

# AMERICAN RESCUE PLAN ACT (ARPA)

Residential Care / Assisted Living Facility  
Operator COVID Expense Reimbursement



**Steve Bollin, Director**  
Regulation & Licensure Division  
Missouri Department of Health and Senior Services  
[www.health.mo.gov](http://www.health.mo.gov)

MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

## American Rescue Plan Act (ARPA)

- Missouri was awarded roughly \$2.3 billion in federal grants in response to the pandemic for a variety of initiatives.
- Every State Department was asked to develop programs to utilize these funds.
- DHSS was asked to develop two programs utilizing ARPA funds. One of those programs was to reimburse Residential Care and Assisted Living facilities for operating expenses associated with pandemic response that directly related to preparing preventing, and responding to the pandemic.

## American Rescue Plan Act (ARPA)

- \$10 million was appropriated for this program
- Expenses must have been incurred between April 1, 2021 and March 31, 2022.
- Expenses eligible for reimbursement include:
  - Payroll costs
  - Training and orientation
  - Operational supplies

## American Rescue Plan Act (ARPA)

- **What Expenses are Applicable for each reimbursement category?**

## American Rescue Plan Act (ARPA)

- Payroll costs – an increase in payroll paid directly to staff or a staffing agency include:
  - Wage rate increases
  - Overtime pay
  - Bonuses – sign-on and retention

## American Rescue Plan Act (ARPA)

- Training and orientation
  - Staff orientation
  - Disease prevention and response training
  - Software training
  - Other trainings that supported the facility's planning, preparing and response to the pandemic

## American Rescue Plan Act (ARPA)

- Operational supplies
  - Personal protective equipment
  - Cleaning supplies
  - Sanitation company services
  - Software used in tracking COVID-related information
  - Employee incentives (i.e., gift cards, etc.)
  - Employee background check fees
  - Appliances
  - Visitation aids (i.e., tablets for virtual visits; physical barrier equipment, such as Plexiglas for in-person visits; etc.)
  - Portable fans, air cleaners, filtration systems, etc.
  - Other items that supported the facility's planning, preparing and response to the pandemic

## American Rescue Plan Act (ARPA)

- What documentation is required for each reimbursement category?

- Payroll costs
  - *Required supporting documentation:*
    - ❑ **Direct Pay**
      - Missouri Division of Employment Security, Unemployment Insurance Tax, Quarterly Contribution and Wage Report (MODES-04) for calendar quarter 1 of 2020 and all eligible quarters for which an increase in expenses occurred and reimbursement is being requested
      - Quarter 1 of calendar year 2020 (January 1, 2020 – March 31, 2020)
      - Quarters 2—4 of calendar year 2021 (April 1, 2021 – December 31, 2021)
      - Quarter 1 of calendar year 2022 (January 1, 2022 – March 31, 2022)
    - ❑ **Staffing Agency**
      - Paid staffing agency invoice(s)

[illegible]

- Training and orientation
  - *Required supporting documentation:*
    - Paid vendor invoice(s)

COMPANY LOGO		INVOICE	
From: Email: Address: City, ST, ZIP) Phone: Fax: Website:		DATE INVOICE # BALANCE DUE (USD)	January 1, 2018 00000001 <b>\$1,130.00</b>
		<b>BILL TO</b>	
		Client Name: Email: Address: City, ST, ZIP) Phone:	
<b>DESCRIPTION</b>		<b>QTY.</b>	<b>UNIT PRICE</b>
Item 1 for illustration	1	\$500.00	\$500.00
Item 2 for illustration	5	\$100.00	\$500.00
<b>SUBTOTAL</b>			<b>\$1,000.00</b>
<b>COMMENTS</b>			
Due in 30 days upon receipt.  Make all checks payable to: <b>Your Company Name</b> (Or, e-transfer details)			
		<b>SUBTOTAL</b> <b>DISCOUNT</b> <b>TAX RATE</b> <b>TAX</b> <b>TOTAL</b>	<b>\$1,000.00</b>  <b>13.00%</b> <b>\$130.00</b> <b>\$1,130.00</b>
		<b>BALANCE DUE (in USD)</b>	
		<b>\$1,130.00</b>	

