The Department of Health and Human Services shall distribute the funds appropriated in this section to assisted-living facilities (ALFs). Such distribution to a licensed assisted-living facility shall equal \$400 per licensed bed in such facility. A licensed assisted-living facility shall use the funds distributed pursuant to this section for:

- (a) Incentives for staff members employed by the licensed assisted-living facility to enhance employee recruitment and retention; or
- (b) Assistance with costs for supplies and equipment purchased by the licensed assisted-living facility.

Goals of the Grant/project:

The goals of this program are to provide additional funding to ALFs for employee recruitment and retention activities and for costs for supplies and equipment for facilities, due to financial distress created by the COVID-19 pandemic.

Program guidelines to apply and conform with State law and federal act or regulations?

No application is required to implement this section.

How is this eligible under ARPA?

31 CFR Part 35, section II, Eligible Uses (page 12) explicitly states that, “Indeed, state, local, and Tribal governments face continued needs to respond at scale to the public health emergency. This includes continued public health efforts to slow the spread of the disease, to increase vaccination rates and provide vaccinations to new populations as they become eligible, to protect individuals living in congregate facilities, and to address the broader impacts of the pandemic on public health.” As ALF’s are congregate care facilities, and as the statutory purpose of the appropriations are to ensure adequate staffing and supplies to care for individuals living in the ALF, the uses comply with the federal regulations.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

DHHS will calculate all payments pursuant to the legislative direction; no immediate action is required of assisted living facilities.

1. DHHS may need payment information (e.g., ACH/W9 forms) to be submitted by the ALFs. If such information is required, DHHS will contact the facilities directly.

2. DHHS is appropriated the funds in SFY23 and will begin calculating the payments on/around July 15, 2022 from the ALF roster published on the DHHS website as of July 1, 2022.
3. DHHS anticipates distributing the payments to facilities by September 30, 2022.
4. DHHS will process the payments through the DHHS OnBase payment processing system
5. DHHS will capture the provider tax identification information for inclusion on required 1099 forms for required reporting to the provider and the IRS.

Program:	Health Aid – Medicaid-Certified Nursing Facilities
Division:	Public Health (implemented by MLTC)
Contact Name:	Jeremy Brunssen
Amount:	\$47,500,000
Anticipated Start Date:	July 15, 2022

Grant/project summary:

The Department of Health and Human Services shall provide money to licensed and Medicaid-certified nursing facilities (NFs) in the following manner:

- a) \$35,625,000 to Medicaid-certified nursing facilities divided proportionately by the Medicaid-certified beds at such facilities; and
- b) \$11,875,000 divided proportionally by the Medicaid-certified beds at the facilities that are in the top 25% of Medicaid-certified nursing facilities with the highest percentage of Medicaid days, as a percentage of that facility's total days as reported on provider tax forms and equally among the Medicaid-certified nursing facilities that were in the top 25% of Medicaid-certified nursing facilities with the highest percentage of bed-days paid by Medicaid in fiscal year 2021-22.

The money provided to the licensed and Medicaid-certified nursing facilities by DHHS shall be used to provide supplemental incentive payments for direct care staff members. It is the intent of the Legislature that the money paid to the licensed and Medicaid-certified nursing facilities pursuant to this section be expended by such facilities for the purpose of enhancing employee recruitment and retention of direct care staff as follows:

- a) \$20,000,000 total for FY2022-23;
- b) \$15,000,000 total for FY2023-24; and
- c) \$12,500,000 total for FY2024-25.

For purposes of this section, direct care staff means nursing facility employees who regularly perform in-person work with residents, interact with residents, or physically handle items handled by residents. The term includes nurses, medication aides, therapists, therapy aides, dietary staff, social service and activity staff, housekeeping and maintenance staff, and other medical staff.

Goals of the grant/project:

The goals of this program are to provide supplemental incentive payments for direct care staff members employed at licensed and Medicaid-certified NFs, for employee recruitment and retention activities due to financial distress created by the COVID-19 pandemic.

Program guidelines to apply and conform with State law and federal act or regulations?

