One-Time Workforce Retention Payment Application Instructions

The American Rescue Plan Act of 2021 (ARPA) provides funding to enhance, expand or strengthen HCBS beyond what is available under the Medicaid program as of April 1, 2021. South Carolina Department of Health and Human Services' (SCDHHS) ongoing evaluation of HCBS demonstrates that additional support is necessary to maintain an adequate provider network. As a result, SCDHHS is implementing a one-time supplemental payment to direct care service providers to be used as an incentive in direct care staff retention, with stipulations noted.

NOTE: To be eligible for a one-time Workforce Retention payment, providers must submit an application meeting stated guidelines.

Eligibility Requirements

To qualify for a one-time Workforce Retention payment, applicants must satisfy all of the following requirements:

1.) The applicant must be in "Active" status as a South Carolina Medicaid provider.
2.) The applicant must be enrolled in South Carolina Medicaid as a HCBS waiver provider of in-home services, case management, or adult day services.
3.) The applicant must be in good standing with South Carolina Medicaid. Good Standing is defined as a provider who:
   a) has not been convicted of Medicaid fraud and placed on the OIG exclusion list and;
   b) does not have any outstanding recoupments with SCDHHS as a result of a Program Integrity review
4.) The applicant must have incurred expenditures for services provided to waiver participants for SFY 2019 - SFY 2022.

Providers who receive a one-time Workforce Retention payment must agree to cooperate with monitoring and compliance requirements established by SCDHHS. Failure to comply with these requirements may result in the recoupment of funding.

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Disbursement Methodology

Workforce Retention payments are issued to direct care service providers and the supplemental payment will be based on the percentage of the individual provider's average service units for State Fiscal Year (SFY) 2019-SFY 2022 divided by the total eligible HCBS providers service units for that time period.. Final award amounts will be distributed in the same form and manner in which your entity currently receives payments from SCDHHS. Qualified direct care service providers are providers who:

1.) Have had paid fee-for service (FFS) claims for services through an HCBS waiver for dates of services during the SFY 2019 - SFY 2022.
2.) Are currently enrolled and in Good Standing with SCDHHS.
3.) Have agreed to not stop providing services or close their entity until the end of the ARPA period without written consent from the SCDHHS.

Application Review Process

Applications must be submitted to Medicaidwaiver@Scdhhs.gov by December 01, 2022. Applications will be reviewed on the following factors:

1.) Eligibility requirements; as well as,
2.) Applicants' attestation to section II requirements.

NOTE: Incomplete applications may be disqualified. A submitted application is not a guarantee of funds.

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Section I: Provider Information

Note: For providers with multiple provider identification (ID) numbers, a separate submission form will be required for each provider ID number where retention payment is requested.

**Provider ID should be for waiver services only.*

Owner Last Name:	
Owner First Name:	
Owner Middle Initial:	
Provider Name:	
Provider Type:	
Medicaid Provider ID: Enter 6-digit ID including letters	
Entity Mailing Address:	
City, State Zip:	
Contact Name:	
Contact Title:	
Phone Number:	
Email Address:	

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Section II: Attestation

I agree to use the funding provided to support the retention and growth of employees delivering HCBS waiver services.

As the authorized official for the applying entity, I certify that:

- The money received will be used only toward activities described in this application.
- All the information contained in the application is correct.
- This entity agrees to comply with all provisions of the applicable program and all other applicable federal and state laws, and regulations.
- I further agree to submit to an audit by SCDHHS to verify the activities per this attestation.

Failure to abide by the requirements outlined in this application may result in recoupment of funds.

Authorizing Official Name (Please Print)	Authorizing Official Title (Please Print)
Authorizing Official Electronic Signature	Date