# **AMERICAN RESCUE PLAN ACT (ARPA)**

# **ADULT DAY HEALTH CARE (ADHC) PROGRAMS AND AIDS ADULT DAY HEALTH CENTERS (AADHC) QUARTERLY SURVEY**

# **OCTOBER 2024 – QUARTER 1**

**Surveys and Documentation are due October 30, 2024 by 5 p.m.**

**Directions for completing the Quarterly Survey**

For the Quarterly Survey, please respond to all survey questions. Documentation that reflects the total amount spent during the quarter must be submitted with your survey responses.

**Step 1:** Complete the Quarterly Survey form

**Step 2:** Submit survey to: ADHC\_ARPA@health.ny.gov

**Step 3:** Send all required and supporting documentation to ADHC\_ARPA@health.ny.gov via the Health Commerce System (HCS) Secure File Transfer (SFT). Please refer to the links below if you need assistance sending the documents via SFT.

* [HCS SFT Quick Guide](https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/2024/docs/hcs_sft_quick_guide.pdf)
* [SFT 2.0 FAQ](https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/2024/docs/sft_2.0_faqs.pdf)

## **Valid Documentation**

The table below shows examples of valid required documentation and supporting documentation. Please note, this list is not exhaustive. If you do not see a required documentation example below, please submit a receipt of spending for your spending strategies from the quarter. Required documentation must reflect payments, such as receipts. **The amounts from the required documentation must equal the amount of spending for the quarter.**

Please note, documentation which fails to show payment, such as an unpaid invoice without a corresponding receipt is considered invalid and will not be accepted.

| **REQUIRED DOCUMENTATION EXAMPLES** | **SUPPORTING DOCUMENTATION EXAMPLES** |
| --- | --- |
| Record of bonuses paid out to staff | Bonus announcement |
| Payment for job posting ads (ex. Indeed) | Job posting ad  |
| Payment for transportation for employees (Lyft, Uber, tax receipts) | Notice of benefit |
| Receipt of education/training for staff | Copy of certificate of course completion |
| Gym reimbursement documentation  | Notice of benefit |
| Staff lunch receipt | Lunch and Learn notice/flyer, announcement, etc.  |
| Receipts from hosted events | Sign-up sheets, Calendar of events  |
| Receipts for marketing materials developed | Digital/print brochures developed |
| Receipts for supplies purchased for community integration activities | Notice of community integration activity expansion |
| Record of payment to trainers/consultants | Signed documentation of contract and/or agreement with vendor  |
| Receipt for transportation to and from community activities  | Notice of community integration activity expansion  |
| Receipts for purchased PPE supplies  | Inventory list |

## **SECTION 1: GENERAL PROGRAM INFORMATION**

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| --- | --- | --- |
| **a.** | **Full Site Name** |  |
| **b.** | **Site Type (ADHC OR AADHC)** |  |
| **c.** | **Operating Certificate** |  |
| **d.** | **Provider ID (MMIS ID)** |  |
| **e.** | **Final Award Amount** | **$** |
| **f.** | **Primary Contact - Name** |  |
| **g.** | **Primary Contact Email** |  |
| **h.** | **Secondary Contact - Name** |  |
| **i.**  | **Secondary Contact - Email** |  |

## **SECTION 2: QUARTERLY 1 - SPEND DOWN**

1. Have you amended your spending plan to reflect a revised funding amount or timeline? If Yes, please send your updated Spending Plan to ADHC\_ARPA@health.ny.gov
2. [ ]  **Yes**
3. [ ]  **No**
4. Total Amount Spent Between July 2024 – September 30, 2024:

|  |
| --- |
| **$** |

1. Please select the Investment Category funds were spent on from July 2024 – September 30, 2024. Check all that apply.
	1. **Workforce**

[ ]  Workforce Retention Strategies

[ ]  Development, Implementation and Promotion of Training Programs for Staff

[ ]  Recruit and Retain a Racially and Ethnically Diverse and Culturally Competent Workforce

* 1. **Service Support**

[ ]  Supplement Community Integration Activities

[ ]  Transportation Subsidy Funds

* 1. **Emergency Preparedness**

[ ]  Emergency Preparedness Efforts such as Personal Protective Equipment

1. Please list the name(s) of any vendors and/or consultants used. If you did not use vendors and/or consultants, please enter **NA**.

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| --- | --- |
| **VENDOR/CONSULTANT NAME** | **FUNDING CATEGORY** |
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## **SECTION 3: WORKFORCE**

**If you spent money in the Workforcecategory, please respond to the questions below. If you did not, please respond to Question 1 and move on to the next section.**

1. If you did not spend any funds in the Workforce category, please select the statement below:

[ ]  Our site did not spend funds in this category for the quarter.

1. Please select the program and/or strategy the funds were used for. Check all that apply.
	1. [ ]  Recruitment Incentives
	2. [ ]  Education and Training for Staff
	3. [ ]  Staff Wellness Benefits

* 1. [ ]  Staff Bonuses
	2. [ ]  Other (please describe below):

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## **SECTION 4: SERVICE SUPPORT**

**If you spent money in the Service Supportcategory, please respond to the questions below. If you did not, please respond to Question 1 and move on to the next section.**

1. If you did not spend any funds in the Service Support category, please select the statement below and move on to the next section:

[ ]  Our site did not spend funds in this category for the quarter.

1. In the space below please share the program/strategy funds were used for. Check all that apply.
	1. [ ]  Community Integration Supplies
	2. [ ]  Supplement Transportation to and from Community Activities
	3. [ ]  Other (please describe below):

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## **SECTION 5: EMERGENCY PREPAREDNESS**

**If you spent money in the Emergency Preparedness category, please respond to the questions below. If you did not, please respond to Question 1.**

1. If you did not spend any funds in the Emergency Preparedness category, please select the statement below and then submit the survey:

[ ]  Our site did not spend funds in this category for the quarter.

1. In the space below please share the program/strategy funds were used for:
	1. [ ]  PPE Supplies
	2. [ ]  Other (please describe below):

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|  |

THANK YOU FOR COMPLETING THE SURVEY. PLEASE SUBMIT YOUR RESPONSES AND SUPPORTING DOCUMENTATION AS DESCRIBED IN THE INSTRUCTIONS ABOVE.