# American Rescue Plan Act (ARPA)

- Operational supplies
  - *Required supporting documentation:*
    - Paid vendor invoice(s)

Acme Supplies Inc.		Invoice			
Acme Supplies Inc. 596, Grant Road Boston, MA, 46225 987-654-3214 <a href="mailto:support@acmesup.org">support@acmesup.org</a>		<b>Invoice No.</b> 10024	<b>Date</b> 4/23/19		
<b>Attendee Name :</b> Richard M. Jones <b>Attendee Email :</b> <a href="mailto:rmjones@acmesup.org">rmjones@acmesup.org</a>		<b>Customer ID</b> CT204	<b>Terms</b> Net 30 Days		
<b>Ship To :</b> <b>Contact Person :</b> David Jones <b>Street Address :</b> 500, East Main St. <b>City, State, Zip :</b> Branford, CT, 6405 <b>Phone :</b> 123-456-7890 <b>Email :</b> info@chhosp.com		<b>P. O. No</b> 8035	<b>Order Date</b> 4-23-2019		
		<b>Packing Date</b> 4-27-2019	<b>Shipping Date</b> 4-29-2019		
		<b>Sales Person</b> John Smith	<b>Delivery Date</b> 4-30-2019		
Item ID.	Item	Description	Quantity	Price	Total
RDLP01	Pencils	Extra Dark - Pack of 12	20	7.58	151.6
BP0316	Pens	Pack of 12 colors	20	12.5	250
CPC450	Paper Clips	Pack 100 of each	10	11.77	117.7
RC2000C	Printer Paper	White 8.5 x 11, Letter size	40	46.45	1858
NCP7	Nescafe powder	Powder 750g each	60	69.65	4179
CCLD002	Disposable cups	With Lids, Pack of 12	50	19.99	999.5
C2612A	Black 12A cartridge	Printer Lazerjet Toner	1	999	999
			Sub Total		\$8,554.80
			Discount		\$150.00
			Sales Tax %		5.00
			Shipping		29.99
			<b>Total</b>		<b>\$8,855.03</b>
<b>Terms :</b> Please pay invoice by 5-10-2019			<b>John Smith</b> Sign on the dotted line above		

## American Rescue Plan Act (ARPA)

- **What format is acceptable for submitting supporting documentation?**
  - DOC, DOCX, PDF, XLS, XLSX, JPEG, JPG, BMP, GIF and PNG

## American Rescue Plan Act (ARPA)

- **What timeframe is considered pre-COVID, for the purpose of documentation, to show an increase in payroll costs paid direct to employees?**
  - For the purpose of documentation to show an increase in payroll costs, operators must submit the Missouri Division of Employment Security, Unemployment Insurance Tax, Quarterly Contribution and Wage Report (MODES-04) for the first calendar quarter of 2020 (January 1, 2020 – March 31, 2020).



## American Rescue Plan Act (ARPA)

- **Why is there a gap between the timeframe considered pre-COVID for the payroll costs reimbursement category and the reimbursement period of April 1, 2021 to March 31, 2022?**
  - ARPA funding is not allowed to be used for any COVID-related expenses that occurred before March 3, 2021. Since the reimbursement period is post state of emergency declaration, the first calendar quarter of 2020 represents pre-pandemic circumstances and serves as the baseline to document change in expenses.

## American Rescue Plan Act (ARPA)

- **How do I determine the total amount I can request for payroll paid directly to staff?**
  - Payroll increases should be determined by using the operator's Missouri Division of Employment Security, Unemployment Insurance Tax, Quarterly Contribution and Wage Report (MODES-04) forms.



# American Rescue Plan Act (ARPA)

- Is tax paid on COVID-19 expenses reimbursable?
  - No. Only the cost of the item(s) purchased is reimbursable.

