



**Children’s eFMAP Workforce and Infrastructure Funding Frequently Asked Questions**

<u>Category</u>	<u>Questions from Providers</u>	<u>DOH's Response</u>
Award Funding Specifics	Is this award the funds from the rate enhancement or different funding?	<p>This funding is different from the 25 percent retroactive rate adjustment to Children and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS). This funding is specific to assist with workforce and infrastructure building.</p> <p>This funding is based on Section 9817 of the American Rescue Plan Act (ARPA) and lends additional support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 emergency, as detailed in State Medicaid Director Letter #21-003, issued by the Centers for Medicare &amp; Medicaid Services (CMS) on May 13, 2021. Please refer to guidance located at <a href="https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21003.pdf">https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21003.pdf</a></p>
Allowable Spending	Is using all or some of the anticipated funding towards a facility for youth allowable?	<p>Anticipated funding may be used towards a facility for youth so long as the expenses are tied to COVID related workforce and infrastructure expansion and retention for CFTSS, HCBS, and 29-I programs as indicated in Section 9817 of the American Rescue Plan Act (ARPA), which lends additional support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 emergency. Providers will need to report information regarding how the funding was utilized via an online baseline survey as requested by the Department of Health (DOH).</p>

<u>Category</u>	<u>Questions from Providers</u>	<u>DOH's Response</u>
Allowable Spending	The initial letter we received notes that “providers can use the funding both retrospectively and prospectively that meet the specific workforce and infrastructure items.” Can you please confirm that providers may use ARPA eFMAP funds as reimbursement for previously completed (or ongoing) workforce and infrastructure initiatives (e.g., direct care retention and longevity bonuses, EVV hardware/software, tuition reimbursement etc.) that were completed in the past at a provider’s own expense (above and beyond Medicaid reimbursement).	<p>Anticipated funding may be used both prospectively and retrospectively for projects that were completed in the past, so long as the expenses are tied to COVID-related workforce and infrastructure expansion and not before March 1, 2020.</p> <p>This funding is allowed as indicated in Section 9817 of the American Rescue Plan Act (ARPA), which lends additional support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 emergency. Providers will need to report information regarding how the funding was utilized via an online baseline survey as requested by DOH.</p>
Allowable Spending	How far back and how far forward do providers have to use the funds?	Providers may utilize the funds retrospectively as far back as the start of the Public Health Emergency (PHE), March 2020. Providers will have a minimum of 1-year prospectively from the receipt of funds to utilize the funding.
Allowable Spending	Are we able to use these funds for HH Care Management as well and CFTSS and HCBS?	Anticipated funding may be used to support COVID-related workforce and infrastructure expansion for CFTSS, HCBS, and 29-I programs. Health Home Care Management is not included as an allowable program for which these funds may be used.
Allowable Spending	Will there be a place/person to ask questions of on what is an allowable expense?	Please submit all questions regarding allowable expenses to <a href="mailto:BH.Transition@health.ny.gov">BH.Transition@health.ny.gov</a> , with the subject title of “eFMAP”.
Allowable Spending	Can funds be used for advertising for recruitment of staff?	Anticipated funding may be used towards advertising for recruitment of staff so long as the expenses are tied to COVID-19 related workforce and infrastructure expansion. Providers will need to report information regarding how the funding was utilized via an online baseline survey as requested by DOH.

