

NC DMH/DD/SUS Direct Support Professional (DSP) Incentives Round Two Application

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) received one-time funding in the Fiscal Year 2023-2025 budget to support workforce recruitment and retention initiatives. After a successful initial round of funding, DMHDDSUS has partnered with the Division of Health Benefits (DHB) and the Centers for Medicare and Medicaid Services (CMS) on a Medicaid match program. This partnership has allowed DMHDDSUS to maximize the available funding for programs aimed at strengthening the Direct Support Professional (DSP) workforce through recruitment and retention.

This application is designed to support provider agencies and Employer of Record (EOR) participants in enhancing job quality and satisfaction for DSPs, ultimately improving recruitment and retention rates. The reporting requirement will last 3 years and requires individual DSP beneficiaries to fulfill a full-time work schedule (minimum of 30 hours per week) employed as a DSP, throughout the 3-year commitment.

Funding Opportunity:

To advance these goals, DMHDDSUS is soliciting funding requests from provider agencies and EOR participants for recruitment and retention initiatives that directly improve DSP job quality and satisfaction.

This funding is open to:

- All IDD provider agencies that employ DSPs and deliver Medicaid and/or state-funded services, including those operating under an Agency with Choice (AWC) model or Employer of Record (EOR)
- DSPs who receive funds must work in their capacity for a minimum of 3 years as a full-time employee, or will be required to repay the funds back to their agency for the state to recoup funding if there is a breach of these requirements
 - Funds are to explicitly benefit DSPs who work full time hours as a DSP; (qualified DSPs may work at a single organization or hold multiple part-time positions across either an agency or an EOR **that has successfully received funding also through this incentive programing**)
 - It is the responsibility of the provider receiving the reward to confirm the status of the staff's employment. It is acceptable for providers to only award to their full-time staff.
 - A process of routinely monitoring and verifying that program participants remain in compliance with the qualifying service commitment will be conducted.
 - If the service commitment is not met, except in extraordinary circumstances as determined by the state (for example, circumstances such as disability or death), **the state shall recoup from the program participant the payments for recruitment, retention, and associated fees**

made on behalf of the program participant and return the federal share of those payments to CMS within 1 year of the breach in the service commitment.

Eligible Proposals:

- Recruitment: Incentives to attract new DSPs.
 - Examples: Sign-on bonuses (one-time, multi-payment, or deferred).
 - Limits: Only to be spent on new hires hired after the date of distribution of these funds, \$500 maximum for new full-time hires, \$250 for new part-time hires. Funds can only be awarded one time per person.
- Retention: Bonuses to reduce vacancy rates and retain DSPs.
 - Examples: Retention bonuses for existing staff hired prior to distribution of the funds.
 - Limits: \$2,000 per full-time employee, \$1,000 per part-time employee. Award can be paid over a period of time but cannot exceed the total amount of limit.

Definition of Direct Support Professionals (DSPs):

For this application, DSPs refer to workers who provide direct support and services to individuals with intellectual and developmental disabilities (IDD) in community and other settings. Their responsibilities may include:

- Assisting with activities of daily living
- Supporting individuals in accessing the community
- Helping individuals obtain and maintain competitive, integrated employment

Application and Award Process:

- Proposal Review: DMHDDSUS staff will review applications to identify proposals that align with program priorities and funding objectives.
- Funding Distribution: Approved funds will be allocated to LME/MCOs for distribution.
- Award Timeline: DMHDDSUS expects to issue awards in Fall 2025. Awarded funds will be paid out over two years; 50% in year one and 50% in year two.
- Award Determination: Final funding amounts will be based on proposal evaluations, and DMHDDSUS reserves the right to provide full or partial funding.

Requirement: Funds can only be used for DSPs providing services to individuals with an intellectual or developmental disability within North Carolina who commit to a 3-year full time service commitment.

Application Deadline:

- Tuesday, May 27th, 2025, at 5:00 PM

Important Notes:

- Only one application per provider or EOR is allowed. Multiple submissions will result in disqualification.
- Applications received after the deadline will not be accepted.
- Microsoft Forms will prompt you at the end of the application to save a copy of your response; please do this as DMHDDSUS is unable to provide you a copy of your responses.
- Microsoft Forms does not allow saving progress. Applicants should draft responses separately before submission using the available PDF. However, only applications received via MS forms by the application deadline will be reviewed.
- Please attend the office hours:
 - Tuesday, May 6th @ 6pm: <https://tinyurl.com/6pmRoundTwoOfficeHours050625>
 - Thursday May 8th @ 2pm: <https://tinyurl.com/2pmRoundTwoOfficeHours050825>
 - Tuesday, May 13th @ 10am: <https://tinyurl.com/10amRoundTwoOfficeHours051325>
- Instructional Webinar: <https://youtu.be/4oDGXi-6dj4>

Contact Information:

For questions regarding the application process, grant requirements, or technical issues, please email dmhiddcontact@dhhs.nc.gov

Submitting an application does not guarantee funding.