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<b>Attendant Name :</b> Richard M. Jones <b>Attendant Email :</b> <a href="mailto:rmjones@acmesup.org">rmjones@acmesup.org</a>		<b>Customer ID</b> CT204	<b>Terms</b> Net 30 Days		
<b>Ship To :</b> <b>Contact Person :</b> David Jones <b>Street Address :</b> 500, East Main St. <b>City, State, Zip :</b> Branford, CT, 6405 <b>Phone :</b> 123-456-7890 <b>Email :</b> info@chhosp.com		<b>P. O. No</b> 8035	<b>Order Date</b> 4-23-2019		
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CCLD002	Disposable cups	With Lids, Pack of 12	50	19.99	999.5
C2612A	Black 12A cartridge	Printer Lazerjet Toner	1	999	999
			Sub Total		\$8,554.80
			Discount		\$150.00
			Sales Tax %		5.00
			Shipping		29.99
			<b>Total</b>		<b>\$8,855.03</b>
<b>Terms :</b> Please pay invoice by 5-10-2019			<b>John Smith</b> Sign on the dotted line above		

## American Rescue Plan Act (ARPA)

- **My company owns multiple facilities, am I required to submit an application for each facility or one application for all being operated by my company?**
  - Operators who own multiple facilities should submit one application for all of the facilities they own/operate.

## American Rescue Plan Act (ARPA)

- **Will allocation payments be sent out to each qualifying operator automatically?**
  - No. Allocation payments are not automatic.

## American Rescue Plan Act (ARPA)

- **How do I obtain reimbursement?**

- Qualifying operators must submit an application request for reimbursement.
- After submission, DHSS will review all information and supporting documentation. DHSS may contact operators to clarify information or request missing information.

## American Rescue Plan Act (ARPA)

- **How do I obtain reimbursement?**

- Once the application and supporting documentation are successfully reviewed and approved by DHSS, a contract will be issued to the operator to be signed and returned to the Department of Health and Senior Services, Bureau of Procurement Services.
- Payments will be processed and issued by the Missouri Office of Administration after the contract is signed by both parties and is considered fully executed. Operators will receive a copy of the fully executed contract.

## American Rescue Plan Act (ARPA)

- **How do I know how much my operation is eligible to receive in reimbursements through this opportunity?**
  - Operators of residential care facilities and assisted living facilities licensed in Missouri on April 1, 2021 are eligible to receive reimbursement.
  - The facility's licensed bed total on record with DHSS as of March 31, 2022, multiplied by \$348.00 equals the total maximum reimbursement for that facility.
  - Operators with multiple facilities will submit one application for the total reimbursement maximum for all combined.
  - Reimbursement will only be issued up to an operator's maximum allocated amount while funding is available.

## American Rescue Plan Act (ARPA)

- **Why would requested reimbursement be delayed and/or denied?**
  - The allotted funding of \$10,000,000 has been full expended. The reimbursement applications will be processed in a first come, first served manner.
  - The application was submitted missing required information.
  - The application was submitted without the appropriate required supporting documents.
  - The operator has not registered as a vendor with the State of Missouri.

## American Rescue Plan Act (ARPA)

- **Why would requested reimbursement be delayed and/or denied?**
  - The operator's address on the application does not match the information supplied when registering as a vendor with the State of Missouri.
  - The operator is not in good standing with the State of Missouri (i.e., has unpaid taxes or fines; has unmet contract deliverables; etc.)
  - The licensed residential care facility or assisted living facility closed before the reimbursement period (on or prior to April 1, 2021).

## American Rescue Plan Act (ARPA)

- **My licensed residential care facility or assisted living facility closed; do I still qualify for reimbursement?**
  - If the residential care facility or assisted living facility closed before the reimbursement period (on or prior to April 1, 2021), the facility does not qualify for reimbursement.

