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ADULT DAY HEALTH CARE PROGRAM AND AIDS ADULT DAY HEALTH CENTER PAYMENT GUIDANCE FOR PROVIDERS

Information for Program Sites

SUMMARY OF SITE LETTER

- To provide the methodology of fund distribution distributed to each program area.
- To provide dates when the Attestations, Spending Plans, and Surveys are due back to the Department.
- To provide information regarding attestation requirements, spending plans and where to send questions.

CONTENTS

TIMELINE OVERVIEW	1
PAYMENT LOGISTICS:.....	2
REPORTING	2
SPENDING AND IMPLEMENTATION.....	3
ASSISTANCE AND RESOURCES:	4
PREPARATION AND PLANNING	4
GUIDANCE FOR INVESTMENTS:.....	4
INVESTMENT CATEGORY: WORKFORCE	5
TABLE 1A: Ineligible Workforce Investments.....	7
INVESTMENT CATEGORY: SERVICE SUPPORT	7
TABLE 2A: Ineligible Service Support Investments.....	8
INVESTMENT CATEGORY: EMERGENCY PREPAREDNESS.....	8
TABLE 3A: Ineligible Emergency Preparedness Investments.....	9
DOCUMENTATION	9
APPENDIX	9
TABLE 1: WORKFORCE.....	10
TABLE 2: SERVICE SUPPORT	10
TABLE 3: EMERGENCY PREPAREDNESS	10

The table below provides a high-level of important dates mentioned in this site letter.

TIMELINE OVERVIEW

Date	Item
February 16, 2024	Last day to submit spending plan and attestation
February 26, 2024	Last day to submit the initial survey
Spring 2024	Planned payment distribution of funding

February 2024, then quarterly	Submit surveys 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 March 31, 2023. **Please be aware that all funding will follow the published State Plan Amendment (SPA) #23-0020, approved by CMS June 21, 2023.**
2. NYSDOH anticipates that Adult Day Health Care Programs (ADHCs) and AIDS Adult Day Health Center (AIDS ADHCs) will begin to receive funding by spring of 2024.
3. Program sites should not begin to account for such dollars in their financial projections or statements until payment distributions have been determined.
4. Program sites will qualify for the SPA payment based on their operating certificate's spot capacity approved by the Department. 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 August 1, 2023 will not be eligible for supplemental payment. Sites must also be open **and** providing services when payments are distributed.
5. Payments will flow to eligible program sites 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 to program sites in spring of 2024.

REPORTING

1. Program sites will be required to submit the Attestation and Spending Plan to the Department by February 16, 2024. After submitting the attestation and spending plan the program site must complete the Survey response within 5 business days. Eligible program sites will be required to submit surveys on a quarterly basis from February 2024 through March 2025. Eligible program sites must submit a survey response quarterly to maintain eligibility for future HCBS enhanced FMAP funding opportunities.
2. Program sites are not to use the funding for any capital investments. For example, purchase of a vehicle or other equipment is not allowable.
3. The Department will provide eligible program sites with required surveys to submit on a quarterly basis. This form will be similar to the initial survey submission used to determine eligibility.
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 first quarterly survey submission in February 2024.

SPENDING AND IMPLEMENTATION

1. The Department identified three categories of expense on which eligible program sites can choose to spend their awards. These include:
 - 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.
 - b. **Service Support:** Supplement community integration activities. Includes supplementing the cost of member transportation to and from the program and to activities that expand community integration.
 - c. **Emergency Preparedness:** Building appropriate personal protective equipment (PPE) stockpiles from state-authorized sources for ensuring that staff can deliver care in a safe and effective manner during public health emergencies.
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.
 - 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 resubmitting a new the Department ARPA ADHC 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 NYSDOH 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 [Guidance for Investments section](#) 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 ADHC_ARPA@health.ny.gov.
2. More information on New York's enhanced FMAP for Home and Community-Based Services efforts [can be found here](#) or by visiting this link: [American Rescue Plan Act of 2021 Home and Community-Based Services \(HCBS\) Enhanced Federal Matching Percentage \(eFMAP\)](#).

PREPARATION AND PLANNING

1. You may choose to work with outside entities, such as, New York State-approved [Workforce Investment Organizations](#) 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 ADHC_ARPA@health.ny.gov.
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.

