



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
FREQUENTLY ASKED QUESTIONS

BDS PR 22-39 Ad.
BEAS PR 22-39 Ad.
FAQ 06/22

DLTSS Payment for Recruitment, Retention, and Training Programs (RRTP) for Case Management AgenciesFAQ

Updated July 5, 2022

Note: The Department discovered an error in the payment calculation that was communicated to Case Management Agencies and Area Agencies on June 3, 2023. The Department will be contacting Case Management Agencies and Area Agencies by July 5 with a corrected amount. If you had already submitted a spending plan, you will not need to submit another plan if the approved items on your spending plan are not changing just the dollar amounts. See question #16 for an explanation.

General

- 1. Are all case managers who are employed by a case management agency eligible for retention, recruitment, and training funds, or is it only those staff who provide case management services specifically for CFI participants?**

Recruitment Retention and Training Programs (RRTP) payments can only be used for recruitment, retention and/or training of case managers or service coordinators who providing case management or service coordination services to individuals who are eligible for a home and community based waiver. Case managers or service coordinators that provide case management services to non-Medicaid individuals may be eligible if the case manager also provides services to Medicaid individuals.

- 2. Please provide a definition of full time versus part time hours.**

Agencies are responsible for determining what is full time or part time employment within its organization

- 3. How much money is a Medicaid enrolled provider being given?**

The policy releases that will accompany this FAQ illustrates how payments will be calculated. The Department will contact Area Agencies and Case Management Agencies by July 5, 2022 with corrected estimated amounts each Area Agency or Case Management Agency can expect.

- 4. If a business is changing ownership but keeping the same D.B.A will I be able to transfer funds to new business name or will all the funds need to use before said time?**

Yes, the new owner will inherit the obligations under this program. The new owner must ensure 80% of the RRTP funds go towards the express purpose of recruitment retention and training of case manager, service coordinator, or immediate supervisors and that the expense report is completed by November 1, 2022. Please complete the attestation, spending plan, and expense report with the name of the current business at the time each form is completed and the name the business was formerly known as if applicable.

- 5. Can the Department review with us how our payment was calculated?**

Not at this time. At this time the Department is focusing efforts on distributing funds. Individual billing is just one of many components of how each provider's amount is determined. We will be happy to review this with you after the initial funds have been released.

6. Will the funds be paid out in billing cycles or one large lump sum?

The RRTP will be a lump sum payment that will be reflected on the remittance advice.

7. We do not want to receive the RRTP payment. How do we opt-out of receiving this money?

To opt out of HCBS directed payment a provider do not submit an Attestation or Spending Plan. You can also send an email to HCBSARPAPayment@dhhs.nh.gov to notify us affirmatively that you do not want to receive an HCBS directed payment.

8. Does this count as income for our business?

Yes. The 20% administrative funding can cover any tax liabilities that may be incurred because of RRTP.

9. Does RRTP count as income or resources for our employees for the purpose of determining eligibility for programs of assistance? (e.g. NH Child Care Scholarship, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, or Medicaid.)

It depends, generally most programs of assistance will count cash paid by an employer to an employee as income for the purposes of determining eligibility. When considering RRTP for employees employers may consider structuring RRTP incentive so the incentive does not count towards eligibility. More information on what counts as income for [Medicaid](#), [TANF and Child Care](#), and [SNAP](#) are found at the embedded links.

10. In terms of paying a bonus to supervisors of Case Managers or Service Coordinators staff how many levels of supervision are eligible...only the first line or are other supervisor level staff who provide case management or service coordination services eligible?

Only immediate first level supervisors of case managers and service coordinators are eligible for RRTP. RRTP may not be used to pay recruitment, retention, and training payments to or otherwise supplement the income of a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Clinical Officer, Chief Medical Officer, or equivalent Provider Agency leadership position.

Timelines and Documentation

11. When do agencies need to file their Recruitment, Retention & Training Plan to DHHS?

Attestations and RRTP spending plans should be submitted to DHHS no later than Friday, July 22, 2022. The Department will be contacting each provider by July 5, 2022 with corrected estimated payment amounts.

12. The Expense Report Form is complicated and burdensome, especially if the agency chooses to do wage enhancements that occur each pay period, or if the agency has a large staff. Will DHHS consider amending the report form?

The Expense Report Form is not being revised at this time.

13. Does the provider's plan for use of the ARPA funds need to accompany the attestation?

Yes, the RRTP spending plan and attestation should be returned to the Department by July 22, 2022.

