

# **Massachusetts American Rescue Plan Act (ARPA)**

## **Sample Rate Enhancement Attestation for HCBS Provider Agencies**

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Please see below for a sample attestation form. Note that this form is not due until the reporting deadline of December 31<sup>st</sup>, 2022. Access to this attestation form through the reporting portal will be made available prior to the deadline. Providers will be notified once made available.

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Provider agencies will be required to complete and submit this attestation form by December 31, 2022 and retain a copy in their records as part of their receipt of the time-limited rate enhancements promulgated in regulation 101 CMR 447.00: *Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act*.

Through this attestation form, provider agencies will be asked to attest to using at least 90% of the funds associated with the rate enhancements established under 101 CMR 447.00 for compensation for their direct care workforce, which may include, among other things, hiring and retention bonuses.

Providers will be required to submit one signed attestation form for the entire organization, even if they have multiple contracts with the state.

Failure to comply with the attestation and/or spending plan requirement may subject the provider to a financial sanction or penalty.

### **SAMPLE ATTESTATION FORM:**

#### **Section 1: Provider Information**

Official Business Name:	<input type="text"/>
Doing Business As:	<input type="text"/>
Street Address:	<input type="text"/>
Street Address 2:	<input type="text"/>
City or Town:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Provider EIN:	<input type="text"/>

Provider NPI (if applicable):

MassHealth Provider ID (if applicable):

Vendor Code (if applicable)

Please select all EOHHS agencies that your business contracts with or receives funding from:

- Department of Developmental Services
- Executive Office of Elder Affairs
- Department of Mental Health
- Massachusetts Rehabilitation Commission
- MassHealth
- MassHealth managed care entity(ies) (e.g., ACO/MCO/PCC, One Care, PACE, SCO)

## Section 2: Authorized Signatory

Identify the individual who is authorized to sign this attestation. This individual must be authorized to make legal commitments on behalf of the provider.

Name:

Position:

Email Address:

Phone Number:

## Section 3: Attestation

I, the named authorized signatory identified above, 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 above, located at the official business address identified above, and that the information provided in this attestation is true and accurate.

Specifically, I represent and warrant that:

My organization has utilized the rate enhancements for the specific purposes of recruiting, building, and retaining my organization's direct care and direct support

workforce in the form of one or more of the following and in accordance with any other guidance as may be issued by EOHHS or its constituent agencies:

- “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 a worker’s standard wages.
- “Overtime” defined as compensation for additional hours worked beyond the standard work week.
- “Shift differential” defined as additional pay beyond the worker’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.).
- “Hourly wage increase” defined as an increase to the wage the provider agrees to pay a worker per hour worked.
- “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.

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 will result in my organization receiving a financial penalty.

**Under the pains and penalties of perjury, I hereby certify that the information provided on this form is true and accurate.**

Authorized signatory signature:

The provider agency must submit a copy of this attestations to EOHHS through an online portal to be identified and maintain a copy of this attestation, along with any accompanying documentation, including payroll documentation, receipts, invoices, and other relevant information resulting from the distribution of these funds, in its files.