



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

BDS PR 21-18 Ad.  
BEAS PR 21-18 Ad.  
FAQ 02/22 rev. 7/22

**DLTSS ARPA Questions for FAQ (Questions 1-42 released 2/8/22) (Question 43-74 released 2/11/22) (Question 75-79 released 4/4/22) (Questions 31, 38, and 43 revised June 9, 2022) (Questions 17, 31, 36, 38, 43, 45, 48, 61 and 70 revised July 26, 2022.) (Question 80 released July 26, 2022)**

**1. Why is the Quarter and SFY needed on the attestation?**

The Quarter and SFY are not needed fields. The Attestation form will be updated to reflect this feedback. Completed attestation forms will be accepted, regardless of what is in those fields.

**2. Are all direct care workers who are employed by a CFI agency eligible for retention, recruitment, and training funds, or is it only those staff who care specifically for CFI patients?**

- Many agencies have home health aides, PCSPs or homemakers who serve other populations along with CFI – e.g. Medicare, private pay, Title XX & IIB programs?
- The Long Term Care Stabilization Stipends allowed *all that were likely to see a Medicaid a patient to qualify for the stipends.* [LTC Stabilization Fund FAQ #3](#) (Question 11); [LTC Stabilization Fund FAQ #5](#)
- I would recommend that the ARPA distribution guidelines follow the LTC Stabilization fund guidelines.

Recruitment Retention and Training Programs (RRTP) payments can only be used for recruitment, retention and/or training of direct support workers providing Home and Community Based Medicaid services to individuals. Workers that provide care to non-Medicaid individuals may be eligible if the worker also provides services to Medicaid individuals.

**3. 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, February 18, 2022. The Department will be contacting each provider by February 4, 2022 with an estimated payment amount.

**4. 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.

**5. Who is considered a “case manager?” Is DHHS referring only to independent case managers who serve CFI enrollees? Would “case managers” who work for agencies and supervise teams of direct care workers qualify for payments? These are staff who are in the field and often assist with direct care work.**

A “case manager” is a staff person who is providing a case management or service coordination service for one of the 1915(c) Waivers. If a staff person is both a case manager and direct support worker/direct support professional (DSW/DSP) or a supervisor of DSW/DSP, and provides a 1915(c) waiver service identified for the RRTP, then they would be considered part-time DSW/DSP and can receive a RRTP for the hours they provide DSW/DSP service.

**6. Would BEAS staff be willing to participate in an info session about the ARPA program, hosted by the Alliance?**

Yes. In addition, it is the hope of DLTSS that questions will be answered through this FAQ document. Any additional questions can be submitted to [HCBSARPApayment@dhhs.nh.gov](mailto:HCBSARPApayment@dhhs.nh.gov). Further questions will be added and answered and the FAQ will be redistributed.

- 7. Does the provider’s plan for use of the ARPA funds need to accompany the attestation? Or can it be sent later, once they know how much money they are getting?**

Yes the RRTP spending plan and attestation should be returned to the Department by February 18, 2022.

- 8. The 80% of the payment to be spent on recruitment, retention, and training – does that have to be money that was not already planned to be spent? For instance, we raised our staff pay rates by approximately 25% at the beginning of 2022, in order to attract and keep appropriate levels of staffing. Can we use this money to help cover that amount, or would we need to give another raise/ bonus on top of that for it to be an appropriate expenditure?**

The RRTP payments shall supplement and not supplant current agency practices and policies regarding planned bonuses and wage increases, prior to January 13, 2022. Therefore, providers cannot use the RRTP money to cover any bonuses or salary/pay increases that were already given or planned prior to January 13, 2022.

- 9. Does each quarter require its own form 3780?**

No. See updated attestation forms.

- 10. 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 direct support services to Medicaid individuals served by the 1915(c) waivers.

- 11. The Guidance Memo 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/Providers use such administration funds to pay for our employer FICA tax expense associated with any DSW 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%.

- 12. The attestation document on page 2 contains the required information that is to be included on the BDS 3795 Report. The BDS 3795 Report template and instructions provided does not contain all of these elements. Is there a new template that will be provided?**

The Department inadvertently included elements in the attestation that were determined not to be necessary in the final expense report. The Department has distributed a memorandum with a corrected attestation to accompany this FAQ. Any provider that completed the prior attestation does not need to submit a new one.

- 13. Are provider agencies to complete the BDS 3795 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.**

Provider agencies should provide BDS 3795 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.