14. Please clarify the timing of RRTP.

- a) **When will the funding amount available be known to us so that we are able to plan?**
 - b) **When will we receive the funds?**
 - c) **What is the timing that we need to use the funding by?**
- a) BDS or BEAS will contact Area Agencies and Case Management Agencies by July1, 2022 with the corrected RRTP amount.
 - b) Once a provider submits their attestation form and RRTP Spending Plan, DHHS will submit a request for Conduent to process and pay identified providers their one-time lump sum payment during a regular billing cycle around the first or second week of August
 - c) The Expense Report is due to DHHS by November 1, 2022. It is up to the provider when the money is spent.

15. Is there a sample for a standard spending plan?

No. Spending plans must explain how the funds for case managers, service coordinators, or immediate supervisors. Explanations should be thorough enough that plan can be evaluated for compliance with the requirements for use of this directed payment.

16. Is there a margin of change for the spending plan? If we plan to use \$X dollars on training but end up using more on retention, would that be allowed?

There is no designated margin of change. A new item in the spending plan will require a new spending plan but shifts between items in the spending plan can be done without a new plan, so long as at least 80% of the RRTP funds are used for the express purpose of recruitment, retention, or training of case managers, service coordinators, and immediate supervisors, minor changes should not cause a problem with RRTP.

17. Our Agency is considering a Spending Plan that would expend some portion of our organization's own Recruitment, Retention, and Training program funds beyond the November 1, 2022 expense reporting date. Is there a deadline by which the Department is requiring Providers to expend all received Recruitment, Retention, and Training program funds?

The expense report is due November 1, 2022 but may contain reports of future planned expenses. All funds must be spent by March 31, 2024.

18. Do we first distribute the funds and then get reimbursed? Or wait until the funds are received and then distribute?

RRTP payments must be used for the express purpose of recruitment, retention, or training of case managers, service coordinators, or immediate supervisors. The funds cannot be used to supplant any wage increases or bonuses planned prior to May 12, 2022. So long as RRTP goes to supplementing case managers, service coordinators, or immediate supervisors in a way that was not planned prior to May 12, 2022, providers may choose to receive RRTP as reimbursement for new RRTP for case managers, service coordinators, or immediate supervisors. Providers may also choose to wait and pay RRTP to case managers, service coordinators, or immediate supervisors after the money is received.

19. Are sub-contracted provider agencies to complete the BDS 3795 SC to AA for submission or directly to BDS? We cannot certify nor verify the information that is provided regarding staffing and payroll for other provider agencies within the region.

Sub-contracted provider agencies should provide BDS 3795 SC to the agency's Area Agency for submission. Provider agencies are only responsible for funds they receive and do not need to attest to funds received by other provider agencies within the same region.

- 20. Excel instruction page under Q6f – how do we list out staff who are providing more than one of the HCBS service codes- the best example is a staff working with two individuals one who is on the ABD waiver the other on the DD waiver?**

Due to the ARPA 10% additional FMAP being earned at DHHS based on program and service provided, reporting needs to be completed based on staff providing services by waiver.

- 21. Are Area Agency subcontractor providers required to complete and submit the BDS 3795 SC Expenditure Report by November 1, 2022? If so, are they required to submit their Expense Report: to the Department for all dollars received from varying Area Agencies; to the Area Agency for dollars received from that specific Area Agency; or both?**

Yes. Area Agency subcontractors are required to submit their attestations, spending plans and expense reports to the Area Agency, as NH Organized Health Care Delivery System. The Area Agencies are accountable for their subcontractors following all federal and state guidance regarding the ARPA RRTP program and will be held responsible when a federal or state audit is completed, per description in the BDS Policy Release 22-39.

- 22. Are Area Agency subcontractor providers required to adopt the brief written Plan / Policy that outlines how the dollars will be used by the subcontractor? If so, are Area Agency subcontractors required to disseminate the Plan / Policy: to the Department; to their employees; and/or to the Area Agency from which they are receiving payment?**

Yes. Area Agency subcontractors are required to submit their attestations, spending plans and expense reports to the Area Agency, as NH Organized Health Care Delivery System. The Area Agencies are accountable for their subcontractors following all federal and state guidance regarding the ARPA RRTP program and will be held responsible when a federal or state audit is completed, per description in the BDS Policy Release 22-39.

- 23. Do Area Agencies need to submit the attestations and spending plans for each vendor as part of the July 22, 2022 submission or are those records that the Area Agencies need to keep on file.**

Area agencies should keep attestations and spending plans for all vendors on file. The files are subject to audit.

Recruitment, Retention, and Training

- 24. Can I please get a deeper understanding of recruitment, retention, or training?**

Recruitment is the process of hiring candidates for a specific position or job. Retention is the organizational goal of keeping talented employees and reducing turnover. Training to improve the performance or knowledge of the employees or workforce to better provide case management/service coordination services to Medicaid individuals served by the 1915(c) waivers.