## American Rescue Plan Act (ARPA)

- **My licensed residential care facility or assisted living facility closed; do I still qualify for reimbursement?**
  - If the residential care facility or assisted living facility closed on or after April 1, 2021, any qualifying expenses incurred between April 1, 2021 and March 31, 2022 may be submitted for reimbursement. The entity (i.e., LLC, corporation, etc.) that incurred the expenses must still be a valid entity registered and in good standing with the Missouri Secretary of State in order to receive payment.
  - Additionally, if the residential care facility or assisted living facility closed during the reimbursement period, any expenses incurred after date of closure will not be reimbursed. *(i.e., If ABC Facility closed January 1, 2022, qualifying expenses incurred from April 1, 2021 to January 1, 2022 could qualify for reimbursement).*

## American Rescue Plan Act (ARPA)

- **Is there a checklist available to aid operators in making sure all steps of the application process are complete?**
  - Yes, the checklist can be found at:  
<https://moarpa.mo.gov/required-forms-program-application-instructions/>
  - Scroll down to Operators of Residential Care/Assisted Living Facilities



## American Rescue Plan Act (ARPA)

- **How many applications for reimbursement can I submit?**

- Qualifying operators may submit up to two applications through this initiative up to the maximum of their reimbursement amount.

## American Rescue Plan Act (ARPA)

- **Do I have to register as a vendor with the State of Missouri?**

- Yes, before operators can complete an application for reimbursement, they **must** register as a vendor with the state's financial system – SAM II.
- To register as a vendor in SAM II, operators must complete the Vendor Input Form (VIF) located at  
[https://oa.mo.gov/sites/default/files/vendor\\_input\\_ach\\_eftd.pdf](https://oa.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf).

- Completed forms **must** be sent to the Office of Administration
  - by fax at **573-526-9813**
  - or by mail at: Office of Administration/Accounting  
PO Box 809  
Jefferson City, MO 65102.

## American Rescue Plan Act (ARPA)

- **Are there any tips for registering as a vendor with the State of Missouri that will help avoid delays in application and/or payment processing?**
  - Be sure to register only the operating entity and not all individual facilities owned by the same company.
  - Be sure that the address used in the State's financial system is the same address that will be used as the operator's address on the application and any accounts payable documentation.
  - Be sure to complete the ACH-EFT portion of the SAM II Vendor Input Form.

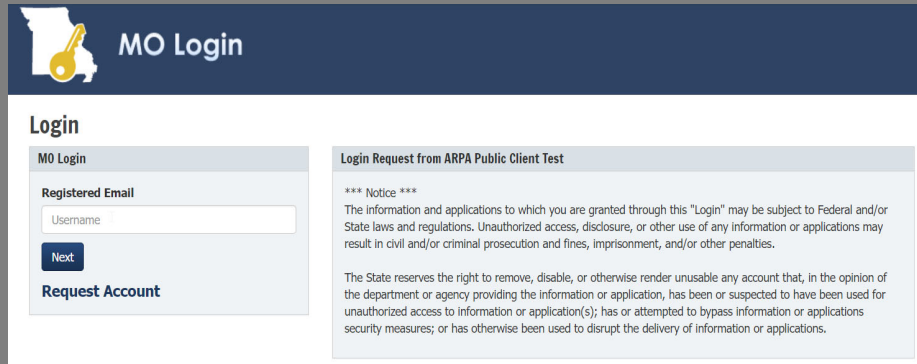
## American Rescue Plan Act (ARPA)

- **Where and how will payment be sent?**
  - The State of Missouri reserves the right to make payments to qualifying applicants through electronic funds transfer (EFT).
  - Facility operators must ensure that their ACH-EFT payment information is up-to-date in the State's financial system.

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Operators must register in the MO ARPA portal (<http://moarpa.mo.gov>)
- Enter the email address with which you want to register and click "Request Account"



**MO Login**

**Login**

MO Login

Registered Email

Username

Next

[Request Account](#)

**Login Request from ARPA Public Client Test**

\*\*\* Notice \*\*\*

The information and applications to which you are granted through this "Login" may be subject to Federal and/or State laws and regulations. Unauthorized access, disclosure, or other use of any information or applications may result in civil and/or criminal prosecution and fines, imprisonment, and/or other penalties.