**14. How is the reporting/compensation allocated for a provider agency who has individuals served by the same employee from multiple area agencies or waivers? For example, home with an individual from R1, R9, and R4 with the employees working with all the individuals.**

The reporting/compensation allocated for a provider agency will be determined by the Area Agency's specific spending plan. So if one employee works for 3 different regions that employee may receive 3 different forms of RRTP compensation.

**15. 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.

**16. Would Direct Support Workers include the titles of the following staff/contractors who provide the services that were defined- home providers, personal care providers, respite providers, vocational specialists, nurses, program coordinators who are providing direct services, family managed employees?**

For the purposes of the RRTP payment, Direct Support Workers are those staff who provide a 1915(c) waiver service that is included in the RRTP program. The services included in the RRTP are:

DD

- Community Support Services;
- Supported Employment Services;
- Residential Personal Care Services;
- Day Habilitation Services;

ABD

- Community Support Services;
- Supported Employment Services;
- Residential Personal Care Services;
- Day Habilitation Services;

IHS

- In Home Residential Rehabilitation;

CFI

- Home Health Aide
- Supported Housing
- Adult Day Care
- Homemaker
- Adult Foster Care
- Personal Care
- Skilled Nursing; and
- Residential Care.

**17. 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) Two memos were distributed with an earlier version of this FAQ from BDS and BEAS on Wednesday, February 2, 2022 that gave guidance on how the amount will be calculated.
- 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 March.
- c) The Expense Report is due to DHHS by August 15, 2022. It is up to the provider when the money is spent.

**18. On page 4 under procedures it speaks to a query run in MMIS for specific codes and time period. Is the time period based on date of service or date of payment?**

The MMIS query is based on date of payment.

**19. How are you factoring in the abundance of services provided for which Area Agencies were not able to bill for due to the PA back log?**

Actual claims units and expenditures for the time period April 1, 2021 through December 31, 2021; and a projection of claims units and expenditures for the time period January 1, 2022 to March 31, 2022 were used in the one-time lump sum payment calculations. The ARPA 10% additional FMAP is based on actual claims for the period April 1, 2021 through March 31, 2022.

**20. The listing of codes includes under the I.H.S. waiver code T2025. This is the same code used by the DD and ABD waiver for PDMS services. Why is the code T2025 not listed under those waivers?**

The IHS code T2025 is for In-Home Residential Habilitation only. The code is T2025 SE UC U1.

**21. Page 5, section 2, last bullet, it states “please see worksheet below”. There is no worksheet below, please provide.**

Please disregard the phrase “please see worksheet below” as it is a typo.

**22. 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.

**23. On page two of the provider agency expenditure report requirements 1f- what is the time period for the average weekly hours worked?**

See the updated attestation. This requirement has been removed from the report.

**24. There are no service codes included for PDMS/CDS services. Does that mean that direct support workers in our PDMS/CDS programs are not eligible for any recruitment/retention/training dollars?**

Staff providing 1915(c) waiver services which are listed in the RRTP program (please reference list in question 16 above) are eligible for payment. DSWs that provide the services listed above through PDMS method of service delivery are included in those DSWs eligible for payment. For DSWs that provide services via the PDMS method of service delivery please list the HCBS Service Code applicable to the type of service the DSW was provided on the expense report.

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

The guidance memos that will accompany this FAQ illustrates how payments will be calculated. The Department contacted Area Agencies and CFI providers by February 4, 2022 with estimated amounts each Area Agency or CFI provider can expect.

**26. 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 March.

**27. 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.

**28. Can funds be distributed to non-employee home providers who provide the same function as a DSP?**

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

**29. 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.

**30. Reporting requirements want us to associate a DSP to a procedure code. A given DSP may provide services under quite a number of those codes. Do we need to try and list them all and provide some kind of pro-rata split with a payment or can we assign a primary code for each DSP?**

DSPs need to be allocated by service provided and reported on as such.

**31. 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 August 15, 2022 it may contain planned or estimated costs.

- 32. On the form within the signature section. The check box, appears to be a past tense, that rather we have already used the funds. Should this be checked off when we send back or is this something later on that we will be checking off?**

The attestation form will be updated to reflect this feedback. Please see the updated attestation forms that will accompany this FAQ.

- 33. 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 direct support services.

- 34. As far as retention, can the amount of OT payments be used for this?**

This funding must be used to supplement and not supplant current agency practices and policies regarding planned bonuses and wage increases.

