

ARPA HCBS Direct Care Workforce One Time Supplemental Payment

Frequently Asked Questions

Q: What is the Medicaid authority for this payment?

A: This payment was authorized by CMS under an approved 1915(c) Appendix K Addendum on 6/16/2022. The approved Appendix K is available at: <https://medicaid.ms.gov/wp-content/uploads/2022/06/Combined-Addendum-to-the-1915c-Appendix-K-%E2%80%93-CMS-Approved-June-16-2022.pdf>

Q: Who qualifies for this payment?

A: Providers meeting all of the below qualifications are eligible to receive this payment:

- Must render one or more of the following services under a 1915(c) waiver: Personal Care Services, Personal Care Attendant, In Home Respite Services, In Home Nursing Respite, Community Respite, Adult Daycare Services, Day Services Adult, Assisted Living Services, TBI Residential AL Services, Supervised Living, Supported Living, Shared Supported Living, Home and Community Supports.
- Must be actively enrolled as a Medicaid provider as of 6/16/2022.
- Must submit a completed attestation by 8/15/2022.

Q: Who does not qualify for this payment?

A: The following providers do not meet the qualifications to receive this payment:

- Providers rendering direct care services under the state plan and not a 1915(c) waiver.
- Providers rendering the following services on a 1915(c) waiver: Case Management, Support Coordination, Vocational Services, Behavioral Supports/Crisis Intervention, Therapy, Specialized Medical Equipment and Supplies, Transition Services, Home Delivered Meals, or Environmental Accessibility Adaptations
- Providers who are no longer actively enrolled as a Medicaid provider as of 6/16/2022.
- Providers who fail to submit a completed attestation by 8/15/2022.

Q: How was the payment amount determined?

A: Payments are a one-time supplemental payment. Supplemental payments are based on 5% of expenditures paid to the provider from 4/1/2020-3/31/2021.

Q: Is there a deadline to expend these funds?

A: All One Time Supplemental Payment funds must be expended, and your completed Tracking Tool must be submitted to DOM by 3/31/2024. However, DOM strongly encourages providers to spend funds over the next 6-12 months to support the direct care workforce immediately.

Q: How should One Time Supplemental Payments be spent to ensure it is auditable by DOM?

A: DOM has created a Payment Tracking Tool that is available in both Excel and Google Docs that must be used to track the spending of this payment. Those tools along with a training video are available on our ARPA webpage at <https://medicaid.ms.gov/american-rescue-plan-act-hcbs-enhancement-opportunities/>.

Q: What documentation must be maintained to support expenditures logged on the Payment Tracking Tool?

A: For “Recruitment Bonuses” and “Retention Bonuses”, providers should maintain copies of cancelled checks and payroll journals documenting the amount paid, the type of bonus paid, the recipient, and the date paid. For “Other, Non-Bonus” expenses paid out of the 25% allowed for administrative costs, providers should maintain a copy of any associated invoices, payment receipts, travel vouchers, time logs, etc. that support the expense.

Q: How can this payment be spent?

A: At least 75% of the supplemental payment received must go directly to retention/recruitment bonuses for individuals currently or newly employed and working as direct care staff who are making under \$50,000 a year. For some providers who will not have allowable administrative expenses that can be paid with one time payment funds, 100% of the one time payment must be spent on recruitment or retention bonuses for personal care attendants and in home respite workers and/or the employer portion of the employment taxes associated with those bonuses.

Q: Can more than 75% of the One Time Supplemental Payment go towards retention/recruitment bonuses?

A: Yes, up to 100% of the One Time Supplemental Payment can go to retention/recruitment bonuses for direct care workers. DOM strongly encourages all providers to expend the greatest percentage possible on retention/recruitment bonuses.

Q: Can any of the One Time Supplemental Payment be spent on administrative expenses?

A: Yes, up to 25% of the supplemental payment may be spent on allowable administrative expenses.

Q: What are some examples of allowable administrative expenses that providers can spend up to 25% of the One Time Supplemental Payment on?

