

KATHY HOCHUL Governor JAMES V. McDONALD, M.D., M.P.H. Commissioner JOHANNE E. MORNE, M.S. Executive Deputy Commissioner

#### ASSISTED LIVING PROGRAMS STATE PLAN AMENDMENT

Information for Eligible Program Sites

#### SUMMARY OF SITE LETTER

- To provide the methodology of fund distribution.
- To provide dates when the ARPA ALP Attestations, Spending Plans, and Surveys are due back to the Department.
- To provide information regarding attestations requirements spending plans, and where to send questions.

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The table below provides a summary of important dates mentioned in this site letter.

TIMELINE OVERVIEW		
Date	Item	
February 23, 2024	Last day to submit spending plan and attestation	
March 1, 2024	Last day to submit the initial survey	
July 2024, then quarterly	Submit documentation on a quarterly basis.	
March 2024	New York spend date to Providers	
March 2025	Providers spend date deadline.	

#### PAYMENT LOGISTICS:

- 1. The New York State Department of Health ("Department") submitted a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2023 and received approval February 7, 2024. Please be aware that all funding will follow the published State Plan Amendment (SPA) #23-0064, approved by CMS.
- 2. Eligible program sites who qualify for the SPA one-time lump sum payment must attest to fund uses and submit an initial and final survey. Documentation demonstrating fund use will be required quarterly.
- 3. New York State will distribute these funds based on individual members served by each program through a one-time lump sum payment early 2024. Of the total funds available, 90% will be distributed proportionally by members served by each facility. The remaining 10% will be distributed to facilities serving less than 30 members proportionally by the members served at each site with less than 30 members. To be eligible for this one-time lump sum payment, program sites will be required to attest to fund uses and submit quarterly surveys. Sites that are not open and delivering services before June 1, 2023 will not be eligible for supplemental payment.
- 4. Sites must also be open <u>and</u> providing services when payments are distributed.
- 5. Funding may not be used to supplant the level of State funds expended for Home and Community-Based Services (HCBS).
- 6. Payments will flow to eligible programs through eMedNY based on the Provider ID provided when attesting to fund use(s). The Department will send schedules of these one-time lump sum payments programs sites in early 2024.
- 7. Assisted Living Programs must submit an Attestation and Spending Plan for each of their facility programs. For example, if three programs use the same Provider ID, each program that is applying for funding will need to submit a separate Attestation and Spending plan. In other words if Program A, B and C all use Provider ID 01234567, and Program A and B want to apply. Program A and B will submit their own Attestation and Spending plans for each program. It cannot be combined into one Attestation and Spending Plan for both programs.





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#### REPORTING

 Program sites will be required to submit the Attestation and Spending Plan to the Department by February 23, 2024. After submitting the Attestation and Spending Plan the program site must complete the initial Survey response within 5 business days. Eligible program sites will be required to submit documentation on a quarterly basis from July 2024 through March 2025. Eligible program sites must submit a quarterly survey response to maintain eligibility for future HCBS enhanced FMAP funding opportunities.

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- 2. Program sites are not to use the funding for any capital investments. Purchases including but not limited to, purchase of a vehicle or other equipment, is not allowable. This may also be referred to as a physical plant capital improvement.
- 3. The Department will provide eligible program sites with required surveys to submit on a quarterly basis.
- 4. The Department will provide eligible program sites with a survey (or form) to submit on a quarterly basis. This includes a budget section, in which eligible program sites will be able to update allocations and describe the impact of funding. The following must be considered and documented in the spending plan:
  - a. Eligible program sites must keep track of spending such that any expenditures for which the award is being used are clearly documented. Sites may be required to provide documentation in their quarterly reports and must keep them available until March 31, 2033.
  - b. Any expenditures that do not have direct documentation or justification, such as hours worked by an existing employee, should be tracked, and recorded.
  - c. Eligible program sites may cover administrative expenses up to 5% incurred in the implementation of these investments with this funding. Administrative expenses must be tracked and recorded in the same manner as all other expenses.
- 5. Each quarterly report will include survey questions similar to those asked in the initial survey. If your site does not have the data required to answer all the questions in the initial survey, it should begin collecting the information now so that it is available for the final quarterly survey submission in March 2025.

