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### General Information

**Executive Office of Health & Human Services**

**FY23 10% Enhanced Funding Reporting and Attestation Form**

The following form asks you report on how your entity spent its FY23 10% enhanced funds from Regulations 101 CMR 452: Supplemental rates for workforce investment for certain health and human services programs and 101 CMR 453: Enhanced rates for certain home- and community-based services related to section 9817 of the American Rescue Plan Act and Managed Care Entity Bulletins 91 and 92 and the impact these enhanced funds had on recruitment and retention of your direct care workforce.

Please only include recruitment and retention expenses which were funded by the FY23 10% enhanced funds, and not those which were funded by POS contracts or other sources. Providers are required to report unless they received less than \$10,000 in total from all EOHHS agencies and MassHealth Managed Care Entities through the applicable regulations and bulletins. Providers who received less than \$10,000 in total are welcome to report, but not required to do so.

The form is for reporting purposes only as it relates to the 10% enhanced funds your entity received from the regulations and bulletins listed below. It is not a solicitation for additional funds. Providers should submit only one report even if they have multiple contracts with the state. Providers may be subject to a financial sanction or penalty if they fail to submit the attestation, fail to submit a complete report, and/or demonstrate funds were spent on ineligible activities.


Once you have moved to the next page, you are able to go back to the previous page by clicking "Previous" at the bottom of the screen. You are able to make edits to any page until you submit the form.

**Eligibility**

By continuing to the Reporting Form, you are hereby certifying that your organization received the 10% enhanced funds authorized through one or more of the following Regulations or Bulletins:

- 101 CMR 452.00 Supplemental Rates for Workforce Investment for Certain Health and Human Services Programs

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**Eligibility**

By continuing to the Reporting Form, you are hereby certifying that your organization received the 10% enhanced funds authorized through one or more of the following Regulations or Bulletins:


- 101 CMR 452.00 Supplemental Rates for Workforce Investment for Certain Health and Human Services Programs
- 101 CMR 453.00 Enhanced Rates for Certain Home- and Community-Based Services Related to Section 9817 of the American Rescue Plan Act
- Managed Care Entity Bulletin 91: Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services
- Managed Care Entity Bulletin 92: Extension of and Updates to the Temporary Rate Increases for Home and Community-based Services and Behavioral Health Services for Integrated Care Plans

☒ I fulfill the above mentioned criteria

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### Provider and Signatory Information

\* indicates required field

**FULL ADDRESS**

Official Business NameAddress Line 1

City / TownState


Zip Code

DBA [If applicable]EIN

NPI [If applicable]MH Provider ID [If applicable]

Vendor Code

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**AUTHORIZED SIGNATORY (CONTACT PERSON) INFORMATION:**

\*First Name\*Last Name


\*Job Title\*Email

\*Phone Number

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\* indicates required field

**For dates of service July 1, 2022 through June 30, 2023:**


The amounts below represent the total amount of enhanced funds received from the following payers for services delivered. If your entity did not receive enhanced funds from a payer, \$0 is populated.

Department of Children & Family (DCF)	Department of Development Services (DDS)
<input type="text"/>	<input type="text"/>
Department of Mental Health (DMH)	Department of Public Health (DPH)
<input type="text"/>	<input type="text"/>
Department of Youth Services (DYS)	Aging Service Access Point(s) or the Executive Office of Elder Affairs (ELD)
<input type="text"/>	<input type="text"/>
MassHealth fee-for-service (FFS)	Massachusetts Commission for the Blind (MCB)
<input type="text"/>	<input type="text"/>

**For dates of service July 1, 2022 through June 30, 2023:**

If your entity received enhanced funds from MassHealth contracted managed care entity(ies), please input the amount of enhanced funds your entity received from MassHealth contracted managed care entities.

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<input type="text"/>	<input type="text"/>
Department of Mental Health (DMH)	Department of Public Health (DPH)
<input type="text"/>	<input type="text"/>
Department of Youth Services (DYS)	Aging Service Access Point(s) or the Executive Office of Elder Affairs (ELD)
<input type="text"/>	<input type="text"/>
MassHealth fee-for-service (FFS)	Massachusetts Commission for the Blind (MCB)
<input type="text"/>	<input type="text"/>

**For dates of service July 1, 2022 through June 30, 2023:**


If your entity received enhanced funds from MassHealth contracted managed care entity(ies), please input the amount of enhanced funds your entity received from MassHealth contracted managed care entities.