The State reserves the right to remove, disable, or otherwise render unusable any account that, in the opinion of the department or agency providing the information or application, has been or suspected to have been used for unauthorized access to information or application(s); has or attempted to bypass information or applications security measures; or has otherwise been used to disrupt the delivery of information or applications.

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- An email will be received with a link to complete the registration – click the Account Registration Link and complete the required information.

**From:** Missouri Account System <[SelfRegistration@oa.mo.gov](mailto:SelfRegistration@oa.mo.gov)>  
**Date:** August 23, 2022 at 10:05:50 AM CDT  
**To:** [vnschmidt1@cougars.ccis.edu](mailto:vnschmidt1@cougars.ccis.edu)  
**Subject:** State of Missouri MO Login Account Request

An account registration request has been received for the State of Missouri MO Login account for this email. If you requested this account registration, please click the **Account Registration Link** below or copy and paste the **Full Link** into your browser to complete the process. For security reasons, this link expires in 1 hour.

[Account Registration Link](#)

Full Link:

<https://test-moaccount.azurewebsites.us/Account/Register/?Code=7191793a-b2fb-4b16-bf37-6d421c4cad8f&ReturnUrl=https://moarpagranstest.mo.gov/signin-oide?&ClientID=ArpaPublicClient-Test>

**If you did not request this account registration, please delete this email.**

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Complete the required information to create the account – be sure to follow the password rules outlined on the page.

**MO Account**

Home | Forgot Password | Request Account | Login

### Create Account

First Name  Middle Name  Last Name

Email

Password

Confirm password

[Create Account](#)

**Password Rules**

- Must be at least 12 characters
- Must contain at least 3 of the following:
  - Upper case character
  - Lower case character
  - Number
  - Special character. Examples include !@#%&^&\*( )\_+~`-=[\]{}|;:<>?,./
- Must not be a recent password

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- After the create account information is entered - you will be taken to the main page of the ARPA Application Portal
- From this page, you will click on “Register a New Entity” to enter all of your entity’s information.

**AMERICAN RESCUE PLAN ACT 2021**  
Missouri's State Fiscal Recovery Funds

[Contact Us](#)

Home | Account | Exit

### My Entities

Your account is not associated to an Entity. Please use the Account menu to either [Redeem an Invite Code](#) or [Register a New Entity](#).

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Complete all of the required fields marked with an asterisk (\*). Operators will not be required to include the SAM.gov ID (also known as a UEI) on the application. Once all information has been added, select the Save button to complete the entity registration. Please note, the entity name and address you register with in state's financial system must be what is entered on the application – information that doesn't match will result in delays in payment.

Register New Entity

Entity Information

Entity Name \*

Bella's Assisted Living

The full legal name of the entity on whose behalf you are registering an account.

Phone Number \*

(555) 555 5555

The phone number (including area code) to be used for communications from the State of Missouri.

Fax Number

(555) 555 5556

The fax number (including area code) to be used for communications from the State of Missouri.

Federal ID Number \*

333333338

The nine-digit federal employer identification number (FEIN) for the entity or a Social Security Number.

SAM.gov ID

The System for Award Management (SAM.gov) identification number of the entity. **Request a SAM.gov ID**

Email \*

vschmidt1@cougars.ccs.edu

The email address to be used for communications from the State of Missouri.

County \*

MONTEAU

Select the county in which the entity is physically located.

E-Verify Gov

The entity must be verified through e-verify to be awarded any ARPA grant funds.

Address Information

Mailing Address \*

123456 Main Street

The mailing address to be used for communications from the State of Missouri.

Mailing City \*

California

Mailing State \*

Missouri

Mailing Zip/Postal Code \*

65018

Fiscal Year Information

Fiscal Year Period

JULY 1 - JUNE 30

Select the twelve-month period of the entity's fiscal year.

Save

Cancel

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Once the entity is registered, you can make changes to the entity information, add users to the account, view messages within the portal, add files and add contacts for the application.