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 [Spending and Implementation](#) 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 **new** investment. This funding may not be used for any investments planned before July 31, 2023. 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
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<u>Workforce</u>	<ul style="list-style-type: none"> • Workforce retention strategies • Recruit and retain a racially and ethnically diverse and culturally competent workforce • Development, implementation and promotion of trainings for staff
<u>Service Support</u>	<ul style="list-style-type: none"> • Supplement Community Integration Activities • Transportation subsidy fund
<u>Emergency Preparedness</u>	<ul style="list-style-type: none"> • Emergency preparedness efforts such as personal protective equipment (PPE)

The following sections provide details regarding each 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 [Table 1](#) in the [Appendix](#) for a list of acceptable attestation documentation for this investment category. Please refer to [Table 1A](#) for a list of ineligible investments for Workforce spending.

1. Workforce retention strategies may include:

- a. Employee recognition and retention bonuses, including:
 - i. Retention incentives: Retention bonuses that recognize employees' prior service are allowable if they are newly added to your compensation structure, paid out following the start of the spending period, and only paid to current employees or new staff, prior to the end of the spending period.
 - ii. Recruitment incentives for employees
 - iii. End of year lump sum bonuses
 - iv. Performance bonuses
 - v. Wage increases
- 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.
 - 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 ideas and concerns in operational and strategic decisions
- 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. Reviewing member demographics to better understand the populations you serve
- b. Updating recruitment materials and external communications to include non-English language versions and showcase a diverse group of employees
- c. Implementing new marketing strategies to attract a more diverse group of employees
- d. Diversifying and casting a wider net for recruitment sources
- e. Developing a roadmap for increasing diversity and cultural competency over time
- f. Offering cultural competency trainings to employees
- 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 [National CLAS Standards](#) 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

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

- 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
 - ii. Increasing the number and types of trainings your site offers
- b. 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 (NYSDOH). 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. [Person-Centered Planning and Practice Resource Library](#)
 - ii. [Professional Development/Continuing Education](#)
 - iii. [Health Care Provider Infection Control Training](#)
 - iv. [Training for Providers \(HIV/AIDS specific\)](#)
 - (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 425 - Adult Day Health Care](#)

TABLE 1A: INELIGIBLE WORKFORCE INVESTMENTS

Summary Table: Ineligible Workforce Investments	
Recruitment & Retention	<ul style="list-style-type: none"> • 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. • Compensation for overtime work. Programs may instead use this funding to recruit additional staff so that fewer overtime hours are necessary. • Salary increases for administrative staff, managers, and executive staff • Purchase or lease of vehicles or any other capital investments
Training Investments	<ul style="list-style-type: none"> • 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.

INVESTMENT CATEGORY: SERVICE SUPPORT

Supplementing your program site’s current community integration activities must comply with the [Home & Community-Based Services \(HCBS\) Final Rule](#). Community integration activities must be person centered, enhance independence, and provide opportunities for meaningful engagement in community life. This includes providing a transportation subsidy fund for members which doesn’t supplant benefits already paid by Medicaid. Please refer to [Table 2](#) in the [Appendix](#) for a list of acceptable attestation documentation for this investment category. Please refer to [Table 2A](#) for a list of ineligible investments for Service Support spending.

2. Supplement Community Integration Activities

- a) Community partnerships for the purpose of recurring and/or one-time events, classes to increase independence and engagement in the community, such as cooking or other activities related to ADLs/IADLs; community habilitation such as social networking, communication skills; and other person-centered interests or hobbies like gardening, sports, etc.
- b) **NOTE:** All Community Integration activities must adhere to the HCBS Final Rule. Activities must be person centered and related to goals in the Person Centered Service Plan (sometimes called the Plan of Care, or Service Plan, etc.)
- c) Additional information can be found above in the [Workforce](#) section or in the following resources:
 - i) [Themes Identified During CMS’ Heightened Scrutiny Site Visits](#)

- (1) [Video: Themes Identified During CMS' Heightened Scrutiny Site Visits_captioned | Medicaid](#)
- ii) [Home & Community Based Services Training Series](#)

3. Transportation subsidy fund:

All Transportation must align with and be included in the the goals and objectives detailed in the Person Centered Service Plan. If uses funding for this category, include sustainability plans. Fund uses may include:

- a) Coverage of fuel and mileage costs, parking expenses, public transportation, and ride-share services for the transportation of members. Transportation benefits for staff are covered under a different category. Please see the [Workforce](#) section for information on this category and allowable use of funds.
- b) **Subsidizing the cost of transportation cannot supplant the benefits already covered for members through Medicaid.** This can only be used to supplement costs when they exceed the amount paid by Medicaid.