\*MassHealth contracted managed care entity(ies)

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### Service Selection

Below is a list of services that have rates within the corresponding regulations. Please select the services that your entity provides. Select all that apply.

#### Home and Community Based Services (101 CMR 453)

<input type="checkbox"/> Home Health Services: G0299, G0300, G0299 UD, G0300 UD, T1502, T1503, 99058, G0151, G0152, G0153, G0156, G0156 UD, G0493, G0299 U3, G0300 U3, 99509	101 CMR 350.00: Rates for Home Health Services
<input type="checkbox"/> Personal Care Management Services: 99456, 99456 TS, T1023, T2022	101 CMR 309.00: Rates for Certain Services for the Personal Care Attendant Program
<input type="checkbox"/> Adult Foster Care (AFC): S5140, S5140 TG, S5140 TF, S5140 U5, S5140 U6, S5140 TG U6, S5140 U7, S5140 TG U7, T1028	101 CMR 351.00: Rates for Certain Adult Foster Care Services
<input type="checkbox"/> Home and Community-based Services Waivers: Adult Companion, Assisted Living, Chore, Community-based Day Supports, Community Support and Navigation, Community Family Training, Day Services, Home Health Aide, Homemaker, Independent Living Supports, Individual Support and Community Habilitation, Occupational Therapy, Orientation and Mobility Services, Peer Support, Personal Care, Physical Therapy, Prevocational Services, Residential Family Training, Residential Habilitation Services, Shared Home Supports, Shared Living - 24 Hour Supports, Skilled Nursing - LPN, Skilled Nursing - RN, Specialized Medical Equipment, Speech Therapy, Supported Employment, Transitional Assistance, Transportation, Supportive Home Care Aide	101 CMR 359.00: Rates for Home and Community-based Services Waivers

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<input type="checkbox"/> Home and Community-based Services Waivers: Adult Companion, Assisted Living, Chore, Community-based Day Supports, Community Support and Navigation, Community Family Training, Day Services, Home Health Aide, Homemaker, Independent Living Supports, Individual Support and Community Habilitation, Occupational Therapy, Orientation and Mobility Services, Peer Support, Personal Care, Physical Therapy, Prevocational Services, Residential Family Training, Residential Habilitation Services, Shared Home Supports, Shared Living - 24 Hour Supports, Skilled Nursing - LPN, Skilled Nursing - RN, Specialized Medical Equipment, Speech Therapy, Supported Employment, Transitional Assistance, Transportation, Supportive Home Care Aide	101 CMR 359.00: Rates for Home and Community-based Services Waivers
<input type="checkbox"/> Continuous Skilled Nursing Services: T1002, T1002 U3, T1002 U1, T1002 U2, T1002 U3, T1002 U4, T1002 TT, T1002 TU, T1003, T1003 U3, T1003 U1, T1003 U2, T1003 U3, T1003 U4, T1003 TT, T1003 TU, 1003 TU	101 CMR 361.00: Rates for Continuous Skilled Nursing Services
<input type="checkbox"/> Certain Elder Care Services: Enhanced Community Options Program (ECOP) Direct Services, Home Care Program Services Direct Services	101 CMR 417.00: Rates for Certain Elder Care Services

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**Additional Services (101 CMR 452)**


- |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Community Mental Health Center Services                                                                                                                                                                                                                                                                                                                   | 101 CMR 306.00: Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers |
| <input type="checkbox"/> Inpatient Services, Residential Services (Excluding Residential Rehab Co-occurring Enhanced), Opioid Treatment Services, Ambulatory Services, Clinical Case Management Services, Day Treatment Services, Outpatient Services, Supportive Case Management Services, Triage, Engagement and Assessment Services, and Office-based Opioid Treatment Programs | 101 CMR 346.00: Rates for Certain Substance-related and Addictive Disorders Programs                                       |
| <input type="checkbox"/> Youth Residential Substance Use Disorder Treatment, Clinically Intensive Youth Residential Substance Use Disorder Treatment, Clinically Intensive Residential Treatment, Congregate Care Program Services and Rates and Add-on services, and the services formerly known as "Caring Together" Services                                                    | 101 CMR 413.00: Payments for Youth Intermediate-term Stabilization Services                                                |
| <input type="checkbox"/> Family and Micro Family Resource Centers and Staff Add-on Services and DMH's Flexible Support Services                                                                                                                                                                                                                                                    | 101 CMR 414.00: Rates for Family Stabilization Services                                                                    |
| <input type="checkbox"/> Central Intake and Assessment Program                                                                                                                                                                                                                                                                                                                     | 101 CMR 417.00: Rates for Certain Elder Care Services                                                                      |