My Entities

Bella's Assisted Living

Entity

Users

Messages

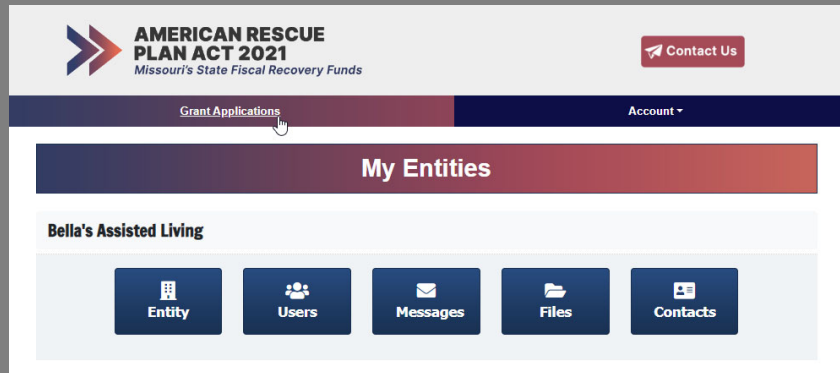
Files

Contacts

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

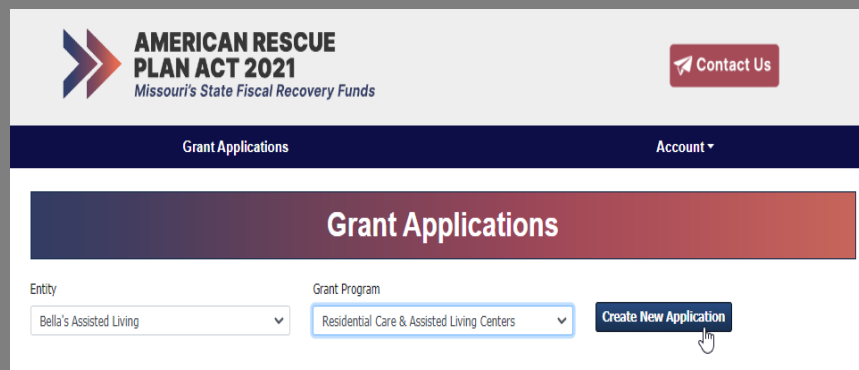
- To apply for the funding click on "Grant Applications" at the top of the page



# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- On the "Grant Applications" page, select your entity from the Entity dropdown menu, and select "Residential Care & Assisted Living Centers" from the Grant Program dropdown menu, then click "Create New Application"



# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Complete all required information on the application page – you will have to scroll down the page to view all of the application questions/details. Be sure to click the Save Form button often.

**Grant Application - Bella's Assisted Living**

Success: Application was created.

**Residential Care & Assisted Living Centers - DHSS-RC-BEE34C7FEC39**

Please contact the help line at LTCARPAReimbursements@health.mo.gov with questions regarding this application.

**Contacts & Representatives**

Click Here to Create a Contact

Applicant / Continuing Authority \* Select Contact...

Authorized Representative \* Select Contact...

Application Completed By \* Select Contact...

**Applicant Reimbursement Information**

The following amount listed is your maximum reimbursement allowed. When submitting your application, your request for reimbursements should not exceed this amount.

The maximum reimbursement that can be requested with this application is \* 560,000

**Direct Wages Reimbursement Request**

Operators may seek reimbursement for direct wage expenses directly related to preparing, preventing, and responding to the COVID-19 pandemic. Eligible expenses are direct wages that were paid in quarters 2-4 in 2021 and/or Q1 in 2022 over and above direct wage expenses paid in Quarter 1 2020. Do not include staffing agency expenses here, they will be captured elsewhere. Expenses must have been incurred between April 1, 2021 and March 31, 2022. You are encouraged to apply for up to the amount eligible, using multiple categories if necessary to reach your total allocation. You will not be reimbursed for amounts above the calculation based on licensed beds.

Are you requesting reimbursement for eligible direct payroll payments to staff? Eligible expenses are direct wage expenses that were paid in Quarters 2-4 in 2021 and/or Q1 in 2022 over and above direct wage expenses paid in Quarter 1 2020. \*

Select Option...

