



DELAWARE HEALTH AND SOCIAL SERVICES
Delaware Division of Medicaid & Medical Assistance

DHSS Direct Support Professionals' Recruitment and Retention Payments MCO Provider Training

August 30, 2022



Agenda

- Welcome & Background
- Definition of DSP and Criteria for Recruitment and Retention Payments
- Overview of Process
- Guidelines for Invoice Submission to DDDS and DSAAPD
- Guidelines for Invoice Submission to MCOs
- Questions
- Resources

Welcome & Background

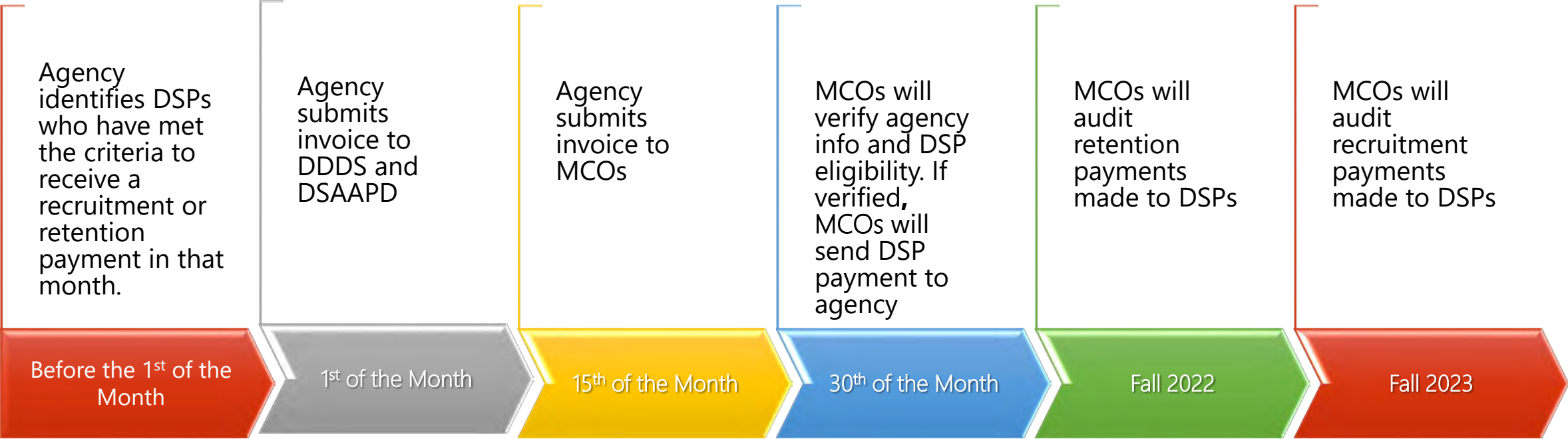
- The following presentation is a collaboration among Highmark Health Options, AmeriHealth Caritas Delaware and the Division of Medicaid & Medical Assistance (DMMA).
- As part of the American Rescue Plan Act Home and Community-Based Services (HCBS) Spending Plan, DMMA, the Division of Developmental Disabilities Services (DDDS) and Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) are offering financial support in the form of a recruitment or retention payment for qualified Direct Support Professionals (DSPs) who serve Medicaid beneficiaries.
- The purpose of this training is to ensure that DSP agencies, including financial management services (FMS) agencies who support Self-Directed Attendant Care (SDAC) and Self-Directed Respite services understand:
 - they are responsible for supporting the HCBS workforce by forwarding the recruitment or retention payment to eligible DSPs
 - the process to submit an invoice to the MCOs.

Definition of DSP and Criteria for Recruitment & Retention Payments

A DSP is an individual employed by an agency who provides supervision, training, and/or hands-on assistance with activities of daily living and/or instrumental activities of daily living within the context of the following services: adult day services, attendant care, chore services, community-based residential alternatives that include assisted living facilities, companion services, day habilitation, homemaker services, home health aide, personal care, residential habilitation and respite (in-home).