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- |                                                                                                                                                                                                                                                                                                                                   |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Staffing Support Services and Transitional Age Youth Detoxification and Stabilization Programs                                                                                                                                                                                                           | 101 CMR 418.00: Payments for Youth Short-term Stabilization and Emergency Placement Services |
| <input type="checkbox"/> Adult Housing and Community Support Services                                                                                                                                                                                                                                                             | 101 CMR 421.00: Rates for Adult Housing and Community Support Services                       |
| <input type="checkbox"/> Clinical Team Services                                                                                                                                                                                                                                                                                   | 101 CMR 424.00: Rates for Certain Developmental and Support Services                         |
| <input type="checkbox"/> Alternative Lock-up Program, Conflict of Interest Services, Teen Pregnancy Prevention Services, Therapeutic Day Services and Staff Add-on Services, and Young Parent Support Program and Staff Add-on Services                                                                                           | 101 CMR 427.00: Rates for Certain Youth and Young Adult Support Services                     |
| <input type="checkbox"/> Deaf and Hard of Hearing Independent Living Services, Recovery Learning Communities, and Vocational Rehabilitation Independent Living Services                                                                                                                                                           | 101 CMR 428.00: Rates for Certain Independent Living Communities and Services                |
| <input type="checkbox"/> Domestic Violence Community-based Services, Child Exposed to Domestic Violence Services, Supervised Visitation Services, Sexual and Domestic Equity and Legal Services, Intimate Partner Abuse and Educational Services, Rape Crisis Centers and Satellite Centers, Rape Crisis Direct Care Add-on Staff | 101 CMR 429.00: Rates for Certain Sexual and Domestic Violence Services                      |

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<input type="checkbox"/> Domestic Violence Community-based Services, Child Exposed to Domestic Violence Services, Supervised Visitation Services, Sexual and Domestic Equity and Legal Services, Intimate Partner Abuse and Educational Services, Rape Crisis Centers and Satellite Centers, Rape Crisis Direct Care Add-on Staff Services, and Statewide Specialized Hotline Services	101 CMR 429.00: Rates for Certain Sexual and Domestic Violence Services
<input type="checkbox"/> Program of Assertive Community Treatment Services	101 CMR 430.00: Rates for Program of Assertive Community Treatment Services
<input type="checkbox"/> Respite Services	101 CMR 431.00: Rates for Certain Respite Services
<input type="checkbox"/> Lead Agency Services	101 CMR 432.00: Rates for Certain Lead Agency Services
<input type="checkbox"/> Psychological Services	101 CMR 329.00: Psychological Testing, Treatment, and Related Services
<input type="checkbox"/> Psychiatric Day Treatment	101 CMR 307.00: Rates for Psychiatric Day Treatment Center Services
<input type="checkbox"/> Applied Behavior Analysis	101 CMR 358.00: Rates of Payment for Applied Behavior Analysis

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<input type="checkbox"/> Opioid Treatment Services (excluding codes J0571-J0575 and J3490), Recovery Support Navigator, Individualized Treatment and Stabilization Services	101 CMR 444.00: Rates for Certain Substance Use Disorder Services
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

**MCE Bulletin 91**


<input type="checkbox"/> Independent nurses / Continuous Skilled Nursing services provided to Special Kids Special Care enrollees	MCE Bulletin 91
<input type="checkbox"/> Home Health Services	MCE Bulletin 91
<input type="checkbox"/> Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Stabilization Services for Substance Use Disorders (including Individualized Treatment Services)	MCE Bulletin 91
<input type="checkbox"/> Applied Behavioral Analysis for members younger than 21 years of age (ABA Services), ending on September 30, 2022	MCE Bulletin 91
<input type="checkbox"/> Children's Behavioral Health Initiative (CBHI), InHome Therapy	MCE Bulletin 91