Application

1. Name of person completing form (First Last):
2. Email
3. Phone number
4. Street address
5. City
6. Zip Code
7. Were you awarded funding during Round 1, announced in February 2025? (Provider list is linked here: [Providers Funded Round 1](#))
 - ☐ Yes
 - ☐ No
8. Please provide a name for your proposal
9. Are you completing this form on behalf of an Agency or Employer of Record?
 - ☐ Provider Agency
 - ☐ EOR

Provider Agency

10. Does your agency meet the following criteria?

- ☐ Do you hire direct support professionals who work with the IDD population?
- ☐ Do you provide services to at least 30 percent Medicaid, State Funded, and/or uninsured members?
- ☐ Does your agency and the individual DSP beneficiaries of these funds make the 3-year commitment to providing reporting and evaluation feedback and acknowledge that if the DSP terminates employment prior to 3 years or drops down to part time status, the fund must be returned back to the state?

11. Please share the link to your agency's website:

12. Please provide your agency's tax ID number:

13. Please provide your agency's NPI number:

14. Select the counties where you provide services to people with IDD:

- ☐ All counties within NC
- ☐ Alamance County
- ☐ Alexander County
- ☐ Alleghany County
- ☐ Anson County
- ☐ Ashe County
- ☐ Avery County
- ☐ Beaufort County
- ☐ Bertie County
- ☐ Bladen County
- ☐ Brunswick County
- ☐ Buncombe County
- ☐ Burke County
- ☐ Cabarrus County
- ☐ Caldwell County
- ☐ Camden County
- ☐ Carteret County
- ☐ Caswell County
- ☐ Catawba County
- ☐ Chatham County
- ☐ Cherokee County
- ☐ Chowan County
- ☐ Clay County
- ☐ Cleveland County
- ☐ Columbus County
- ☐ Craven County
- ☐ Cumberland County
- ☐ Currituck County

- ☐ Dare County
- ☐ Davidson County
- ☐ Davie County
- ☐ Duplin County
- ☐ Durham County
- ☐ Edgecombe County
- ☐ Forsyth County
- ☐ Franklin County
- ☐ Gaston County
- ☐ Gates County
- ☐ Graham County
- ☐ Granville County
- ☐ Greene County
- ☐ Guilford County
- ☐ Halifax County
- ☐ Harnett County
- ☐ Haywood County
- ☐ Henderson County
- ☐ Hertford County
- ☐ Hoke County
- ☐ Hyde County
- ☐ Iredell County
- ☐ Jackson County
- ☐ Johnston County
- ☐ Jones County
- ☐ Lee County
- ☐ Lenoir County
- ☐ Lincoln County
- ☐ Macon County
- ☐ Madison County
- ☐ Martin County
- ☐ McDowell County
- ☐ Mecklenburg County
- ☐ Mitchell County
- ☐ Montgomery County
- ☐ Moore County
- ☐ Nash County
- ☐ New Hanover County
- ☐ Northampton County
- ☐ Onslow County
- ☐ Orange County

- ☐ Pamlico County
- ☐ Pasquotank County
- ☐ Pender County
- ☐ Perquimans County
- ☐ Person County
- ☐ Pitt County
- ☐ Polk County
- ☐ Randolph County
- ☐ Richmond County
- ☐ Robeson County
- ☐ Rockingham County
- ☐ Rowan County
- ☐ Rutherford County
- ☐ Sampson County
- ☐ Scotland County
- ☐ Stanly County
- ☐ Stokes County
- ☐ Surry County
- ☐ Swain County
- ☐ Transylvania County
- ☐ Tyrrell County
- ☐ Union County
- ☐ Vance County
- ☐ Wake County

15. Which LME-MCOs serve the counties in which you provide services to individuals with IDD?

- ☐ Alliance Health
- ☐ Partners Health Management
- ☐ Trillium Health Resources
- ☐ Vaya Health

16. What is your provider agency's for-profit or not-for-profit status?

- ☐ For-Profit
- ☐ Non-profit

17. What settings do your DSPs work in?

- ☐ Member/Recipient's Home and Community
- ☐ Member/Recipient's Place of Employment
- ☐ Residential Program (Group Home, Intermediate Care Facility-ICF)
- ☐ Day Program
- ☐ Psychiatric Residential Treatment Facility-PRTF
- ☐ Other

18. What types of services do you provide?

- ☐ State-funded services
- ☐ Services to Innovations waiver participants
- ☐ 1915(i) services
- ☐ Other Medicaid-funded services
- ☐ Other

19. How many DSPs do you employ that work an average of more than 30 hours per week **with the IDD population** (i.e., full time)?

20. How many DSPs do you employ that work an average of less than 30 hours per week **with the IDD population** (i.e., part time)?

