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

# **ASSISTED LIVING PROGRAM (ALP) 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: ALP\_ARPA@health.ny.gov

**Step 3:** Send all required and supporting documentation to ALP\_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.

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| --- | --- |
| **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 |
| Record of payment to trainers/consultants | Signed documentation of contract and/or agreement with vendor  |

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

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| --- | --- | --- |
| **a.** | **Full Site Name** |  |
| **b.** | **Operating Certificate** |  |
| **c.** | **Provider ID (MMIS ID)** |  |
| **d.** | **Final Award Amount** | **$** |
| **e.** | **Primary Contact - Name** |  |
| **f.** | **Primary Contact - Email** |  |
| **g.** | **Secondary Contact - Name** |  |
| **h.**  | **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 ALP\_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

[ ]  Other (please describe below):

|  |
| --- |
|  |

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

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

**This section categorizes any spending you had during this quarter. Please fill it out completely.**

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

[ ]  Our site did not spend funds 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

* 1. [ ]  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.