No application is required to implement this section.

How is this eligible under ARPA?

31 CFR Part 35, section II, Eligible Uses (page 12) explicitly states that, "Indeed, state, local, and Tribal governments face continued needs to respond at scale to the public health emergency. This includes continued public health efforts to slow the spread of the disease, to increase vaccination rates and provide vaccinations to new populations as they become eligible, to protect individuals living in

congregate facilities, and to address the broader impacts of the pandemic on public health.” As Medicaid-certified NFs are congregate care facilities, and as the statutory purpose of the appropriations is to ensure adequate staffing to care for individuals living in the Medicaid-certified NFs, the uses comply with the federal regulations.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No – Not Applicable

In-depth grant/project planning & process:

DHHS will calculate all payments pursuant to the legislative direction; no immediate action is required of the Medicaid-certified nursing facilities.

1. DHHS may need payment information (e.g., ACH/W9 forms) to be submitted by the ALFs. If such information is required, DHHS will contact the facilities directly.
2. DHHS is appropriated the Funds in SFY23 and will begin calculating the payments on/around July 15, 2022 from the NF Roster published on the DHHS website as of July 1, 2022.
3. DHHS will require (per subsection B of section 28 of the statute) all Provider Tax (QAA) Forms to be submitted to complete the calculation of payments, which are not due from providers until September 30, 2022.
4. DHHS anticipates distributing the payments to facilities by December 31, 2022.
5. DHHS will process the payments through the DHHS OnBase payment processing system
6. DHHS will capture the provider tax identification information for inclusion on required 1099 forms for required reporting to the provider and the IRS.

Program: Pediatric Mental Health Services Technology
Division: Division of Behavioral Health
Contact Name: Karen Harker
Amount: \$1,800,000
Anticipated Start Date: October 1, 2022

Grant/project summary:

Funding for a pediatric trauma center in Nebraska to purchase technology that will support statewide pediatric mental health services through telehealth and telemonitoring, which shall only be used for such purpose.

Goals of the grant/project:

To improve access for all Nebraskans to pediatric mental health services to address, mitigate, and treat stressors and psychological impacts caused by the COVID-19 pandemic without traveling to Nebraska's only pediatric trauma center, in Omaha.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

From H.R.1319-45

SEC. 2712. FUNDING FOR PEDIATRIC MENTAL HEALTH CARE ACCESS.

In addition to amounts otherwise available, there is appropriated to the Secretary for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$80,000,000, to remain available until expended, for carrying out section 330M of the Public Health Service Act (42 U.S.C. 254c–19).

Federal Register/Vol. 87, No. 18/Thursday, January 27, 2022/Rules and Regulations, Page 4356. Second column (*italics added for emphasis*):

Treasury has addressed the eligibility standard for capital expenditures, or investments in property, facilities, or equipment, in one section of this Supplementary Information; see section Capital Expenditures in General Provisions: Other. *Examples of capital expenditures related to behavioral health that Treasury recognizes as eligible include behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers), as long as they adhere to the standards detailed in the Capital Expenditures section.*

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

Yes, per Federal Register Vol. 87, No. 18, Rules and Regulations. Projects with total expected capital expenditures of \$1,000,000 or greater must still complete and meet the substantive requirements of a written justification as part of their demonstration that the project is a related and reasonably proportional response to the harm identified. Per the same source, the written justification would be required but not submitted as part of regular reporting to the Treasury.

In-depth grant/project planning & process:

Currently there is only one pediatric trauma center licensed in Nebraska, Children’s Hospital and Medical Center in Omaha (the Center). The Center will be contacted to submit a proposal for the funding, to include the written justification required by the Treasury including the description of harm or need to be addressed, explanation of why a capital expenditure is appropriate, and comparison of the proposed capital expenditure against alternative capital expenditures per page 4390 of the Federal Register. Once received, it will be submitted through proper channels to the Treasury. When necessary approvals have been secured, a contract will be issued with the Center, to implement the project and provide any required data or reporting. The purchasing and installation of the technology would be the responsibility of the Center.

