BEAS Attestation of Requirements & Authorization to Pay One-time for a Recruitment, Retention, and Training Payments_____

Date: _____

Case Management Agency Requirements

To accept a one-time NH Medicaid recruitment, retention and training payments under this initiative, you on behalf of the Case Management Agency agree to the following requirements:

1. The Case Management Agency will make payments in accordance with the requirements contained in:
    a. BEAS PR 22-39 NH HCBS Recruitment, Retention & Training Payments Case Management Agency Guidance
    b. BEAS 3780 CM *Attestation of Requirements & Authorization to Pay Recruitment, Retention, and Training Payments* (this form); and
    c. Any other requirements set forth by the federal Centers for Medicare & Medicaid Services (CMS) or the Department.
2. At least 80% of the payments will be spent on recruitment, retention, and training payments to:
    a. Existing Case Managers;
    b. Existing Immediate Supervisors; and
    c. New Case Managers and New Immediate Supervisors.
3. Each Case Management Agency must adopt a brief written recruitment, retention and training payments plan that outlines the rationale and amount of recruitment, retention and training payments and disseminate the plan to the Department. The spending plan must clearly identify how at least 80% of the funds will be used for recruitment, retention, and training for current or new case managers. This attestation and the spending plan must returned to the department before the department can release funds to the case management agency. This attestation and the spending plan must be returned to the department via: HCBSARPAPayment@dhhs.nh.gov
4. The Case Management Agency agrees to complete BEAS 3790 CM *Recruitment, Retention, and Training Expense Report* and provide it to the Department by 11/1/22. BEAS 3790 CM must provide employee-level details on the recruitment, retention, and training payments, including records of administrative costs.
5. The Case Management Agency understands that the expenditures it makes under this initiative are subject to audit at the Department's discretion or from CMS, and payments made contrary to guidance are subject to recoupment by the Department and other sanctions.
6. The Case Management Agency acknowledges that it must retain, maintain, and make available to a state or federal audit authority, or any other authorized third-party reviewer upon request, copies of all documentation related to expenditures made under this initiative, including but not limited to personnel records, NH Medicaid claims data, and case management agency financial data.
7. The Case Management Agency understands that misrepresentation or falsification of any information contained on BEAS 3780 CM *Attestation of Requirements & Authorization to Pay Recruitment, Retention, and Training Payments* (this form) or BEAS 3790 CM *Recruitment, Retention, and Training Expense Report* may be punishable by fine and/or imprisonment under state or federal law.
8. The Case Management Agency certifies that any information provided to the Department regarding this initiative is a true, correct, and complete statement prepared from the books and records of the Case Management Agency as of the date signed.
9. The individual submitting this form is authorized to make these representations on behalf of the Case Management Agency.

Case Management Agency Expenditure Report Requirements

By November 1, 2022, the Case Management Agency must submit an expenditures report to the Department on BEAS 3790 CM *Recruitment, Retention, and Training Expense Report*. BEAS 3790 CM will be completed using the instructions tab of the workbook.

In addition to this report, the Case Management Agency must provide any documentation requested by the Department or CMS as part of an audit.

Bureau of Elderly and Adult Services Case Management Agency Attestation
(Completed by Case Management Agency Representative)

Your signature below certifies that you are an authorized representative of the agency named below, and you certify that the agency used or will use 80% of the payments for the express purpose of recruitment, retention and training of case manager staff. The state may request an audit of our records to confirm our compliance with the payments eligibility requirements.

Your signature below also certifies that you have read and agree to the Case Management Agency Requirements and Case Management Agency Expense Report Requirements on the prior page.

Your signature below also indicates that you intend to use at least 80% of the payments for the express purpose of recruitment, retention, and training of Case Managers.

Printed Name of Individual Submitting Verification	Individual's Title	Case Management Agency

☐ By checking this box I certify that the funding will be used for the express purpose of recruitment, retention, and training of case manager staff and according to the requirement as stated in this document above.

Date: _____ Electronic Signature: _____

Return to HCBSARPAPayment@dhhs.nh.gov

Bureau of Elderly and Adult Services (BEAS) Verification of Case Management Agency Claims Submission & Authorization to Pay
(Completed by BEAS Bureau Chief or Designee)

My signature below certifies that BEAS' verifies the Case Management Agency Attestation.

Printed Name of BEAS Staff	BEAS Staff Title

☐ By checking this box, I certify I have reviewed and verified the Case Management Agency Attestation; and, authorize payment to Case Management Agency.

Date: _____ Electronic Signature: _____

Authorize Direct Payment
(Completed by BEAS Business Administrator or Designee)

☐ By checking this box, I authorize payment to Case Management Agency.

Date: _____ Electronic Signature: _____