

Purpose

The HCBS ARPA Retention Payments will be distributed as a temporary rate add-on to agency providers and consumer-directed services employers to support recruitment and retention efforts for direct care staff delivering HCBS services. Eligible providers can use the temporary add-on to provide one-time financial compensation directed toward direct care staff, including lump-sum bonuses, retention bonuses, and paid time off to receive a COVID-19 vaccination or to isolate after receiving a positive COVID-19 test.

Adopted 1 TAC Section 355.207 requires that providers complete an attestation, initial reporting, and a final report. Failure to attest and submit required reports will result in the recoupment of funds.

Contact

For questions regarding the completion of this attestation, please email: pdf-ltss@hhs.texas.gov.

Instructions and Required Information

Please note this is the attestation and initial report. To submit the final report, please click [here](#).

The Health and Human Services Commission (HHSC) requires the attestation to be submitted as soon as possible. Failure to attest and complete the required reporting will result in the recoupment of the additional funds paid under the enhanced HCBS ARPA.

Since different provider types have various unique identifiers, HHSC has developed the following list to aid providers in their submission of the required attestation and reports.

HHSC requests that all providers submit two unique identifiers to ensure your organization gets credit for the required attestation and reporting. Please include any two of the following identifiers: HHSC contract number or component code, National Provider Identifier (NPI), or Taxpayer Identification Number (TIN) with the submission. For Consumer Directed Services (CDS) employers, please include your Medicaid Identification number.

If an organization has multiple fee-for-service HHSC contracts, you may only have to complete the required attestation or initial report if you report using NPI. If reporting using NPI, please enter "000000000" into the HHSC contract number or component code field and proceed with entering an NPI in the appropriate field.

Primary Home Care/Community Attendant Services (PHC/CAS) providers with multiple HHSC contracts must complete an attestation and required reports for each HHSC contract under which services are being delivered between March 1, 2022, and August 31, 2022 unless providers submit identifiers shared by all contracts within an organization (for example, NPI).

Home and Community-Based Services/Texas Home Living (HCS/TxHmL) providers

must complete an attestation and required reports for each component code unless providers submit identifiers shared by all component codes/contracts within an organization (for example, NPI).

Complete all fields below as appropriate for all attendant and direct care staff positions as defined in 1 TAC Section 355.207(b). Click the "Submit" button when complete.

Please ensure all data entered is correct before submission.

* 1. To reduce invalid responses, please let us know your intent:

I intend to *preview* this attestation and report.

I intend to answer all questions and *submit* this report.

* 2. This attestation is submitted for which category of providers?

- Provider Agency
- Consumer Directed Services (CDS) Employer

* 3. Agency Provider Types

* 4. Consumer Directed Services Provider Types

Please provide as many types of identifying numbers as possible.

Please click on the link below to look up National Provider Identifier:

National Provider Identifier

* 5. HHSC Component Code

(if reporting using NPI, please enter 000000000 in the HHSC contract field and provide an NPI as the identifier in the NPI field)

6. National Provider Identifier (NPI)

7. Taxpayer Identification Number (TIN)

Please provide as many types of identifying numbers as possible.

**Please click on the link below to look up National Provider Identifier:
National Provider Identifier**

* 8. HHSC Contract Number
(if reporting using NPI, please enter 000000000 in the HHSC contract field
and provide an NPI as the identifier in the NPI field)

9. National Provider Identifier (NPI)

10. Taxpayer Identification Number (TIN)

* 11. HHSC Medicaid ID

Please provide as many types of identifying numbers as possible.

Please click on the links below to look up facility ID, by program, under Provider Directory:

[Assisted Living Facilities](#)

[Day Activity Health Services](#)

[Home Community Support Services Agencies](#)

Please click on the link below to look up National Provider Identifier:

[National Provider Identifier](#)

* 12. Facility ID

* 13. National Provider Identifier (NPI)

* 14. Taxpayer Identification Number (TIN)

Please provide as many types of identifying numbers as possible.

**Please click on the link below to look up National Provider Identifier:
National Provider Identifier**

* 15. National Provider Identifier (NPI)

* 16. Taxpayer Identification Number (TIN)

Attestation

* 17. Provider Doing Business As (DBA) Name:

* 18. Enrolled Medicaid Provider

1 TAC Section 355.207(c)

Yes

* 19. Address

Address

City/Town

State/Province

ZIP/Postal Code

* 20. I attest that the provider will use at least ninety percent of payments made under 1 TAC Section 355.207 for recruitment and retention efforts for attendant and direct care staff delivering HCBS services as defined in 1 TAC Section 355.207(b). Funds made under 1 TAC Section 355.207 can include financial compensation directed toward direct care staff, such as lump-sum bonuses, retention bonuses, and paid time off to receive a COVID-19 vaccination or to isolate after receiving a positive COVID-19 test.

Yes

* 21. I attest that the provider will not use the payments made under 1 TAC Section 355.207 to increase hourly wages paid to direct care staff on an ongoing basis and to limit use of the funds to types of compensation that will not result in future reductions to hourly wages when the payments are discontinued.

Yes

* 22. I attest that I am a person legally authorized to sign for this provider and that the information entered above is correct to the best of my knowledge and belief. After submission of this attestation, if I become aware of a change in the information that is relevant to this attestation, I will notify HHSC.

Yes

* 23. Contact Information

Name

Title

Email Address

Phone Number

Initial ARPA HCBS Reporting

Instructions

Complete all fields below as appropriate for all attendant and direct care staff positions as defined in 1 TAC Section 355.207(b).

Note: Please ensure all data entered is correct before submission.

Total Number of Direct Care Staff Positions, Filled and Vacant, prior to receiving ARPA funding.

* 24. Total Number of Attendant Positions

* 25. Total Number of Nursing Positions

Number of Filled Positions prior to receiving ARPA funding.

* 26. Total Number of Attendant Positions

* 27. Total Number of Nursing Positions

Number of Vacant Positions prior to receiving ARPA funding.

* 28. Total Number of Attendant Positions

* 29. Total Number of Nursing Positions

* 30. How do you plan to use the ARPA funding? (Check all that apply)

- Retention bonuses
- Hiring bonuses
- COVID-19 vaccination paid leave
- Paid leave for isolating after a positive COVID-19 diagnosis
- Other (please specify)

Please verify all of your entered information is accurate and click the "Submit" button below. Once we receive your attestation and initial report, we will reach out to each provider to confirm receipt of submission. If you have not received notice of receipt after five business days, please contact HHSC Provider Finance at PFDTSS@hhs.texas.gov.

Thank you!