



ARPA eFMAP Children’s Workforce and Infrastructure FAQ

Last updated: November 2023

Instructions

This spreadsheet summarizes frequently asked questions from the Children's Workforce & Infrastructure eFMAP activities with the New York State Department of Health's (NYS DOH) responses.

New York State Department of Health Synonyms

In this document, New York State Department of Health (NYS DOH) may also be referred to as 'The State Department of Health' or 'The State.'

Category	Question	NYS DOH’s Response
Timeline to Spend Funds	By when do Workforce & Infrastructure funds need to be spent?	All ARPA eFMAP Children's Workforce & Infrastructure funds need to be spent by September 30, 2024 .
Allowable Use of Funds	Can we use funds to reimburse ourselves on qualifying items that were acquired prior to receipt of funding?	Yes, these funds are to assist providers due to COVID Public Health Emergency impact. Providers who spent funds for allowable items can reimburse for such items. Please note that providers will have to report what the funding was spent on.
Reporting	How are we to report use of funds to DOH?	DOH will send a survey via email in the coming months, providers are to use this to report use of funds.
Allowable Use of Funds	What are the appropriate uses for these funds?	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: <ul style="list-style-type: none"> • Strengthening the direct service workforce by increasing pay and/or benefits of direct support professionals, as well as through targeted recruitment and retention efforts



		<ul style="list-style-type: none">• Implementation of technology systems that will streamline processes for staff and decrease administrative burdens <p>Examples of activities that would comply with efforts to build workforce capacity and IT infrastructure include:</p> <ul style="list-style-type: none">• 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 <p>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):</p> <ul style="list-style-type: none">• 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
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Allowable Use of Funds	Can these funds be utilized to purchase a used vehicle for staff to utilize when transporting/visiting clients?	Only if the provider can demonstrate how the funds being utilized in this way, is connected to the impact of the COVID Public Health Emergency
Allowable Use of Funds	Can these funds be used to pay in advance for a service that will be utilized over the next three years?	No, these are current and retrospective use of funds, not prospective.