

## ARPA Workforce Development Directed Payments DDD Qualified Vendor Attestation 2024

AHCCCS received federal approval to allocate one-time funding to recruit and retain a knowledgeable and well-trained workforce as outlined in its American Rescue Plan Act (ARPA) Home and Community Based Services spending plan. Maintaining and strengthening the direct care workforce through time-limited directed payments to providers is the most straightforward strategy to incentivize workers to enter or remain in the workforce. Funding is intended to assist Qualified Vendors in retaining and recruiting direct care staff.

AHCCCS is releasing a **FINAL** time-limited payment as part of the ARP Directed Payment program for CYE 2024 as a way to incentivize individuals to enter or remain in the workforce. AHCCCS requires that all eligible providers complete this attestation form at the Tax Identification Number (TIN) level. An attestation of a provider's eligibility for payment must be completed prior to any payment. Inaccurate or false attestations may result in payment recoupment. Please note that providers AHCCCS determines are ineligible for payments will be excluded, either before or after attestation.

Vendors must attest to the following in order to receive and use the ARPA Directed Payments. The Department of Economic Security Division of Developmental Disabilities (DES, DDD or Division) will not release funding until this attestation is returned to DDD and on file. The ARPA directed payments will be issued after receipt of the completed attestation.

1. I agree to the following and attest that the information provided herein is true and accurate to the best of my knowledge.
2. I understand that this will be the final ARP payment made to providers.
3. I understand that directed payments are subject to recoupment if AHCCCS and/or DES/DDD determined, through an audit or otherwise, that services reimbursed from October 1, 2022 through March 31, 2023, which formed the basis for the directed payment calculation, were not provided in the specified utilization periods, if billing or payment was improper, or duplicate payments for services occurred, or in their discretion the TIN is ineligible for payment.
4. Distribute a minimum of 80% of the ARPA Directed Payments to direct support professionals and their direct supervisors. The remaining 20% of the directed payment amount may be expended on costs associated with enhancing, expanding, and/or strengthening HCBS services, such as the recruitment of direct care workers. Examples of such distributions include but are not limited to: expenses for upcoming system implementations such as WellSky, AHCCCS QM Portal, and new RFQVA changes.
  - a. "Direct Support Professional" (DSP) is defined as a person who is hired to explicitly perform and deliver Home and Community Based Services (HCBS) directly to DDD members, for whom the Qualified Vendor appropriately submits claims to the Division for payment.
  - b. For the purposes of the ARPA funding, a direct supervisor must meet the following criteria:
    - i. A direct supervisor is an employee that is responsible for direct support personnel.
    - ii. All direct supervisors must also be qualified direct care workers that are capable of producing billable hours. That means that they are trained/certified and able to fill in for a direct care worker that cannot make a scheduled shift.
  - c. I attest that the funds will be used for expenditures that occurred from January 1, 2024 to February 28, 2025 and the funds will be used to supplement and not supplant existing funding. Funds received in year 2 were extended to February 28, 2024, expenses during

the overlapping period can only be used once to count towards funding requirements in either year.

- i. Allowable distributions for the 80% requirement include, but are not limited to:
  - Hiring bonuses
  - Retention bonuses
  - Stipends
  - Incentives
  - Tuition or continuing education reimbursement;
  - Childcare and/or enhanced insurance coverage
- ii. Incremental related payroll and benefit costs of expenses of items listed above. These are the employer costs based on the additional percentage of payroll needed to distribute the funds. It does not include FUTA, SUTA, or income tax withholdings when you are given credit for gross amounts paid.
- d. I attest that this provider will spend no more than 20% of the Directed Payment for other expenses that enhance, expand, and/or strengthen HCBS. Examples of such distributions include, but are not limited to: mileage reimbursement, tuition or continuing education reimbursement, childcare and/or enhanced insurance coverage reimbursement, recruitment costs, staff recognition and appreciation events, training, technology expansions or expanded capacity.
- e. I understand that the following expenses are unallowable: Cash and gift card distributions as well as any distribution to owners or their spouses.
5. I understand that if this provider violates this agreement or spends this payment in a manner that does not comply with these guidelines, the payment may be recouped and further action may be taken.
6. I acknowledge that this is a final payment and I understand that AHCCCS will not continue this funding in the future.
7. Complete and submit quarterly ARPA Workforce Development Directed Payment report no later than 45 days after the end of the quarter using a predefined template supplied by the Division, which will include, but is not limited to:
  - a. Number of licensed and unlicensed direct service personnel
  - b. Turnover rates per service line
  - c. Retention rates per service line
  - d. Average age of the workforce per job classification
  - e. Average tenure of workforce per service line
  - f. Number of recruitment job ads
  - g. Average number of applicants per recruitment job
  - h. Detailed accounting of expenditures to date

Providers who receive this Directed Payment may be audited at any time by AHCCCS and/or DES/DDD. Audit findings that funds are not spent in the manner outlined above or that the provider cannot demonstrate compliance with this agreement through appropriate documentation may be the basis of recoupment of the Directed Payment in whole or in part. Providers shall maintain all necessary documentation and records regarding the use of these funds for auditing purposes for a period of seven (7) years.

Providers are ineligible for payments if they have been terminated or are under a payment suspension by AHCCCS.

**As the Chief Executive or designee of a provider agency that provides services to DDD members, I attest to the following:**

1. I agree to utilize the funds in accordance with the requirements and timeframes outlined within the attestation, and attest that the information provided herein is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization FEI: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>AHCCCS Provider ID (enter all provider IDs associated with your Qualified Vendor Agreement)</b>	

***Please submit questions about this attestation to  
DDDBusinessOperationsComments@azdes.gov.***