<u>Category</u>	<u>Questions from Providers</u>	<u>DOH's Response</u>
Allowable Spending	Do eFMAP funds need to be used by providers ONLY for CFTSS, HCBS and 29-I programs (specific cost centers) or can they be used to support the agency elsewhere or as a whole, including staff from a provider's other programs and/or agency-wide support departments?	Anticipated funding must be tied to COVID related workforce and infrastructure expansion for CFTSS, HCBS, and 29-I programs as indicated in Section 9817 of the American Rescue Plan Act (ARPA), which lends additional support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 emergency.
Allowable Spending	Can eFMAP funds be used to offset 29-I, HCBS, and/or CFTSS program deficits incurred by providers in the past?	Providers may utilize the funds retrospectively as far back as the start of the Public Health Emergency (PHE) in March 2020, so long as the utilization of funds are tied to COVID-related workforce and infrastructure expansion as indicated in Section 9817 of the American Rescue Plan Act (ARPA) which lends additional support for Medicaid HCBS during the COVID-19 emergency. Providers will need to report information regarding how the funding was utilized via an online baseline survey as requested by DOH.
Allowable Spending	Can part of the funds received be used for expenses that were incurred since March of 2020?	Providers may utilize the funds retrospectively as far back as the start of the Public Health Emergency (PHE) in March 2020. Providers will need to report information regarding how the funding was utilized via an online baseline survey and online surveys every six months after receiving funding as requested by DOH.
Allowable Spending	Can funds be used for transportation purchases?	Anticipated funding may be used towards transportation purchases (i.e., vehicle purchases) so long as the expenses are tied to COVID-19 related workforce and infrastructure expansion as indicated in Section 9817 of the American Rescue Plan Act (ARPA), which lends additional support for Medicaid Home and Community-Based Services (HCBS) during the COVID-19 emergency. Providers will need to report information regarding how the funding was utilized via an online baseline survey.
Allowable Timeframe for Spending	Can you please provide any additional details regarding additional forthcoming guidance, such as that relating to the "minimum of 1-year to utilize the funding"? Will this potentially include a FAQ and/or interactive webinars for providers?	At this time, the DOH guidance is that the funds will be able to be utilized for one year after the funding is awarded. DOH will determine the possibility of extension as allowable by CMS once provider reporting occurs.

<u>Category</u>	<u>Questions from Providers</u>	<u>DOH's Response</u>
Distribution of Funds	Can you advise how the funds will get distributed? Will it be via the plans or through a government entity?	Designated providers with managed care encounter experience between April 1, 2021 - December 31, 2021 will receive a one-time payment from the Managed Care Plan(s) with whom they are contracted. Designated providers who did not have managed care encounter experience during this timeframe will receive a one-time payment from the State. The State views the Workforce and IT Infrastructure activities as combined activities.
Distribution of Funds	Will providers be given a detailed breakdown of lump sum totals that they can expect to receive from each specific MMCP that they are contracted with?	Providers will receive a detailed breakdown of lump sum totals they can expect to receive from each specific MMCP they are contracted with and/or the State ahead of funding receipt.
Distribution of Funds	Is there a hard deadline for MMCPs to distribute funding by the end of December 2022?	DOH will issue a timeframe for MMCPs to issue the funds to the providers ; however, with an extension given to providers to respond to the attestations, the end of 2022 may not be realistic. This timeline will be re-evaluated once the State has received all provider attestation.
Distribution of Funds	Will the breakdown of funds from MMCPs be broken down by 29-I, HCBS, or CFTSS?	No. Providers will receive a breakdown of the funds that providers will receive from the MMCPs with whom they are contracted with, or the State-funded amount. Providers will receive one lump sum payment from each MMCP with whom they are contracted, or State funding based on the award amount in their attestation letter based upon the claiming period of April 1, 2021 to December 31, 2021 period.
Evaluation	For providers who elect to utilize funding retrospectively for previous specific workforce and infrastructure items (as allowable), how should those providers implement baseline and ongoing evaluations/measurements?	Providers are not required to collect any baseline data; however, providers will be required to complete an online survey after receiving funding reporting how they utilized the funds. Further guidance will be provided regarding ongoing evaluations for funding utilized retrospectively.
Evaluation	What will the reporting and claiming processes be?	Providers will be required to complete an online survey after receiving funding. It is essential that all providers continue to evaluate to assess the impact the investment dollars have on staffing, capacity, IT systems, and other workforce-related goals. The funding will be given to providers by lump sum from either the MMCP or the State.

<u>Category</u>	<u>Questions from Providers</u>	<u>DOH's Response</u>
Attestation Completion	<p>In the letter we received, the instructions state that “the attestation includes a combination of checked acknowledgements, short answer, descriptive narrative questions, and letter of intent to participate”. Can you please clarify where we can find the short answer and descriptive narrative questions? We do not see them in either the Attestation (template) or the Letter of Intent (template). Are providers required to attach descriptive narratives regarding how they intend to specifically use the funds and evaluate/report usage at this time?</p>	<p>The short answer and descriptive narrative questions refer to the provider information and/or section where providers have the opportunity to decline funding; please refer to pages 4 and 5 of the Attestations.</p>
Attestation Completion	<p>Are the attestations completed by plans or by HCBS providers?</p>	<p>The attestations are to be completed by the HCBS providers that received the provider-specific attestation letter. Plans do not need to complete an attestation. Following the attestation due date, plans will be receiving a letter that indicates which providers the plan will need to send funding to and the funding amount.</p>