If yes, enter the total amount of eligible direct wage expenses paid for which you are seeking reimbursement.

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Please note that the maximum reimbursement field is automatically populated with the operating entity's maximum reimbursement amount based on the number of licensed beds on file with DHSS as of March 31, 2022 multiplied by \$348.00.
- The maximum reimbursement auto population is connected to the FEIN with which your entity registered in the state financial system.
- If this field contains no value, please reach out to the contact listed at the top of the page. The application cannot be submitted without the maximum reimbursement amount.

**Applicant Reimbursement Information**

The following amount listed is your maximum reimbursement allowed. When submitting your application, your request for reimbursements should not exceed this amount.

The maximum reimbursement that can be requested with this application is \* 560,000

# American Rescue Plan Act (ARPA)

## ARPA Application Portal

- Once all application fields/questions are completed, upload supporting documentation to the files section of the application
- Remember, acceptable files are DOC, DOCX, PDF, XLS, XLSX, JPEG, JPG, BMP, GIF and PNG

**Files**

[Click Here to Upload a File](#)

Reimbursement Request - Staffing Agency	Select File...	<a href="#">View</a>	<a href="#">?</a>
Reimbursement Request - Training	Select File...	<a href="#">View</a>	<a href="#">?</a>
Reimbursement Request - Operations	Select File...	<a href="#">View</a>	<a href="#">?</a>
Missouri Division of Employment Security, Quarterly Contribution and Wage Report (MODES - 04) *	Select File...	<a href="#">View</a>	<a href="#">?</a>

[Create additional file field](#)

# American Rescue Plan Act (ARPA)

- After all of the supporting documentation has been uploaded, read and check all attestation checkboxes.
- There are 31 attestation checkboxes, 29 of which are required!!

☐ I or an immediate family member have served in the U.S. Armed Forces.

☐ I would like information about **military-related services in Missouri**.

☐ \* I certify the information provided herein is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may lead to termination of a financial assistance award, and may subject the applicant to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise.

☐ \* I am at least 18 years old and certify I have authority to act in an official capacity for the applicant for financial assistance, and to make the representations included in this Application. I hereby agree to the use of encrypted digital signature as a means to authenticate this writing and to have the same force and effect as the use of manual signatures.

☐ \* This application is incomplete without the required attachments.

☐ \* This is an Agreement and Attestation (hereinafter referred to as "the Agreement") between the State of Missouri, Missouri Department of Health and Senior Services (DHSS) and the applying Residential Care/Assisted Living Facility operating entity (hereinafter referred to as "the operator")

☐ \* I have the authority on behalf of the operator to request payment from the State of Missouri pursuant to HB 3020 (101st General Assembly, 2022), page 9, section 20.195, paragraphs 2-6, contingent upon this provision of HB 3020 being signed into law for State Fiscal Year 2023, from the allocation of funds to the State of Missouri from the Coronavirus State Fiscal Recovery - Health and Economic Impact Fund as created in the American Rescue Plan Act of 2021 (Public Law 117-2) and other applicable federal law. I further certify that I have the full authority to fully bind the operator to the terms and conditions of this Agreement.

☐ \* Funds are limited and subject to appropriation pursuant to paragraphs 2-6 of Section 20.195 of HB 3020. The appropriated funds on lines 2-6 of HB 3020 are capped for the purposes of this Agreement at ten million dollars (\$10,000,000.00). The payment for COVID-19 necessary expenditures and/or costs incurred by a facility will be made to facility operators upon application and qualification until the fund of ten million dollars (\$10,000,000.00) is exhausted, or by November 15, 2022, whichever occurs first.

☐ \* I understand that the funds paid under this Agreement are further capped by an operator allocation which is a prorated share of available funding based on facility capacity and receipts received. Operators may invoice for more than they are allocated, but will only receive reimbursement up to their earmarked amount.

☐ \* I understand that the State of Missouri will rely on this Agreement as a material representation in making a payment to the operator.