Purchasing and leasing vehicles are **not** eligible expenses.

TABLE 2A: INELIGIBLE SERVICE SUPPORT INVESTMENTS

Summary Table: Ineligible Service Support Investments	
Transportation	<ul style="list-style-type: none"> • All transportation subsidies under this investment category apply only to members arriving and/or returning to the program site. This is not an allowable expense for employee transportation.
Capital Investments	<ul style="list-style-type: none"> • Including but not limited to buying or leasing a vehicle for the program.
Group activities which do not integrate the members with the broader community.	<ul style="list-style-type: none"> • Attendance at site or agency-funded day programs • Sheltered workshops • Activities which do not align with the Person-Centered Service Plan <ul style="list-style-type: none"> ○ Events and outings alone are not sufficient to meet Community Integration requirements. They must be tied to the goals and objectives in the Person-Centered Service Plan developed to address the needs and functioning of the member. • Activities which occur on site which are only for the members and do not include the broader community

INVESTMENT CATEGORY: EMERGENCY PREPAREDNESS

The COVID-19 pandemic drastically affected program sites' abilities to provide support services to clients. The pandemic necessitated changes in care practices, caused an increased demand for services, and placed stress on PPE stockpiles. As your site returns to usual service delivery, keep sight of lessons learned from the pandemic. Having a preparedness plan in place to respond to emergency situations will be key to avoiding many of the issues that arose as a result of the pandemic. Please refer to [Table 3](#) in the [Appendix](#) for a list of acceptable attestation documentation for this investment category. Please refer to [Table 3A](#) for a list of ineligible investments for Service Support spending.

A preparedness plan can include steps such as:

1. Developing a sufficient supply stockpile and planning to replenish as needed. The purchase of new PPE is an allowable use of funding even if previously planned.
2. Developing employee networks to sign up for on-call shifts or to be on standby but cannot be used to compensate these employees for their billable hours.
3. Offering training on topics including but not limited to:
 - a) Infection control
 - b) Virus testing
 - c) Natural disaster triage and response
 - d) Disaster morbidity and mortality surveillance

TABLE 3A: INELIGIBLE EMERGENCY PREPAREDNESS INVESTMENTS

Summary Table: Ineligible Service Support Investments	
Employee networks	<ul style="list-style-type: none"> • Compensating employees for billable hours

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 August of 2024, valid documentation would be from May-July of 2024.
 - b. Again, if your program site does not yet collect the information requested, you must begin doing so for future surveys.
2. Documentation should **not** 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, word, excel, csv, 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 [The NYS HCS](#) to ADHC_ARPA@health.ny.gov.

APPENDIX

The tables below list valid documentation for each investment option:

TABLE 1: WORKFORCE

Investment Options	Valid Documentation
Workforce retention strategies	<ul style="list-style-type: none"> • Job posting with listed full-time and/or part-time employee benefits • Current benefit summary for all employees
Recruit and retain a racially and ethnically diverse and culturally competent workforce	<ul style="list-style-type: none"> • Job posting seeking bilingual employees that reflect population served • Roster of staff who are bilingual, with language spoken • Racial/ethnic data on workforce for full-time and part-time employees in combination with member racial/ethnic demographics
Development, implementation, and promotion of trainings for staff	<ul style="list-style-type: none"> • Documentation of required training for full-time/part-time staff alongside documentation of non-required training for staff • Education/Training Flyers • Sign-up sheets • Syllabus or other documentation outlining the specific supplemental curriculum training attended by staff • Reimbursement documentation of certification costs

TABLE 2: SERVICE SUPPORT

Investment Options	Valid Documentation
<p>Community Integration</p> <p>Please review the Community Integration section of Guidance for Investments in detail before gathering documentation.</p>	<ul style="list-style-type: none"> • Documentation of Community Integration activities attended by members which align with Person Centered Service Plans
Transportation Subsidy	<ul style="list-style-type: none"> • Reimbursement receipts/documentation

TABLE 3: EMERGENCY PREPAREDNESS

Investment Options	Valid Documentation
Emergency Preparedness	<ul style="list-style-type: none"> • Inventory count of PPE with staff/member ratio • Receipt of purchase for PPE • Training (please refer to training section above) • On-call shift sign up for back up or standby providers