- 35. The BDS 21-18 Guidance is expressly written to Area Agencies, and to select Department staff, only. But with the exception of one sub-paragraph that specifically names Area Agencies (a bullet under Item 4 of the Procedures section – relating to Attestation – at the bottom of Page 4), the Guidance uses the term “Provider” throughout. Part of what makes the Guidance Memo confusing is that the term Provider is not defined. As a result, it is not clear which, if any, provisions of the Guidance apply just to Area Agencies (with the exception noted above) or also to Area Agency subcontractor providers. Would you please add a clear and accurate definition of the term “Provider”, as used in the Guidance, to the Guidance itself?**

Provider means Medicaid enrolled Provider, which is why the guidance is addressed to area agencies, currently the only Medicaid enrolled providers for the three BDS 1915(c) waivers. In the BDS Policy 21-18, the phrase “Provider agency or subcontractor”, which means contracted vendors of the area agencies that are providing services on behalf of Medicaid enrolled individuals. It is incumbent and expected that area agencies, as NH Organized Health Care Delivery System, will pass the payment on to all subcontractors that provide the 1915(c) waiver services receiving a one-time lump sum payment as part of the RRTP program.

- 36. Are Area Agency subcontractor providers required to complete and submit the BDS 3795 Expenditure Report by August 15, 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 21-18.

- 37. 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 21-18.

- 38. The BDS Guidance Memo states – in two prominent places (including the Guidance heading) – that the “effective date” for the program is: April 1, 2021 to March 31, 2022. This also is very confusing. It does seem clear that the “program” doesn’t actually end on March 31, 2022, as Area Agency (Provider) and Department duties relating to program payment, implementation, compliance, and reporting extend beyond that date. Instead, it appears that the Department’s payment of funds to Area Agencies is based on the period of April 1, 2021 to March 31, 2022 – which is different from an “effective date” of the program. Since it may be too late to change the term that you are using in the Guidance**

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 August 15, 2022, it may contain planned or estimated costs.

- 39. 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.

- 40. In terms of paying a bonus to supervisors of DSP staff how many levels of supervision are eligible...only the first line or are other supervisor level staff who provide direct program supports eligible?**

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

- 41. 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.

- 42. I already submitted an attestation form. Do I need to submit a new attestation now that it has been updated?**

No. An attestation submitted on the previous version is acceptable.

- 43. 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 August 15, 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 August 15, 2022 but may contain reports of future planned expenses. All funds must be spent by March 31, 2024.

**44. 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 January 13, 2021. Providers will receive RRTP funds as part of the regular billing cycle around the first or second week of March.

**45. Can you confirm the date this is due?**

The due date of the attestations and spending plans is February 18, 2022. The due date of the expense report is August 15, 2022.

**46. 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.

**47. Do we first distribute the monies and then get reimbursed? Or wait until the monies are received and then distribute?**

RRTP payments must be used for the express purpose of recruitment, retention, or training of DSW, DSP, or immediate supervisor. The funds cannot be used to supplant any wage increases or bonuses planned prior to January 13, 2022. So long as RRTP goes to supplementing DSW, DSP, or immediate supervisors in a way that was not planned prior to January 13, 2022, providers may choose to receive RRTP as reimbursement for new RRTP for DSW, DSP, or immediate supervisors. Providers may also choose to wait and pay RRTP to DSW, DSP, or immediate supervisors after the money is received.

**48. My question is the business will be changing owner and name 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 DSW, DSP, or immediate supervisors and that the expense report is completed by August 15, 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.

**49. In the meantime is there a way to get how our individual amount was calculated? As based on the formulas and dates you sent out earlier in the week, our calculation was significantly higher. We want to audit this back to our claims submission as well.**

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.

**50. Could you tell me if the funds will be paid out in Billing cycles or one large lump sum in Aug?**

The RRTP will be a lump sum payment that will be reflected on the remittance advice. If a provider returns a completed attestation and spending plan by February 18, 2022, the provider should expect to receive the payment during a regular billing cycle around the first or second week of March.

**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 DSWs, DSPs, and immediate supervisors for each waiver based on the amounts allocated per waiver.

**52. We merged with an existing home health care provider on 4/1/2021. We received a notification regarding the HCBS ARPA payment for the existing home health care provider we merged into but not for the name of the home health care provider that existed prior to the merger.**

The RRTP program is based on paid claims for 3 quarters beginning 4/1/2022, as well as an estimated first quarter of 2022. Since the merger was finalized on April 1, 2022. It is correct that the existing home health provider received a notice but not the earlier home health care existed that no longer operates as a separate entity.

