NEW YORK STATE OF OPPORTUNITY. Department of Health

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New York Children's Home and Community Based Services (HCBS), Children and Family Treatment Supports and Services (CFTSS), and licensed Article 29-I Health Facilities services providers ARPA Workforce and Infrastructure Funding Attestation

To: «Provider_Name»

Please respond by October 21, 2022

As part of the New York State Department of Health's (DOH) approved Spending Plan for Implementation of Section 9817 of the American Rescue Plan Act of 2021 (ARPA Spending Plan), DOH is pleased to announce opportunities for designated Medicaid providers offering Children's Home and Community Based Services (HCBS), Children and Family Treatment Supports and Services (CFTSS), and licensed Article 29-I Health Facilities to receive funding to expand Medicaid member access to services under Section 9817 of the American Rescue Act of 2021 (ARP) (Pub.L.117-2).

Providers delivering HCBS, CFTSS, or 29-I services between April 1, 2021, and December 31, 2021, are eligible to receive a one-time payment totaling a minimum of $75,000 for Workforce and/or Infrastructure investments. Funds will be distributed as lump sum payments to providers by Medicaid Managed Care Plans (MMCP) and via state directed funding pursuant to 42 CFR §438.6(c).

As an eligible provider, **«Provider_Name»** will receive funding for this initiative via **«Final_Funding_Edited»**. The total amount you will receive is estimated to be **$«TOTAL» –** with some portion of these funds coming from each MMCP with which you contract and/or state payments.

Eligible providers must use these funds to develop and implement programs and strategies that assist in workforce capacity building and/or agency infrastructure, as described in the approved ARPA Spending Plan and summarized below. **To receive these funds, interested providers must submit this signed attestation form to DOH at** BH.Transition@health.ny.gov. **by October 21, 2022**. These funds should supplement, not supplant, federal and State Medicaid HCBS funding awarded to the provider for specific activities.

After provider attestations are received by DOH, MMCPs will be instructed to distribute funding to eligible providers. Funding is expected to be distributed by the end of November 2022.

Eligible Funding Activities

Background: DOH recognizes that children/youth across the state deserve access to high quality home and community-based services to reach their full potential. Children's Medicaid Service providers continue to increase capacity to ensure access. DOH recognizes that hiring new staff to meet need, increasing benefits to retain staff, and securing reliable billing partners to help providers meet the needs of children/youth across the state comes at a substantial cost.

Description: Recognizing provider diversity and varying agency needs regarding staffing, DOH has created a model that offers providers flexibility when using the ARPA funds. Specific goals will be attached to this funding to ensure funding is committed to the advancement and expansion of workforce and infrastructure capacity building, increased administrative function, and waitlist elimination to increase access to HCBS for all Medicaid beneficiaries.

Strategies to achieve these specific goals should include but are not limited to:

- Strengthening the direct service workforce by increasing pay and/or benefits of direct support professionals, as well as through targeted recruitment and retention efforts
- Implementation of technology systems that will streamline processes for staff and decrease administrative burdens

Examples of activities that would comply with efforts to build workforce capacity and IT infrastructure include:

- Creating a workforce pipeline through internship programs and student placements
- Offering newly hired staff a sign-on bonus or offering a retention bonus for current direct service providers
- Funding training and professional development opportunities inclusive of Continuing Education Unit (CEU), professional licenses, and maintenance of professional certifications
- Differential pay for nights and weekends
- Integration of EHR systems
- Developing billing platforms/hiring billing vendors
- Implementing systems to support HCBS requirements, Plan of Care (POC) maintenance, and linkage to services oversight
- Reimbursement for EVV equipment and software
- Telehealth equipment and enhancement for providers or the members they serve
- Necessary facility changes or other activities to comply with the HCBS Settings Final Rule
- Start-up funds for evidence-based program modalities

The following activities may be used along with one or more of the activities listed above (*i.e.*, the below strategies cannot be used on their own):

- Tuition reimbursement
- Loan forgiveness
- Retirement contributions, extending health insurance benefits, or other fringe benefits for direct service providers
- Longevity pay for existing frontline staff and supervisors

Evaluation and Reporting: Providers will be required to complete an online baseline survey and online surveys every six months after receiving funding as requested by DOH. It is essential that all providers continue to evaluate service needs and outcomes through the ongoing process of data collection and evaluation both for reporting purposes and to assess and gauge the impact the investment dollars had on staffing, capacity, IT systems, and goals.