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<input type="checkbox"/>	Community-based Acute Treatment for Children and Adolescents (CBAT)	MCE Bulletin 91
<input type="checkbox"/>	Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	MCE Bulletin 91
<input type="checkbox"/>	Early Intensive Behavioral Intervention, ending on September 30, 2022	MCE Bulletin 91
<input type="checkbox"/>	Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	MCE Bulletin 91
<input type="checkbox"/>	Intensive Outpatient Program (IOP)	MCE Bulletin 91
<input type="checkbox"/>	Outpatient mental health services: • Case Consultation • Collateral Contact • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation • Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Special Education Psychological Testing • Medication Visit	MCE Bulletin 91

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<input type="checkbox"/>	Partial Hospitalization (PHP)	MCE Bulletin 91
<input type="checkbox"/>	Program of Assertive Community Treatment (PACT)	MCE Bulletin 91
<input type="checkbox"/>	Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 91
<input type="checkbox"/>	Recovery Coaching	MCE Bulletin 91
<input type="checkbox"/>	Recovery Support Navigators (RSN)	MCE Bulletin 91
<input type="checkbox"/>	Residential Rehabilitation Services for Substance Use Disorders (RRS) – including Transitional Age Youth and Young Adult Residential, Youth Residential, and Pregnancy Enhanced Residential. Excluding Co-occurring Enhanced RRS	MCE Bulletin 91
<input type="checkbox"/>	Structured Outpatient Addiction Program (SOAP)	MCE Bulletin 91
<input type="checkbox"/>	SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding all Opioid Treatment Services)	MCE Bulletin 91

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<input type="checkbox"/>	SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding all Opioid Treatment Services)	MCE Bulletin 91
<input type="checkbox"/>	Transitional Care Unit (TCU)	MCE Bulletin 91
<b>MCE Bulletin 92</b>		
<input type="checkbox"/>	Adult Foster Care	MCE Bulletin 92
<input type="checkbox"/>	Continuous Skilled Nursing Services	MCE Bulletin 92
<input type="checkbox"/>	Home Health	MCE Bulletin 92
<input type="checkbox"/>	Personal Care Management (PCM) Agencies	MCE Bulletin 92
<input type="checkbox"/>	Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	MCE Bulletin 92

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<input type="checkbox"/>	Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	MCE Bulletin 92
<input type="checkbox"/>	Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	MCE Bulletin 92
<input type="checkbox"/>	Intensive Outpatient Program (IOP)	MCE Bulletin 92
<input type="checkbox"/>	Outpatient mental health services: • Case consultation • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation • Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Medication Visit	MCE Bulletin 92
<input type="checkbox"/>	Partial Hospitalization (PHP)	MCE Bulletin 92
<input type="checkbox"/>	Program of Assertive Community Treatment (PACT)	MCE Bulletin 92
<input type="checkbox"/>	Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 92

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<input type="checkbox"/> Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 92
<input type="checkbox"/> Recovery Coaching	MCE Bulletin 92
<input type="checkbox"/> Recovery Support Navigators (RSN)	MCE Bulletin 92
<input type="checkbox"/> Residential Rehabilitation Services for Substance Use Disorders (RRS)	MCE Bulletin 92
<input type="checkbox"/> Structured Outpatient Addiction Program (SOAP)	MCE Bulletin 92
<input type="checkbox"/> SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding Opioid Treatment Services)	MCE Bulletin 92

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### Spending Reporting

In this section please provide information on how your entity spent its FY23 10% enhanced funds. For each investment category, please indicate the total amount of funds used towards the investment category, a description of how the funds were spent, the number of workers the investment applied to or impacted, whether there were any conditions on the investment, and any additional comments. An example of a condition could be that only employees with certain titles were eligible for the bonus, or that a bonus was conditional on the worker remaining at the provider for six months after the bonus was accepted.

Total 10% enhanced funds received:

**Recruitment**


Definition: Recruitment defined as offering of incentives and/or onboarding/training.

Describe how funds were spent on recruitment:

Amount (In total, not per employee)	# of workers impacted

Conditions, if any:

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Conditions, if any:

Comments

**Bonuses**

Definition: Bonuses defined as added compensation that is over and above an hourly rate of pay, and not part of an employee's standard wages. For example, an employee may receive a retention and/or recruitment bonus.