21. What percentage of DSPs employed by your agency left the agency in the past twelve months (i.e., turnover rate)?

- ☐ 0 - 20%
- ☐ 21 - 40%
- ☐ 41- 60%
- ☐ 61 - 80%
- ☐ 81 - 100%

22. What was your average DSP vacancy rate over the past twelve months?

- ☐ 0 - 20%
- ☐ 21 - 40%
- ☐ 41- 60%
- ☐ 61 - 80%
- ☐ 81 - 100%

23. How many years of experience does your agency have serving individuals with IDD?

24. Please describe any special populations you serve (e.g., justice involved, tribal populations, individuals with complex co-occurring conditions).

25. Please describe your proposal, noting the total number of employees that will receive support through programing funded through this award. Your proposal may include multiple elements. Proposals must address DSP job satisfaction and/or increase earnings for DSPs. Examples may include but are not limited to:

- Recruitment: Signing bonuses or a deferred sign-on bonus
 - ☐ Limits of \$500 maximum for new full-time hires, \$250 for new part-time hires. Funds can only be awarded one time per person.
- Retention bonuses: Retention bonuses for existing staff hired prior to distribution of the funds.
 - ☐ Limits: \$2,000 per full-time employee, \$1,000 per part-time employee. Award can be paid over a period of time but cannot exceed the total amount of limit

26. How much funding are you requesting? * number only

27. Please provide a breakdown of how funding will be spent (e.g., program implementation, staff, supplies and materials, administrative costs [must not exceed 10% of the award]).
28. How many full time DSPs would be served by this proposal? (i.e. work on average of 30 hours or more per week)
29. How many part-time DSPs would be served by this proposal? (i.e. work on average less than 30 hours or more per week)
30. Provide your timeline for implementation of the proposal. As a reminder funds must be expended within 2 years, 50% in year one and 50% in year two of receiving funds.
31. Is any additional funding being used for this proposal? If yes, from what source?
32. Do you foresee any barriers to implementation?
33. What is your sustainability plan for this proposal?
34. Are you willing to share data with the state in order to evaluate the impact of your proposal? The state will work with you to determine what data is needed and available.
35. Describe how you engaged DSPs in the development of this proposal.
36. Are you partnering with other entities for this proposal (e.g., another provider agency)?
37. If you are partnering with other entities, please provide details on the role(s) your partners will play.

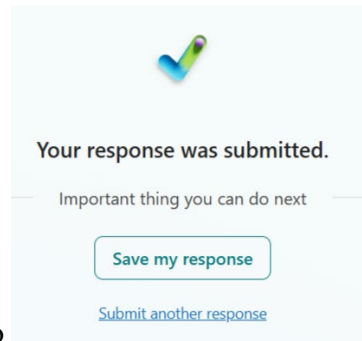
Employer of Record

10. Does your EOR meet the following criteria?
 - ☐ Do you hire direct support professionals who work with the IDD population?
 - ☐ Do you and the individual DSP beneficiaries of these funds make the 3-year commitment to providing reporting and evaluation feedback and acknowledge that if the DSP terminates employment prior to 3 years or drops down to part time status, the funds must be returned back to the state?
11. Which LME/MCO(s) serve the counties in which you provide services:
 - ☐ Alliance Health
 - ☐ Partners Health Management
 - ☐ Trillium Health Resources
 - ☐ Vaya Health
12. Please list the county in which your EOR is located:
13. Please select your Fiscal Support Service Agency:
 - ☐ Acumen Fiscal Agent
 - ☐ Secure Direction North Carolina
14. How many DSPs do you employ that work an average of 30 hours or more per week? (i.e., full-time):
15. How many DSPs do you employ that work an average of 30 hours or less per week? (i.e., part-time):

16. How many years of experience do you have as an EOR?
17. Please describe your proposal. Your proposal may include multiple elements. Proposals must address DSP job satisfaction and/or increase earnings for DSPs. Examples may include but are not limited to:
 - ☐ Recruitment: Signing bonuses or a deferred sign-on bonus
 - Limits of \$500 maximum for new full-time hires, \$250 for new part-time hires. Funds can only be awarded one time per person.
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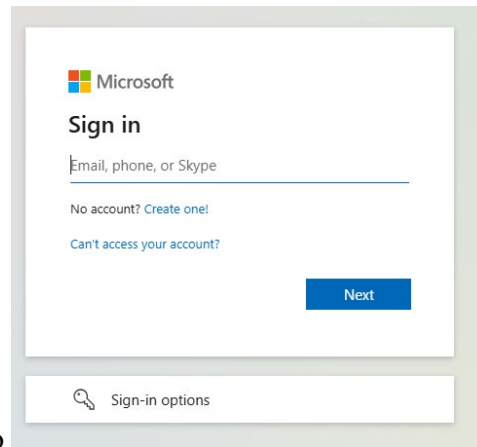
End of Submission Instructions

- Upon submitting your response, you will see a screen that pops up that looks like the below image.



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- Click Save my Response
- Sign in or create a Microsoft account



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- You will be able to locate your completed filled form within your MS forms