Instructions

1. The attestation includes a combination of checked acknowledgements, short answer, descriptive narrative questions, and letter of intent to participate.

2. **All** questions must be completed.

3. Providers must submit responses by **October 21, 2022 to BH.Transition@health.gov**. A reminder notice will be sent to the email address on file.

4. Failure to submit the questionnaire by the deadline may result in exclusion from this or any future workforce or infrastructure funding opportunity offered by DOH.

5. The following individuals or similar/equivalent authority within the Provider Organization may sign this attestation:
    - Owner
    - Chief Executive Officer
    - Chief Operating Officer
    - President/Officer
    - Chairperson
    - Chief Financial Officer
    - Governing Board

6. Please make sure that the Provider Organization Name entered below matches what is on file when the organization enrolled in eMedNY.

Attestation

Instructions: Please ensure the below Provider Information is accurate and up to date (please correct if not) and complete the below Attestation. If your agency is accepting this funding, please indicate below and move on to the next page. If you are declining the funding, please indicate below and sign the bottom of this page.

Provider Information:

Provider Organization Name:	«Provider_Name»
Primary/Administrative Provider Organization Address:	«Address»
Primary/Administrative Organization/Individual Phone Number:	«Contact_Name» «Phone_Number»
Primary/Administrative Organization/Individual Email:	«Email»
EIN Number:	«EIN»
MMIS ID: **Please complete MMIS ID*	
Owner/Officer Name #1 (see instruction #6):	
Owner/Officer Name #2 (if applicable, see instruction #6):	

Attestations:

☐ I attest that I am responsible for complying with all of New York State's requirements outlined in this form to receive this funding, including completion of a survey at six-month intervals, as required by DOH.

☐ I further attest that this funding will not be used to supplant any federal and State Medicaid HCBS funding received by the agency.

☐ I attest that this funding will be used to develop at least one program or strategy that assists in workforce capacity building and/or digital infrastructure investments described above

OR

☐ This funding opportunity is declined.

Declining Agency Name: _____

Administrator Name: _____

Position/Title: _____

Signature: _____

Date: _____

Instructions: Please complete the below verifying your selection to participate and indicating your agency's acknowledgment of the permitted uses for this Workforce & Infrastructure funding. ***If your agency is declining this funding, please leave the below blank.*

«Provider_Name»
«Address»

Insert Date here

New York State Department of Health
99 Washington Ave
Albany, NY 12210

To whom it may concern,

This letter is to inform the New York State Department of Health of our agency's intent to participate in NYS's initial spending plan for the expenditure of the funds generated by the increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) provided by Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub.L. 117-2).

«Provider_Name» acknowledges that the funding is only applicable as outlined in the *New York State Department of Health Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817 Additional Support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 Emergency July 2021* and will require the agency receiving the funds to adhere to any monitoring and data collection requests.

«Provider_Name» intends to use funding to support the strategies described in the Attestation submitted by our agency.

On behalf of **«Provider_Name»**, I acknowledge that by signing this attestation, I am certifying to New York State that the foregoing information is true, accurate, and complete. I attest that I have read the document, confirm our intent to use the funding for the purposes indicated above, and will comply with all monitoring and reporting requests. I understand that by electronically signing and submitting this attention, it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Agency Name: _____

Administrator Name: _____

Position/Title: _____

Signature: _____

Date: _____