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

93.778

**54. I just want to make sure that we will not be receiving the HCBS ARPA payment. I have not sent the Attestation form or spending plan due to us wanting to opt-out of this payment. Please let me know if anything else is needed to opt-out of receiving this money.**

To opt out of HCBS ARPA a provider just needs to not submit the attestation and spending plan. You do not need to take further action if you do not want to be included in the HCBS ARPA payment.

**55. 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 DSWs, DSPs, and immediate supervisors, minor changes should not cause a problem with RRTP.

**56. Can the funds be used for advertising job openings for DSWs? 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.

**57. 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 DSWs, DSPs, and immediate supervisors for the express purpose of recruiting or retaining more DSWs, DSPs, and immediate supervisors.

**58. 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 and at least one subsequent payment based on actual claims paid in 2022, however this is not a rate increase or permanent increase in funding.

**59. 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.

**60. 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.

**61. 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 August 15th reporting deadline.**

Yes. RRTP may be used to prepay a benefit designed to recruit, retain, or train DSWs, DSPs, or immediate supervisors such as a dental plan as long as the expense was incurred after January 13, 2022.

**62. If an agency uses ARPA 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.

**63. Are agencies required to report on how they used the 20% administrative costs?**

Yes. Additional details will be forthcoming.

**64. Are educational benefits, such as a college tuition reimbursement for DSWs, DSPs, and immediate supervisors an allowed RRTP expense?**

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

**65. 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.

**66. Can I use RRTP to hire DSWs from a staffing agency?**

No.

**67. If we use the funding to give referral bonuses to staff for referring Direct Service Workers, can we use these funds for those recruitment bonuses? This could mean some of the staff getting referral bonuses would not be Direct Service Workers themselves. If so, do we use the Medicaid code for the newly hired (referred) employee on the expense report?**

No. RRTP needs to benefit DSW, DSP, or immediate supervisor.

**68. Question #11 on the FAQ confirms that we will be able to use up to 20% of the funds for payroll expenses. However, I don't see a separate place on the BDS 3795 Report template for those expenses (attached). Do I have the latest form? If so, where should we enter these expenses?**

Additional details on a revised expense report will be forthcoming.

**69. Do Area Agencies need to submit the attestations and spending plans for each vendor as part of the 2/18/22 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.

**70. Another question from one of our small providers. The Executive Director in question provides DIRECT SUPPORT hours. Are they eligible for a bonus relative to the portion of time they serve that function or does their job title automatically exclude them? The FAQ references the LTCS payment practices as potential guidance and for that program this would have been allowed.**

Yes. Directors, chief executives, and other leadership positions can be eligible for RRTP payments. However, directors, chief executives and other leadership positions may only be eligible as DSWs or DSPs, directors cannot be eligible for RRTP if they are immediate supervisors of DSWs but do not provide direct support themselves. RRTP for directors must be limited to the percentage of total direct support units during the project period that the director provided. For example if a director provided 5% of a provider's total direct support hours during the project period, the director may receive up to 5% of the RRTP funds available to the provider.

**71. Is there a draft boilerplate spending plan?**

No. Spending plans must explain how the funds for DSWs, DSPs, or immediate supervisors. Explanations should be thorough enough that plan can be evaluated for compliance with BEAS PR 21-18, BDS PR 21-18, BEAS NH HCBS Recruitment, Retention, and Training Payment (RRTP) Provider Agency Guidance, and BDS NH HCBS Recruitment, Retention, and Training Payment (RRTP) Provider Agency Guidance for the use of these funds.

**72. Our recruiter is not a DSW, DSP, or immediate supervisor to focus on hiring DSW, DSP, or immediate supervisor staff, can RRTP funds be used to pay the recruiter a bonus?**

No.

**73. Would the purchase of computer systems and Relias training be allowed?**

Yes.

**74. We recently increased wages \$2 per hour in for our DSW, and \$3 per hour for a direct supervisor. Is it possible to use the funds to cover this increase for March 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 January 13, 2022, no. If the wage increase was planned after January 13, 2022, yes.

**75. 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 January 13, 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 January 13, 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 DSWs.

**76. 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.

**77. 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.

**78. I got another payment, do I need to revise my spending plan?**

No.

**79. 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 direct support workers.

**80. What is the difference between a new DSW/DSP and an existing DSW/DSP?**

A new DSW/DSP is one who was not in their current role prior to the initial RRTP payment. For example if a DSW/DSP was hired on July 1 after the initial RRTP payment, that worker should be considered a new DSW/DSP when completing the expense report.