- 25. Can the 80% portion of the payment to be spent on recruitment, retention, and training be applied to ongoing expenses resulting from previous efforts to support recruitment, retention, and training (e.g. staff raises implemented January 2022)?**

The RRTP payments shall supplement and not supplant current agency practices and policies regarding planned bonuses and wage increases, prior to May 12, 2022. Therefore, providers cannot use the RRTP money to cover any bonuses or salary/pay increases that were already given or planned prior to May 12, 2022.

26. Are overtime expenses considered an appropriate use of these funds under the umbrella of retention?

No. This funding must be used to supplement and not supplant current provider practices and policies regarding planned bonuses and wage increases.

27. Are the funds able to be used for equipment and software for training?

Yes. The funding is to supplement and not supplant current agency practices and policies regarding planned bonuses, wage increases, and trainings.

28. Would the purchase of computer systems and training modules be allowed?

Yes.

29. Can I use RRTP to cover tuberculosis tests, criminal background checks, or HIPAA trainings?

Trainings or costs under RRTP must supplement not supplant trainings or costs that a provider would ordinarily cover. Prior to May 12, 2022 if a provider would pay for or reimburse employees for tuberculosis tests, criminal background checks, or HIPAA trainings, then RRTP cannot be used to cover those costs. If prior to May 12, 2022 the employee was expected to pay for tuberculosis tests, criminal background checks, or HIPAA trainings without reimbursement, then those costs can be covered by RRTP as a new benefit for case managers or service coordinators.

30. Are educational benefits, such as a college tuition reimbursement for case managers, service coordinators, and immediate supervisors an allowed RRTP expense?

Yes. RRTP funds may be used to pay for tuition or required books for case managers, service coordinators, or immediate supervisors to enroll in higher education or other advanced training programs.

31. Can the funds be used for advertising job openings for Case Managers/Service Coordinators? If so, would that be part of the 80% recruitment funding?

The 80% cannot be used for advertising job openings. Advertising job openings is an administrative expense associated with recruitment, therefore the 20% may be used for advertising job postings.

32. If we decide to give all of our employees raises for this, will we have to make this temporary or will this be a permanent 10% increase in the near future?

RRTP is temporary. There will be an initial lump sum, however this is not a rate increase or permanent increase in funding.

33. If an agency uses RRTP funds for a wage increase, does BEAS expect the agencies to report the full dollar value of that wage increase for every employee receiving it? This would be a major administrative burden, because it would need to be culled from weekly payrolls.

Yes. Providers that are unable to run a report for the applicable time period can save the weekly payrolls in Excel and have Excel populate the expense report weekly. Please remember this is limited one time funding and recipients must plan for sun setting of the plan.

34. Can we prepay any new/enhanced benefits that we have yet to offer? An example would be to prepay a dental plan for one year for those who would qualify. This benefit would last longer than the November 1st reporting deadline.

Yes. RRTP may be used to prepay a benefit designed to recruit, retain, or train case managers, service coordinators, or immediate supervisors such as a dental plan as long as the expense was incurred after May 12, 2022.

35. Can I use RRTP to hire case managers or service coordinators from a staffing agency?

No.

36. Can we use funds to offer referral bonuses to staff for referring case managers or service coordinators?

No. RRTP needs to benefit case managers, service coordinators, or immediate supervisors.

37. Can providers offer RRTP in different forms for different individuals?

Yes. A provider might offer a retention bonus to one employee, but then offer an alternative benefit such as tuition reimbursement to another employee that requests it.

38. If we wanted to provide services to employees through our other departments (meals, transportation, etc), could that be used with the 80% retention funds?

Yes RRTP can be spent on increasing fringe benefits for case managers, service coordinators, and immediate supervisors for the express purpose of recruiting or retaining more case managers, service coordinators, and immediate supervisors.

Administrative

39. The Policy Release indicates that up to 20% of the funds may be used or set aside for “associated costs of administering recruitment, retention, and training payments.” Can Area Agencies/Case Management Agencies use such administration funds to pay for our employer FICA tax expense associated with any Case Manager or Supervisor wage enhancements or bonuses that are paid for with program funds?

Yes, payroll expenses associated with RRTP is an administrative expense and are therefore allowed to be paid for with the 20%.

40. When will the funds be distributed?

After providers submit their attestation form and RRTP Spending Plan as part of a regular billing cycle around the first or second week of August.

41. Are the job titles listed in the instructions exclusive or are other titles for the same work acceptable?

The “job titles” listed in the Expense Report describe the functions of the staff.

42. Can funds be distributed to non-employee Case Manager or non-employee Service Coordinator who provide the same function as a Case Manager or Service Coordinator?

Yes, if they are contracted with the provider providing the 1915(c) waiver service to the individual.