A: Allowable administrative expenses must have been both incurred and paid by the provider. Examples of allowable administrative expenses include employment taxes on recruitment/retention bonuses, office furniture/supplies/equipment, personal protective equipment (PPE), training expenses, additional travel expenses, additional overtime expenses, office or facility repairs/maintenance, adult day facility repairs/maintenance, accessibility modifications, advertising expenses, recruiting expenses, cleaning supplies, uniforms, background checks, electronic record keeping systems, etc. If you have questions about

whether a specific administrative expense is allowable, please email us at LTSSPrograms@medicaid.ms.gov.

Q: What are some examples of non-allowable administrative expenses that providers cannot spend up to 25% of the One Time Supplemental Payment on?

A: Examples of non-allowable administrative expenses include, but are not limited to, general staff raises, bonuses to administrators/managers or their families, personal device or vehicle costs, solicitation of beneficiaries, alcohol, weapons, etc. Non-allowable administrative expenses also include: (1) expenses that have been or must be reimbursed from another state or federal source of payment, or (2) expenses for which other state or federal funds are available for payment. If you have questions about whether a specific administrative expense is allowable or not, please email us at LTSSPrograms@medicaid.ms.gov.

Q: If I have another source of state or federal funds that I am obligated to expend in reimbursing administrative expenses, can I choose to use the One Time Supplemental Payment funds instead?

A: No. If you have other funds that must be used to pay administrative expenses, you must use those funds to reimburse these expenses, and One Time Supplemental Payment funds cannot be used. If you have sufficient state and federal funds to reimburse all administrative expenses, then 100% of your One Time Supplemental Payment funds must be used for retention/recruitment bonuses. When these circumstances exist, DOM will require you to execute a modified Attestation that acknowledges all funds must be spent on retention/recruitment bonuses. If you have questions about whether such circumstances exist, please email us at LTSSPrograms@medicaid.ms.gov.

Q: What are some examples of scenarios in which administrative expenses are required to be paid through existing state or federal funding and would thus be non-allowable as a One Time Supplemental Payment expense?

A: Without limitation to other examples that may exist, the following circumstances are examples that are more likely to exist:

Example 1: Funds paid to governmental entities as a result of this supplement payment may not be used for the administrative cost related to administering the program if those costs are already obligated expenditures through an agreement with DOM and the state's Public Assistance Cost Allocation Plan (PACAP).

Example 2: Administrative costs (like PPE purchases) paid utilizing Provider Relief Funds or other federal funding sources would not be eligible for additional payments under the One Time Supplemental Payment.

Q: Can the payment be used for repairs and maintenance of my office/facility?

A: Assuming the other program requirements can be met, yes, the 25% allocated for administrative spending can be used for this purpose.

Q: Can the payment be used for repairs and maintenance of the adult day facility van/bus?

A: Assuming the other program requirements can be met, yes, the 25% allocated for administrative spending can be used for this purpose.

Q: Once a provider has completed spending all of the One Time Supplemental Payment, what should they do with the completed Tracking Tool?

A: The completed and electronically signed tracking tool should be emailed to DOM at LTSSPrograms@medicaid.ms.gov. Additionally, the provider should maintain a copy at their office for audit purposes.

Q: What if a provider goes out of business prior to spending all of the One Time Supplemental Payment?

A: The provider must remit the unspent balance of the payment along with their Tracking Tool to DOM prior to closing.

Q: If providers were providing multiple services under a single provider number during the time period specified to be eligible, but they no longer provide all of those services, can all funds received from that provider number be spent on the remaining services rendered under that provider number?

A: Yes. For example, if Provider A has a W08 provider number to render Home and Community Supports and In Home Respite under the ID/DD Waiver and were reimbursed for both services from 4/1/20-3/31/21, but has since stopped providing respite, the provider can utilize the entire 5% received under that provider number to support recruitment and retainment of staff under the remaining service.

Q: Can recruitment/retention bonuses be paid to relatives of owners/administrators?

A: No.

Q: How does DOM define “relative” for the purposes of this project?

A: A relative is any person currently related to another by heredity, adoption, or marriage.