☐ \* I understand that in order to be eligible to receive payment under this Agreement, the operator must have owned the facility during some or all of the reimbursement time period of April 1, 2021 and March 21, 2022 and may only request reimbursement for expenses that occurred during the time period in which the operator owned the facility.

☐ \* For COVID-19 necessary expenditures, I certify that the claimed costs were used only to cover those costs that are necessary expenditures incurred due to the public health emergency with respect to the COVID-19 ("necessary expenditures"), and were incurred during the period that begins on April 1, 2021, and ends on March 31, 2022.

☐ \* The operator consents to the State of Missouri publicly disclosing the payment(s) the operator received as a result of this Agreement. The operator acknowledges that such disclosure may allow some third parties to estimate the operator's gross receipts or sales, program service revenue or other equivalent information.

☐ \* The operator shall strictly follow and comply with all federal law and guidance issued or to be issued on what constitutes a necessary expenditure. Noncompliance of any term in this Agreement by an operator or its grantee(s) in any manner shall subject the operator to recoupment of some or all of the payment and shall be a debt due to the State, and shall be returned to the State of Missouri 2 within thirty (30) days of request.



## American Rescue Plan Act (ARPA)

### *What the heck was on that last slide?*

- Below are the questions being asked.

<input type="checkbox"/>	I or an immediate family member have served in the U.S. Armed Forces.
<input type="checkbox"/>	I would like information about <b>military-related services in Missouri</b> .
<input type="checkbox"/>	* I certify the information provided herein is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may lead to termination of a financial assistance award, and may subject the applicant to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise.
<input type="checkbox"/>	* I am at least 18 years old and certify I have authority to act in an official capacity for the applicant for financial assistance, and to make the representations included in this Application. I hereby agree to the use of encrypted digital signature as a means to authenticate this writing and to have the same force and effect as the use of manual signatures.
<input type="checkbox"/>	* This application is incomplete without the required attachments.

## American Rescue Plan Act (ARPA)

### ARPA Application Portal

- Once all aspects of the application are complete, click the “Submit Form” button at the bottom of the screen – you will receive a confirmation email once the application has been successfully submitted.
- Hit “Save” if you want to save what has been entered so far, but you are not yet ready to submit for review.

<a href="#">Save Form</a>	<a href="#">Submit Form</a>	<a href="#">Cancel</a>
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## American Rescue Plan Act (ARPA)

- ARPA Application Portal Resources

- ❑ The COVID-19 Reimbursement Application and invoicing instructions can be found on the State of Missouri's American Rescue Plan Act (ARPA) 2021 website at <https://moarpa.mo.gov/>.

- ❑ Detailed instructions on how to register an account in the ARPA portal can be found at <https://moarpa.mo.gov/wp-content/uploads/instructions-how-to-access-the-arpa-grant-management-portal.pdf>

- ❑ Detailed instructions on how to navigate the ARPA portal can be found at <https://moarpa.mo.gov/wp-content/uploads/instructions-navigating-the-arpa-grant-management-portal.pdf>

## American Rescue Plan Act (ARPA)

- ARPA Application Review

- Applications will be reviewed by Department staff.
  - Requests for additional information will be sent through the ARPA application portal message center – an email will be received indicating that you have a message available in the portal – you will have to login to view the message.
  - Once the application has been reviewed, the Department will generate a contract with the operator for the maximum reimbursement amount.
  - Upon receipt of the fully executed contract, Department staff will submit the application of the Missouri Office of Administration for payment processing.

## American Rescue Plan Act (ARPA)

- ARPA Application Review

- We anticipate that there will be many more questions beyond what we discussed today.
- Please contact: [LTCARPAReimbursements@health.mo.gov](mailto:LTCARPAReimbursements@health.mo.gov)
- You can also submit any questions you have to me today, and I can take them back to the Department to get an answer. Please be sure to include contact information.
- The process will be made as automated and as user-friendly as possible, understanding that there are mandatory steps that must be completed.

## Thank You

For more information contact  
Missouri Department of Health and Senior Services  
[LTCARPAReimbursements@health.mo.gov](mailto:LTCARPAReimbursements@health.mo.gov)