43. We utilize a vendor network of 20+ independent provider agencies...will they be expected to have any direct interaction with the State administrators of this program or only work thru the primary Area Agency?

Area Agencies, as NH's Organized Health Care Delivery System, are required to pass the RRTP payments on to providers they contract with, including listing them on the AAs spending plan. Provider agencies do not need to interact with the state administrators.

44. The project period says it ends March 31, 2022; are we expected to fully expend any funding by that date or what is the date?

April 1, 2021 to March 31, 2022 is the time period in which the Department is able to claim the additional ARPA 10% FMAP increase. Funding must be fully expended by March 31, 2024; however, an Expense Report is due to DHHS on November 1, 2022 it may contain planned or estimated costs.

45. Is there any specific training for our staff or just general training courses?

Training should be to improve the performance or knowledge of the employees or workforce to better provide case management or service coordination services.

46. What is meant by the project period being from April 1, 2021 to March 31, 2022?

April 1, 2021 to March 31, 2022 is the time period in which the Department is able to claim the additional ARPA 10% FMAP increase. Funds must be fully expended by March 31, 2024; however, an Expense Report is due to DHHS on November 1, 2022, it may contain planned or estimated costs.

47. In terms of allocating funds back out to our vendors, I want to confirm there is no guidance on how to do that relative to how the incoming funds were calculated based on prior billing...i.e. match the same percentages out as came in by service type or provider source?

It is incumbent and expected that Area Agencies, as NH Organized Health Care Delivery System, will pass the payment on to all subcontractors/vendors that provide the 1915(c) waiver services receiving a one-time lump sum payment as part of the RRTP program.

48. Now that I know the amt. am I allowed to give all my employee raises? With this money even though I have not received yet?

Yes. RRTP can cover recruitment, retention, or training planned after May 12, 2022. Providers will receive RRTP funds as part of the regular billing cycle around the first or second week of August.

49. Can you confirm the date this is due?

The due date of the attestations and spending plans is July 22, 2022. The due date of the expense report is November 1, 2022.

50. Can the funds be distributed equally?

No; The RRTP payment was calculated and will be distributed based on each providers percentage share of total applicable services provided during the project period.

- 51. Does the category totals our spend have to match the source of the revenue coming in by waiver type or can all funds be mingled and then distributed without needing to cap payments by waiver program. For the IHS waiver for example, are we limited to issuing bonus payments in the amount of our IHS allocation or could those payments be subsidized by our DD or ABD allocation?**

Area agencies must develop spending plans for recruitment, retention, and training of case managers, service coordinators, and immediate supervisors for each waiver based on the amounts allocated per waiver.

- 52. What is the CFDA number for this HCBS ARPA funding?**

93.778

- 53. Our recruiter is not a case manager, service coordinator, or immediate supervisor but will focus on hiring case managers, service coordinators, or immediate supervisors, can RRTP funds be used to pay the recruiter a bonus?**

No.

- 54. We recently increased wages \$2 per hour in for our case manager and \$3 per hour for a direct supervisor. Is it possible to use the funds to cover this increase for June through July (to coincide with the reception of the funds and the filing of the expense report)?**

If the wage increase was planned prior to May 12, 2022, no. If the wage increase was planned after May 12, 2022, yes.

- 55. Can the 20% of the RRTP designated for administrative costs be used to pay for any new or additional audit fees attributable to the administration of the RRTP program?**

Yes.

- 56. Can Area Agencies/Providers use the 20% of the RRTP designated for administrative costs be used to pay for administrative staff time expended on the administration of the RRTP payments? Such as, administrative staff time required for tracking of program payments, administrative staff time for completion of the expense report, or administrative staff time for monitoring RRTP requirements?**

Yes. The 20% of RRTP designated for administrative cost can pay for staff time to track RRTP payments, completing the expense report, or monitoring RRTP requirements. The 20% of RRTP allocated to administrative costs can be used to pay for costs of implementing the program but cannot be used to pay or otherwise supplement the income of a Case Manager, Chief Executive Officer, Chief Financial Officer, Chief Clinical Officer, Chief Medical Officer, or equivalent Area Agency/Provider leadership position.

- 57. Are we allowed to charge the current year premium against this grant? I am asking because we allocate out worker's compensation based on salary and wages. We will not necessarily have an increase in our worker's compensation insurance until our insurer has finalized their audit. Which may not be for a few more months; even then it would be hard to determine to what extent an increase in workers' compensation premiums is due to the RRTP increasing wages and benefits.**

The workers compensation premiums for the current year are an administrative cost. As such the premiums can be paid from the 20% of funds allocated for administrative costs but not the 80% of funds allocated for the express purpose of recruitment, retention, and training of case managers or service coordinators.