#### SPENDING AND IMPLEMENTATION

- 1. The Department will allow eligible program sites to choose how to spend their awards under Workforce Investments:
  - a. **Workforce**: Workforce retention strategies, recruitment and retention of a racially and ethnically diverse and culturally competent workforce and development, implementation and promotion of trainings for staff.
- 2. Program sites may use their awards to fund recruitment, retention, and training for nurses and staff who directly provide or supervise the provision of services. Funding cannot be used to pay current wage levels, including overtime, for any employees or salary increases for administrative staff, managers, and executive staff.



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- a. Funding cannot be used to supplant current or already planned expenses. For example, a site cannot use this funding to cover existing trainings or monthly payments on technology purchased prior to the receipt of the award.
- b. Eligible program sites may begin spending their awards once received. Any expenses incurred prior to this date are not eligible for funding.
- 3. Eligible program sites must use their awards to develop and implement the programs and strategies outlined in their spending narratives submitted to the Department as part of the attestation and survey.
- 4. Eligible program sites may adjust their spending plans and budgets by submitting a new ARPA ALP Spending Plan. Any adjustments must comply with the spending guidelines in this document.
  - a. This option should only be used if planned fund use is not viable. The site must notify and gain approval from the Department prior to submitting a new spending plan.
- 5. Eligible program sites that fail to spend funds, or expend funds on non-approved uses, will be ineligible for future awards and/or subject to recoupment of their award.
- 6. Please reference the <u>Guidance for Investments section</u> of this document for a list of allowable and non-allowable investments.
- 7. Eligible program sites should budget accordingly so expenditures are exhausted by **March 31, 2025**.

#### ASSISTANCE AND RESOURCES:

- 1. Any questions can be sent to <u>ALP\_ARPA@health.ny.gov</u>.
- More information on New York's enhanced FMAP for Home and Community-Based Services efforts <u>can be found here</u> or by visiting this link: <u>American Rescue Plan Act of</u> <u>2021 Home and Community-Based Services (HCBS) Enhanced Federal Matching</u> <u>Percentage (eFMAP).</u>

#### PREPARATION AND PLANNING

- 1. You may choose to work with outside entities, such as, New York State-approved <u>Workforce</u> <u>Investment Organizations</u> to help implement new training programs. You may use your award to pay for the appropriate costs as long as the scope of work covered by the funding meets the requirements of the approved investment areas.
- 2. Technology/Software investments are not eligible uses of funding.
- 3. Capital expenses, such as buying a vehicle or equipment, are not eligible. If you are unsure if a planned investment is a capital investment, please email <u>ALP\_ARPA@health.ny.gov</u>.
- 4. Eligible program sites may begin spending their awards upon receipt of payment. Any expenses incurred prior to this date are not eligible for funding.





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#### GUIDANCE FOR INVESTMENTS:

The following provides guidance for each investment category that is allowable and not allowable. Program sites may select from the list of allowable expenses in deciding how to use their awards. Providers cannot invest this funding in any non-allowable expenses. Allowable investments are defined in the <u>Spending and Implementation</u> section with further guidance provided below. Please remember that funding cannot be used to supplant current or already planned expenses, including any portion of any settlement obligations or other liabilities owed by the provider, or any related person or entity. Any investment your site makes using this funding must be a <u>new</u> investment. This funding may not be used for any investments planned before **February 1, 2024**. Planned fund use must be described when completing the initial attestation and spending template.

Below is a list of eligible investment categories:

Investment Category	Program/Strategies
Workforce	<ul> <li>Workforce retention strategies</li> <li>Recruit and retain a racially and ethnically diverse and culturally competent workforce</li> <li>Develop, implementation and promotion of trainings for staff</li> </ul>

The section below provides details regarding the workforce investment category:

#### INVESTMENT CATEGORY: WORKFORCE

Investing in your workforce can help increase employee satisfaction, build employee morale, and ultimately improve recruitment and retention by making your workplace a positive work environment. Workforce investments can also improve job-related skills and service delivery through training and build demographic and linguistic representation to better serve the programs population. Please refer to <u>Table 1</u> in the <u>Appendix</u> for a list of acceptable attestation documentation for this investment category. Please refer to <u>Table 1A</u> for a list of ineligible investments for Workforce spending.