Program:	Developmental Disabilities Provider Rates
Division:	Division of Developmental Disabilities (DDD)
Contact Name:	Lily Kathee-Harner, Tony Green
Anticipated Start Date:	July 1, 2022
Amount:	\$47,500,000

Grant/project summary:

Based on LB1014, a 9% increase in the first FY 23 will be applicable effective July 1, 2022 through June 30, 2023 and future rate increases will be applied (but in decreasing amounts) in subsequent years in accordance with the slip law.

Goals of the grant/project:

The funding is to enhance employee recruitment and retention.

Program guidelines to apply and conform with State law and federal act or regulations?

This funding disbursement conforms to all applicable state and federal laws.

How is this eligible under ARPA?

Per ARPA title II of S. Con. Res. 5. - The funding will be utilized for COVID related expenditures and to address workforce shortages. The money will go toward incentivizing employees for retention purposes. Please reference H. R. 1319—174 - **“SEC. 3134. EMPLOYEE RETENTION CREDIT FOR EMPLOYERS SUBJECT TO CLOSURE DUE TO COVID–19.”**

Additionally, 31 CFR part 35, #4387 states: *“Retaining worker -* Funds may be used to provide worker retention incentives, which are designed to persuade employees to remain with the employer as compared to other employment options. Recipients must be able to substantiate that the employees were likely to leave employment in the absence of the retention incentive and should document their assessment. For example, a recipient may determine that a retention bonus is necessary based on the presence of an alternative employment offer for an employee. All worker retention incentives must be narrowly tailored to need and should not exceed incentives traditionally offered by the recipient or compensation that alternative employers may offer to compete for the employees. Further, because retention incentives are intended to provide additional incentive to remain with the employer, they must be entirely additive to an employee’s regular rate of wages and other remuneration and may not be used to reduce or substitute for an employee’s normal earnings. Treasury will presume that retention incentives that are less than 25 percent of the rate of base pay for an individual employee or 10 percent for a group or category of employees are reasonably proportional to the need to retain employees, as long as the other requirements are met.

Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?

No.

In-depth grant/project planning & process:

Disbursement of the ARPA \$47,500,000 will be executed as follows:

LB1014 - Appropriation	Percentage of Funding Increase to Agency Providers
\$ 20,000,000.00	9%
\$ 15,000,000.00	6%
\$ 12,500,000.00	5%

The funds will be disbursed to DD Agency providers only and will be utilized for specific services as follows: prevocational; residential habilitation (excluding shared living services); supported employment – individual; enclave; behavioral in-home habilitation; community inclusion; community integration; consultative assessment; crisis intervention support; habilitative workshop; independent living; in-home residential habilitation; medical in-home habilitation; supported family living; supported employment – follow along; and child day habilitation, which shall only be used for such purpose.

Such payments shall be used for the purpose of enhancing employee retention and recruitment.

Program:Premium Pay

Grant/project summary:

Pursuant to LB 1014 Section 7, federal funds under the American Rescue Plan Act of 2021 (ARPA) appropriated to the DHHS will be used for premium pay increases which were implemented for essential workers.

Goals of the grant/project:

These increases were made to retain staff and fill staff vacancies during the Covid-19 pandemic. The increases ensure that DHHS is competitive in pay in the future for positions that support public health and safety.

Program guidelines to apply and conform with State law and federal act or regulations?

Yes.

How is this eligible under ARPA?

SLFRP final rule FAQs 2.15, page 11: "The Final Rule includes as an eligible use hiring up to a pre-pandemic baseline that is adjusted for historic underinvestment in the public sector, providing additional funds for employees who experienced pay cuts or were furloughed, avoiding layoffs, providing worker retention incentives, including reasonable increases in compensation, and paying for ancillary administrative costs related to hiring, support, and retention. "Public sector staff" would not include individuals participating in a job training or subsidized employment program administered by the recipient."

SLFRP final rule FAQs 5.1, pages 33 and 34: "Eligible workers are those in critical infrastructure sectors who regularly perform in person work, interact with others at work, or physically handle items handled by others."