**Arkansas American Rescue Plan Act Funds Reporting Instructions**

Nursing facilities must complete the ARPA Funds Reporting Form to claim ARPA funds. Nursing facilities should indicate on the form the name and title of who will sign, facility name, Medicaid Provider ID number, and vendor number.

There are three programs that may be claimed on the two available forms are 1) Exceptional Costs of Biohazardous Waste and COVID-19 testing, 2) Assistance with Increased Need for Staff During Pandemic and 3) Temporary Assistance with Unreimbursed Fixed Property Cost. Providers should request participation in either, or both, of the assistance programs by marking an “X” in the boxes on the attestation form.

**Additional information needed for the Biohazardous Waste Disposal and COVID-19 testing program**

To claim reimbursement in this program, providers must report their incurred cost on the reporting form. Providers must report the incurred cost of biohazardous waste disposal, COVID-19 testing of staff, and COVID-19 testing of residents, along with a total of these three lines. The reported cost should be from dates of service March 3, 2021 through February 28, 2022. Supporting documentation for the claimed cost is not due currently.

No additional information from the provider is needed currently for the second and third assistance program.

The administrator or an officer of the provider must provide a signed attestation on the reporting forms to qualify for the ARPA funding. The completed and signed reporting forms must be emailed to [ARPA@dhs.arkansas.gov](mailto:ARPA@dhs.arkansas.gov).

Additional qualifications for the ARPA funding are listed below. A nursing facility must:

1. Be a DHS licensed skilled nursing facility and certified to participate in Medicaid (or Medicaid and Medicare). Participating nursing facilities may be privately owned, county or municipal-owned, or state-owned.
2. Timely submit a Medicaid cost report for SFY 2021. A Medicaid cost report for SFY 2022 is also required if any ARPA funds requested or received are attributable to SFY 2022.
3. Have served Medicaid beneficiaries in SFY 2021 and agree to continue accepting and serving Medicaid patients during the public health emergency.
4. Agree to cooperate with any state or federal audit and provide DHS with access to financial records.
5. Attest that these are necessary expenditures to address the problems and needs described in this proposal caused by the public health emergency with respect to COVID-19 and that none of these funds are used to:

• Duplicate or supplant funding from any other federal or state program. Payments or other reimbursement for direct patient care is not included as funding from a federal or state program; or

• Pay any increase in management fees to administrative personnel.