Describe how funds were spent on bonuses:

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Amount (In total, not per employee)

# of workers impacted

Conditions, if any:

Comments

#### Base wage increase

Definition: Base wage increase defined as an increase to the wage the provider agrees to pay an employee per hour worked, but which does not supplant the base wages of providers or their employees providing such services pursuant to the contract with the purchasing governmental unit.

Describe how funds were spent on base wage increase:

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Describe how funds were spent on base wage increase:

Amount (In total, not per employee)

# of workers impacted

Conditions, if any:

Comments

#### Overtime

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**Overtime**

Definition: Overtime defined as compensation for additional hours worked beyond an employee's standard work week.

Describe how funds were spent on overtime:

Amount (In total, not per employee)

# of workers impacted

Conditions, if any:

Comments

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**Shift differential**

Definition: Shift differential defined as additional pay beyond the employee's standard hourly wage for working a specific shift (e.g. nights, weekends, holidays, etc.) or working for special populations (e.g., dementia, autism spectrum disorder, etc.).

Describe how funds were spent on shift differential:

Amount (In total, not per employee)

# of workers impacted

Conditions, if any:

Comments

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**"Wraparound" benefits**

Definition: "Wraparound" benefits defined as employer provided benefits that help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or small grants for childcare assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention of staff moving up in the career ladder.

Describe how funds were spent on "wraparound" benefits:

Amount (In total, not per employee)

# of workers impacted

Conditions, if any:

Comments

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Comments

**Other**

Definition: "Other" defined as any additional employer provided benefits that do not fit within the above definitions.

Amount (In total, not per employee)

# of workers impacted

Please explain what these funds were spent on. If funds were spent on multiple initiatives, indicate how much was spent on each initiative. Please explain conditions on the initiatives, if any.

Comments

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Total reported

**Funds above and beyond the 10% enhanced funds**

Did your entity spend funds above and beyond the 10% enhanced funds on investments listed above for recruitment and retention of your direct care workforce?

☒ Yes ☐ No


Optional: What was the total amount spent above and beyond the 10% enhanced funds on investments for recruitment and retention of your direct care workforce?

Optional: Please explain what these funds were spent on. If funds were spent on multiple initiatives, indicate how much was spent on each initiative.

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### Employee Information

\* indicates required field

The purpose of this section is to create a retention ratio to see if the rate enhancement had a positive impact on retaining eligible direct care, direct support, or clinical workers. Please report on headcount, not FTEs.

4/1/2022 - 7/1/2022 is the time period before the FY23 10% enhanced funds covered period began.

\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 4/1/2022.

\* Please enter how many eligible direct care, direct support, or clinical workers left your organization between 4/1/2022 and 7/1/2022.


\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 7/1/2022.

7/1/2023 - 10/1/2023 is the end of the covered time period for the FY23 10% enhanced funds.

\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 7/1/2023.

\* Please enter how many eligible direct care, direct support, or clinical workers left your organization between 7/1/2023 and 10/1/2023.

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\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 7/1/2022.

7/1/2023 - 10/1/2023 is the end of the covered time period for the FY23 10% enhanced funds.

\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 7/1/2023.

\* Please enter how many eligible direct care, direct support, or clinical workers left your organization between 7/1/2023 and 10/1/2023.


\* Please enter the total number of eligible direct care, direct support, or clinical workers paid directly by your organization on 10/1/2023.

\* Please enter the total number of employees paid directly by organization including management and administrative staff (regardless of eligibility for the enhanced funding) on 10/1/2023.

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### Impact of the Funds

\* indicates required field

The following free response questions aim to understand the impact of the 10% enhanced funds on your entity's ability to recruit and retain workers.

\*What impact did the ways your entity invested their 10% enhanced funds have on recruiting and retaining workers? 0/2000

Enter text here


\*Of the ways you used the 10% enhanced funds, what strategies proved to be the most effective for recruiting and retaining workers? 0/2000

Enter text here

What other information would you like to provide, if any? 0/2000

Enter text here

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Enter text here

\*Of the ways you used the 10% enhanced funds, what strategies proved to be the most effective for recruiting and retaining workers? 0/2000

Enter text here


What other information would you like to provide, if any? 0/2000

Enter text here

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### Attestation and Signature


Through this attestation form, provider agencies attest that they have used at least 90% of the funds associated with rate enhancements established under 101 CMR 452.00, 101 CMR 453.00, and MCE Bulletins 91 and 92 for compensation for their direct care workforce, which may include, among other things, hiring and retention bonuses. Additionally, in completing this form, provider agencies attest that they have submitted this spending report to EOHHS that accounts for how the funds were disseminated to frontline direct care and direct support workers, and that report is submitted to EOHHS in the form and format as required by EOHHS by the deadline established by EOHHS.