#### 1. Workforce retention strategies may include:

- a. Employee recognition and retention bonuses, including:
  - i. End of year lump sum bonuses
  - ii. Performance bonuses related to the completion of profession development training, including: Serve Safe, HCBS settings training, Professional Conferences, or education.
  - iii. Wage increases: Wage increases are allowable if a sustainability plan is provided for how increase will be maintained.
- b. Employee development and promotion initiatives, including:
  - i. Paid study time for continuing education or other professional development.
  - ii. Reimbursement for continuing education or other professional development
- c. Enhanced employee benefits, including:
  - i. Health insurance for part-time and full-time employees
  - ii. Transportation benefits for direct care staff, such as coverage of fuel and mileage costs, parking expenses, public transportation, and ride share services. Purchasing and leasing vehicles are not eligible expenses.



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- iii. Wellness benefits
- iv. Child and family-caregiver benefits and support
- v. Paid vacation days
- d. Establishing support systems for workforce, such as employee support groups or mentorship programs, which provide connections between employees, create a supportive environment, and allow for sharing of experience and knowledge
- e. Providing workforce with information and resources that prepare them for the challenges or roadblocks they may face in their profession
- f. Designing systems that include employee and member ideas and concerns in operational and strategic decisions such as a Quality Assessment Process Improvement
- g. Structuring promotion systems to encourage career development
- h. Placing advertisements and articles in local publications to promote awareness of investments in the workforce, such as pay increases, culture changes, and training and promotion opportunities

## 2. Recruit and retain a racially and ethnically diverse and culturally competent workforce may include:

- a. Offering cultural competency trainings to employees
- b. Reviewing member demographics to better understand the populations you serve
- c. Updating recruitment materials and external communications to include non-English language versions and showcase a diverse group of employees
- d. Implementing new marketing strategies to attract a more diverse group of employees
- e. Diversifying and casting a wider net for recruitment sources
- f. Developing a roadmap for increasing diversity and cultural competency over time
- g. Providing a staff member or team with time dedicated to learning about, promoting, identifying, and sharing educational resources about culturally and linguistically appropriate services (CLAS) and the <u>National CLAS Standards</u> throughout the site.
- h. Utilizing CLAS Standards Checklist to implement self-assessments, trainings and assistance, and analysis of internal data relating to diversity and cultural competency: An Implementation Checklist for the National CLAS Standards (hhs.gov)
- i. Increasing bilingual staff appropriate to members served by building adequate levels of demographic and linguistic representation based on historical member populations to best meet member needs
  - i. For example, if 5 members speak Spanish, assuring multiple staff are present who also speak Spanish

# 3. Development, implementation and promotion of training programs for staff may include:

Please note that Vendor verification is required for any spending plan and must include training materials planned for use prior to implementing training. The Vendor must be identified when submitting the spending plan. Training materials will be submitted to DOH once developed for approval.

- a. Providing staff with information and resources that prepare them for the challenges or roadblocks they may face in their profession
  - i. Partnerships with local organizations, such as Workforce Investment Organizations (WIOs), community colleges, and/or home care agencies, to develop and deliver training to direct care workers. Development of training or revising and updating your sites training must be completed by an outside vendor