Criteria	Recruitment Payment	Retention Payment for Non-SDAC DSP	Retention Payment for SDAC DSP
Date employed	Employed on or after May 1, 2021	Employed prior to April 30, 2021	Employed prior to April 30, 2021
Hours worked	Worked 25 hours per week in previous month	Non-SDAC DSPs must have worked 25 hours per week in previous month	SDAC DSPs must have worked for the member on consistent basis
Amount	\$1,000 payable in three installments: <ul style="list-style-type: none"> • \$500 after completion of initial training and 90 days of work; • \$250 after completion of six months of work; and • \$250 after completion of one year of work. 	One-time payment of \$1,000	One-time payment of \$1,000

Overview of the Process for Retention & Recruitment Payments



Guidelines for Agency Invoice Submission to DDDS & DSAAPD

DDDS and DSAAPD - Invoices due 1st of the Month

- Agency must use invoice provided by DDDS and DSAAPD
- Agency must be paid once for either the recruitment payment or retention payment for each eligible DSP
- DDDS Contacts: Darlene.Sturgeon@delaware.gov & Adam.Gaskill@delaware.gov
- DSAAPD Contacts: Alexis.Teitelbaum@delaware.gov & Molly.Merrill@delaware.gov

Guidelines for Agency Invoice Submission to MCOs

MCOs – Invoice due 15th of the Month

- Agency must only request payment from the MCO in which the DSP had the most hours filled in the previous month
- Agency must not seek payment from the MCO when the agency previously submitted a request to DDDS or DSAAPD
- Agency must sign an attestation (a component of the invoice) to the following:
 - Each DSP eligible for the payment has only been submitted once for either the recruitment payment(s) or a retention payment.
 - Each DSP submitted has worked on average of 25 hours per week OR each SDAC or Self-Directed Respite DSP has worked on a consistent basis for a member
- MCO invoice submission due on the 15th of the month via mailbox:
 - Highmark Health Options: DSPpayments@highmark.com
 - Amerihealth Caritas: ACDErecruitmentandretentioninvoice@amerihealthcaritas.com

Sample Agency Templates

Non-FMS Agency Invoice to MCO (1 of 2) *Recruitment* Payments



Model Invoice for Direct Support Professionals (DSP) Recruitment and Retention Payments – Provider Agency

August 15, 2022

Invoice Number:

Subject: Direct Support Professionals Recruitment and Retention Payments – April 2021 to July 2022

Dear AmeriHealth Caritas:

Best DSP in Delaware, Inc. is submitting this invoice to the AmeriHealth Caritas as required under the policies and procedures for obtaining the recruitment and retention payments funded through Section 9817 of the American Rescue Plan and as approved in Delaware’s Home and Community-Based Services (HCBS) Spending Plan.

Best DSP in Delaware, Inc. requests payment for recruitment payments for the following eligible Direct Support Professionals (DSPs) for services delivered during the months of May 2021 to July 2022, totaling \$2,000. I attest that all of these DSPs have worked an average of 25 hours per week. I attest that all DSPs remain employed with this agency, or a date of termination has been noted. I understand that in calculating worked time, regular paid time off, including holidays, vacation, and sick time, may be included. I attest that I have not included any extended absences, unpaid leaves, or short or long-term disability periods in calculating the longevity intervals.

Last Name, First Name, MI	Agency Address	DOB	Last 4 Digits of SSN	Date of Hire	Date Training Completed	Date of Initial Payment	Date of 6 Month Payment	Date of 12 Month Payment	Date of Termination
Smith, Kimberly D	123 Wilmington Blvd Wilmington DE	1/1/1970	1234	4/15/22	5/15/22	7/15/22			N/A
Jones, Beth L	123 Wilmington Blvd Wilmington DE	2/2/1971	4321	4/30/22	5/30/22	7/30/22			N/A
Roberts, Meredith M	123 Wilmington Blvd Wilmington DE	3/3/1972	5678	4/16/22	5/16/22	7/16/22			N/A
Brown, Ashleigh S	123 Wilmington Blvd Wilmington DE	4/4/1975	8765	4/20/22	5/20/22	7/20/22			N/A

- Invoice date
- Date(s) covered in invoices
- MCO & Agency Name
- Month seeking recruitment payment(s) & total amount for all DSPs identified in invoice for recruitment payments
- Each DSP name, DOB, last 4 digits of SSS
- Agency address
- Date DSP training completed,
- Payment dates (initial, 6 months and 12 months)
- Date of termination

Non-FMS Agency Invoice to MCO (2 of 2) *Retention* Payments



Additionally, **Best DSP in Delaware, Inc.** requests payment for retention payments for the following eligible DSPs for services delivered during the month of **July 2022**, totaling **\$4,000**. I attest that all these DSPs have worked an average of 25 hours per week. I attest that all DSPs remain employed with this agency, or a date of termination has been noted. I understand that in calculating worked time, regular paid time off, including holidays, vacation, and sick time, may be included. I attest that I have not included any extended absences, unpaid leaves, or short or long-term disability periods in calculating the longevity intervals.