I, the named authorized signatory identified in this reporting and attestation form, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of the official business name identified in this form, located at the official business address identified in this form, and that the information provided in this attestation and spending report is true and accurate.

**Specifically, I represent and warrant that:**

- "Recruitment" defined as offering of incentives and/or onboarding/training.
- "Bonuses" defined as added compensation that is over and above an hourly rate of pay, and are not part of an employee's standard wages. An employee may receive a retention or recruitment bonus.
- "Overtime" defined as compensation for additional hours worked beyond the employer's standard work week.
- "Shift differential" defined as additional pay beyond the employee's standard hourly wage for working a specific shift (e.g. nights, weekends, holidays, etc.) or working for special populations (e.g., dementia, autism spectrum disorder, etc.).
- "Base wage increase" defined as an increase to the wage the provider agrees to pay an employee per hour worked, but which does not supplant the base wages of providers or their employees providing such services pursuant to the contract with the purchasing governmental unit.
- "Wraparound benefits" defined as employer provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or small grants for childcare assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention of

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- "Wraparound benefits" defined as employer provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or small grants for childcare assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention of staff moving up in the career ladder.
- "Other" defined as any additional employer provided benefits that do not fit within the above definitions.
- My organization shall submit a spending report to EOHHS that accounts for how the enhanced funds were used and that is submitted to EOHHS in the form and format as required by EOHHS and by the deadline established by EOHHS. Failure to comply with the attestation and/or spending plan requirement may result in financial penalties including forfeiture of the time-limited rate enhancements available under 101 CMR 452, 101 CMR 453, or MCE Bulletins 91 and 92, as applicable.
- My organization may be subject financial sanction or other penalty for failure to submit an accurate report.
- My organization is subject to audit, investigation, and civil or criminal liability, as imposed by any applicable laws.
- My organization acknowledges it may be subject to the Massachusetts False Claims Act (M.G.L. Chapter 12, Sections 5A through 5O) for acting in accordance with the prohibited acts therein.
- My organization understands its obligations to keep records and ensure their accuracy in accordance with 101 CMR 452.04(1) and 101 CMR 453.04(1) as well as with managed care contracts, as applicable.

☐ I acknowledge that by signing this attestation, I am certifying to EOHHS and the Commonwealth of Massachusetts that the foregoing information is true, accurate, and complete. I attest that I have read the document, confirm my organization's intent to use the funding for the purposes indicated above, and will comply with all monitoring and reporting requests. I understand that by electronically signing and submitting this attestation, it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Authorized signatory signature:

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- My organization shall submit a spending report to EOHHS that accounts for how the enhanced funds were used and that is submitted to EOHHS in the form and format as required by EOHHS and by the deadline established by EOHHS. Failure to comply with the attestation and/or spending plan requirement may result in financial penalties including forfeiture of the time-limited rate enhancements available under 101 CMR 452, 101 CMR 453, or MCE Bulletins 91 and 92, as applicable.
- My organization may be subject financial sanction or other penalty for failure to submit an accurate report.
- My organization is subject to audit, investigation, and civil or criminal liability, as imposed by any applicable laws.
- My organization acknowledges it may be subject to the Massachusetts False Claims Act (M.G.L. Chapter 12, Sections 5A through 5O) for acting in accordance with the prohibited acts therein.
- My organization understands its obligations to keep records and ensure their accuracy in accordance with 101 CMR 452.04(f) and 101 CMR 453.04(f) as well as with managed care contracts, as applicable.

☐ I acknowledge that by signing this attestation, I am certifying to EOHHS and the Commonwealth of Massachusetts that the foregoing information is true, accurate, and complete. I attest that I have read the document, confirm my organization's intent to use the funding for the purposes indicated above, and will comply with all monitoring and reporting requests. I understand that by electronically signing and submitting this attestation, it is the legal equivalent of having placed my handwritten signature on the submitted attestation and this affirmation.

Authorized signatory signature:

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