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- b. Increasing the number and types of trainings your site offers Incentives for completing training programs, such as:
  - i. Compensation for training hours related to improved service delivery
  - ii. Childcare or other caregiver coverage during training
  - iii. Bonuses or wage increases for training completion or certification
  - iv. Career advancement or mobility within the site for staff providing direct care
- c. There are a number of resources already available through the New York State Department of Health (Department). Funding may not be used to support attendance at already planned and/or required trainings. Education and training related to continuing education or professional development for staff who provide member services may be allowable (See b. above). Resources offered by the state include, but are not limited to:
  - i. <u>Person-Centered Planning and Practice Resource Library</u>
  - ii. Professional Development/Continuing Education
  - iii. Health Care Provider Infection Control Training
  - (i) Also offered by CMS: Home & Community Based Services Training Series
- d. **PLEASE NOTE**: If a site decides to develop trainings to supplement those offered by the State, each site should reference Federal and State guidance, policies, rules and regulations including but not limited to:
  - i. Home & Community-Based Services (HCBS) Final Rule
  - ii. Medicaid: Home & Community Based Services Final Regulation
  - iii. New York: Person-Centered Planning and Practice Resource Library
  - iv. New York Codes, Rules, and Regulations: Part 494 Assisted Living Program
- e. Additional Training Topics include but not limited to:
  - i. Food Safety, Safe gardening & Nutrition
  - ii. Medication Management
  - iii. Mental Health Sensitivity Training
  - iv. Quality Observations to Improve Care
  - v. Quality Assessment Process Improvement Training
  - vi. Person Centered Team Approach
  - vii. Activities from a Person Centered Approach
    - 1. Community Integration Education
    - 2. Education of Choice and Self-Advocacy to Members and Family

#### TABLE 1A: INELIGIBLE WORKFORCE INVESTMENTS

Summary Table: Ineligible Workforce Investments	
Recruitment & Retention	<ul> <li>Base wages and salaries of current and new staff. This funding cannot be used to pay for expenses that are already covered by Medicaid rates.</li> <li>Compensation for overtime work. Programs may instead use this funding to recruit additional staff so that fewer overtime hours are necessary.</li> <li>Salary increases for administrative staff, managers, and executive staff</li> <li>Purchase or lease of vehicles or any other capital investments</li> </ul>



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Summary Table: Ineligible Workforce Investments	
Training Investments	<ul> <li>Trainings that assist workforce to transition to office positions. Trainings must be geared toward helping staff and nurses, who provide or supervise the provision of services, develop the knowledge and skills they need to succeed in their role.</li> </ul>

#### DOCUMENTATION

Documentation will be requested when completing the survey. Valid documentation must adhere to the following criteria:

- 1. All documentation must be from 3 months prior to attestation or survey submission or since funding was received.
  - a. For example, if documentation is submitted October of 2023, valid documentation would be from July-September of 2023.
  - b. Again, if your program site does not yet collect the information requested, you must begin doing so for future surveys.
- 2. Documentation should <u>not</u> include:
  - a. Protected Health Information (PHI). PHI must be redacted from documents. Documentation with PHI will be destroyed if received.
  - b. Handwritten information. Not applicable to sign up sheets or signature of program administrator or a general sign off.
  - c. Pictures or images.
  - d. Mailed in documentation. All documentation will be collected electronically when completing the attestation and survey(s).
- 3. Acceptable file formats: PDF, MS Word, MS Excel, MS csv, MS ppt.
  - a. Information can be scanned in as PDF (ex. a scanned copy of sign-up sheet).
- 4. Upload and email all documentation to the Health Commerce System Secure File Transfer (HCS SFT) at <u>The NYS HCS</u> to <u>ALP\_ARPA@health.ny.gov.</u>

#### APPENDIX

Valid documentation includes but is not limited to:

TABLE 1: WORKFORCE

Investment Options	Valid Documentation
Workforce retention strategies	<ul> <li>Job posting with listed full-time and/or part-time employee benefits</li> <li>Current benefit summary for all employees</li> </ul>
Recruit and retain a racially and ethnically diverse and culturally competent workforce	<ul> <li>Job posting seeking bilingual employees that reflect population served</li> </ul>

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	<ul> <li>Roster of staff who are bilingual, with language spoken</li> <li>Racial/ethnic data on workforce for full-time and part-time employees in combination with member racial/ethnic demographics</li> </ul>
Development, implementation, and promotion of trainings for staff	<ul> <li>Documentation of required training for full-time/part-time staff alongside documentation of non-required training for staff</li> <li>Education/Training Flyers</li> <li>Sign-up sheets</li> <li>Syllabus or other documentation outlining the specific supplemental curriculum training attended by staff</li> <li>Reimbursement documentation of certification costs</li> </ul>