Last Name, First Name, MI	Agency Address	DOB	Last 4 Digits of SSN	Date of Hire	Date of Termination
Johnson, Kathleen D	123 Wilmington Blvd Wilmington DE	5/5/1974	9012	6/1/20	N/A
Davis, Donna O	123 Wilmington Blvd Wilmington DE	6/6/1975	2109	12/15/20	N/A
Moore, Stephen G	123 Wilmington Blvd Wilmington DE	7/7/1976	2468	4/1/1990	N/A
Jackson, Melissa D	123 Wilmington Blvd Wilmington DE	8/8/1977	8642	4/30/21	N/A

The total payment amount requested is **\$6,000**.

I hereby attest that the amount authorized is only for the purposes of recruitment or retention payments to be paid to DSPs as part of the Section 9817 HCBS Spending Plan Activities. This invoice is based on the best information, knowledge, and belief that the data, documentation, and information are accurate, complete, and truthful. By signing below, I certify to the above and that I am either the Chief Executive Officer, Chief Financial Officer, or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer so that the Chief Executive Officer or Chief Financial Officer is ultimately responsible for the certification.

Sincerely,

Boss of Best DSP in Delaware, Inc., CEO

- Provider agency name
- Month seeking retention payments & total amounts for all DSPs for retention payments
- Each DSP name, DOB, last 4 digits of SSS
- Agency address
- Date DSP was hired
- Date DSP was terminated
- Total payment for recruitment and retention
- Attestation & Signature of authorized representative with name and title

FMS Agency Invoice to MCO Template (1 of 2) *Retention Payments*



Model Invoice for Self-Directed Attendant Care (SDAC) Direct Service Professionals (DSP) Retention Payments – Financial Management Services (FMS) Provider

August 14, 2022

Invoice Number:

Subject: Self-Directed Attendant Care (SDAC) Direct Service Professionals (DSP) Retention Payments – July 2022

Dear AmeriHealth Caritas:

Hire Your People, LLC is submitting this invoice to the AmeriHealth Caritas as required under the policies and procedures for obtaining the retention payments funded through Section 9817 of the American Rescue Plan and as approved in Delaware's Home and Community-Based Services (HCBS) Spending Plan.

Hire Your People, LLC requests reimbursement for retention payments provided to the following eligible SDAC DSPs for services delivered during the month of July 2022, totaling \$4,000. I attest that all of these SDAC DSPs have been hired prior to April 30, 2021 and provide service to Medicaid members on a consistent basis. I attest that all of these SDAC DSPs remain active in the program or a date of termination has been noted. I understand that in calculating worked time, regular paid time off, including holidays, vacation and sick time, may be included. I attest that I have not included any extended absences, unpaid leaves, or short or long-term disability periods in calculating the longevity intervals.

Last Name, First Name, MI	Agency Address	DOB	Last 4 Digits of SSN	Date of Hire	Date of Termination
Thomas, Matt D	425 Newark Lane Dover DE	12/31/1985	1357	4/1/20	N/A
Lewis, Kimberly X	425 Newark Lane Dover DE	11/30/1984	7351	1/15/19	N/A
Jackson, Lisa Z	425 Newark Lane Dover DE	10/31/1983	9898	2/14/18	N/A
Harris, Melissa C	425 Newark Lane Dover DE	9/30/1982	1212	7/11/20	N/A

The total payment amount requested is \$4,000.

- Date invoice
- Month ending
- MCO & Agency FMS Name
- Month seeking retention payments & total amounts for all DSPs
- Each DSP name, DOB, last 4 digits of SSS
- Agency address
- Date DSP was hired
- Date DSP was terminated
- Total payment for retention

FMS Agency Invoice to MCO Template (2 of 2) Retention Payments



DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid & Medical Assistance

I hereby attest that the total amount is only for the purposes of retention payments to be paid to DSPs as part of the Section 9817 HCBS Spending Plan Activities. This invoice is based on the best information, knowledge, and belief that the data, documentation, and information are accurate, complete, and truthful. By signing below, I certify to the above and that I am either the Chief Executive Officer; Chief Financial Officer; or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer so that the Chief Executive Officer or Chief Financial Officer is ultimately responsible for the certification.

Sincerely,

Boss of Hire Your People, LLC, CEO

- Attestation & Signature of authorized representative with name and title

Resources

Sample Invoice Templates



Sample Invoice
DSP Recruitment and



Sample Invoice
DAC DSP Retention

Model Invoice Templates



Model Invoice for
P Recruitment and



Model Invoice for
AC DSP Retention

Agency FAQs



DSP R&R
Providers Provider FA

Questions

