

December 14, 2021

Provider Name Address City, State Zip

Dear Provider:

You qualify for a payment as an adult daily living home and community-based services (HCBS) provider enrolled in the Medical Assistance program. A total of \$13 million in American Rescue Plan Act (ARPA) funds were provided to assist adult daily living providers. Individual funding amounts were based on claims and encounters for services provided between January 1, 2019 and December 31, 2019. Providers must be enrolled and providing services as of November 1, 2021 to receive an ARPA payment

Strengthening the Workforce ARPA funding received by the provider must be used for:

- Sign-on Bonuses (new workers)
- Retention Payments (existing workers)
- <u>L</u>eave Benefits –health insurance premiums or other employee benefits
- COVID-related paid time off/ offering paid sick leave
- · Incentives for vaccination along with paid time off
- Purchase Personal Protective Equipment and Testing Supplies
- Retrofit Adult Day Centers to protect individuals from COVID
- Expenses incurred to re-open adult day center after COVID closure
- Expenses to develop alternative models to providing adult day services

To see the amount you have qualified to receive, please visit the Department of Human Services (DHS) website at https://www.dhs.pa.gov/providers/Providers/Pages/Long-Term-Care-Providers.aspx.

<u>To receive your payment, please complete the OLTL Provider Attestation for Adult Daily Living payment,</u> which is enclosed with this letter. Providers may also download a blank form at the DHS website at https://www.dhs.pa.gov/providers/Providers/Pages/Long-Term-Care-Providers.aspx. Please complete the attestation by initialing to indicate your attestation to the statements, indicate how the funding will be used and include the name, title and signature of provider's authorized representative. Please return the completed form <u>by January 7, 2022</u> to receive a payment in February of 2022. Mail the completed form to the following address or e-mail the form to the following address:

By mail:
Department of Human Services
Office of Long-Term Living
P.O. Box 8025
Harrisburg PA 17105-8025
ATTN: Adult Daily Living Attestation

or

By e-mail: HCBSPayments@pa.gov

Once you submit the completed form and OLTL processes the form for payment, you will see the payment appear as a gross adjustment transaction on a PROMISe remittance advice. The Pennsylvania Treasury Department will disburse the payment nine days after the transaction appears on the remittance advice. Disbursements will be made via check or electronic funds transfer, based on the method in which you receive PROMISe payments.

Important Reminders about ARPA Funding

ARPA funding must be used for the costs/expenses listed above. You must account for the use of this funding at a provider service location (address) level. That is, each qualifying provider service location enrolled in PROMISe and receiving a payment which is listed on the DHS website must account for the use of their specified funding amount, even if two or more service locations are part of the same legal entity or physical location. Please note no portion of the payments can be used to increase executive compensation.

DHS reserves the right to audit your use of the funding. Failure to comply with the terms of the ARPA payment and with the DHS requirements may result in the recovery of funding through collection activities, offset or other legal action.

Providers will be required to report to DHS on the use of ARPA funding. Details of the reporting requirements, including the timing, format, and mechanism by which to send reports, will be available in coming months. However, providers should expect reporting requirements similar to those in place for previous COVID-19-related (CARES Act) funding distributions.

DHS appreciates the efforts and sacrifices made by HCBS providers and the adult daily living providers during the COVID-19 public health emergency. We hope this ARPA funding provides an additional resource to support the care you offer for your fellow Pennsylvanians in greatest need.

Office of Long-Term Living (OLTL) Provider Attestation for Adult Daily Living Providers

Providers that are seeking one-time supplemental payments to strengthen the workforce based on their claim and encounter payments for the period January 1, 2019 thru December 31, 2019 must attest to the following:

(Please initial all statements to which you are attesting authorized representative.)	ng and provide the name, title and signature of the
I attest that any payments received by to recoupment if expenses were reimbursed by state or federal audit or any other authorized thi	
I attest the supplemental payments recto fund the following expenses:	ceived by <u>name of provider</u> will be used
(please check the items you intend to use the fu	unding for):
COVID-related paid time off/ of Incentives for vaccination along Purchase Personal Protective Retrofit Adult Day Centers to provide Expenses incurred to re-open a Expenses to develop alternative I further attest that no portion of the subsecutive compensation.	vorkers) ace premiums or other employee benefit fering paid sick leave g with paid time off Equipment and Testing Supplies otect individuals from COVID adult day center after COVID closure e models to providing adult day services pplemental payments will be utilized to increase as and will comply with any and all reporting a use of any supplemental payments. I
Name of Provider:	Name of provider
Promise ID/Medical Assistance Provider ID number (13 digits):	XXXXXXXXXXX
Name of Provider's Authorized Representative:	
Title of Provider's Authorized Representative:	
Signature of Provider's Authorized Representative:	
Amount of Payment:	\$