

PROVIDER RETAINER PAYMENTS: HURRICANE HELENE EMERGENCY

PROVIDER ATTESTATION AND ACKNOWLEDGMENT

This Provider Attestation and Acknowledgment applies to provider retainer payment(s) (“Retainer Payment”), regardless of whether payment is made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan, for use as set forth in this Provider Attestation and Acknowledgment as part of North Carolina Medicaid’s response to Hurricane Helene. Eligible Providers and/ or an Employer of Record (EOR) (“Provider”) must complete and execute this Provider Attestation and Acknowledgment as a condition for receipt of Retainer Payment, regardless of whether payment is made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan. By submitting this Provider Attestation and Acknowledgment form to NC Medicaid, Provider hereby agrees, acknowledges, and attests that:

1. Except as to an EOR, Provider is an enrolled North Carolina Medicaid provider;
2. Provider is a, or employs one or more, Direct Care Worker(s) as defined in 42 C.F.R. § 441.302(k)(1)(ii) and 42 C.F.R. § 441.311(e)(1)(ii), who normally furnishes services to one or more Medicaid beneficiary(ies) and is currently unable to provide services due to direct impacts from Hurricane Helene.
3. Provider’s Direct Care Worker(s) covered by this form:
 - a. Are primary staff employed by the Provider to furnish regularly scheduled services to a Medicaid beneficiary;
 - b. Are not/ will not be eligible for unemployment as to hours covered by Retainer Payment arising under this Provider Attestation and Acknowledgment;
 - c. Exclude staff who are considered or identified as back-up staff.
4. Provider will enter an agreement with each Direct Care Worker to reflect consent to receive retainer payments and will retain, for each Direct Care Worker employed by the Provider for whom Retainer Payment is sought, an executed attestation to include all of the following:
 - a. Provider’s employed Direct Care Worker will report any retainer payments billed, sought or received which is the subject of the Direct Care Worker’s Attestation in submitting any unemployment insurance claim during the period in which retainer payment is received from North Carolina Medicaid, an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan, as part of North Carolina Medicaid’s response to Hurricane Helene.
 - b. If the Provider’s employed Direct Care Worker receives a Retainer Payment, regardless of whether payment is made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan, that in addition to receipt of funding from other sources would cause that Direct Care Worker to exceed his/her/their income for the last full quarter prior to the Hurricane Helene Emergency on September 25, 2024, the Retainer Payment paid to Provider subject to this Provider Attestation and Acknowledgment will be recouped.
 - c. Provider’s employed Direct Care Worker will retain the availability to assist the Medicaid beneficiary(ies) with activities of daily living and instructional activities of daily living consistent with an active and approved service plan when the impacts of Hurricane Helene that prevented the delivery of services to the Medicaid beneficiary have abated.
 - d. Provider’s employed Direct Care Worker will receive Retainer Payment not to exceed the maximum reimbursement rate or wages for hours / units authorized during a thirty (30) day payment period under a service plan approved prior to Hurricane Helene.
 - e. Provider’s employed Direct Care Worker will only receive Retainer Payment if the Medicaid beneficiary is unable to receive services due to impacts from Hurricane Helene and the Medicaid beneficiary is unable to receive the amount, frequency, and duration of services under the approved service plan from their current provider.

- f. Provider's employed Direct Care Worker will seek, bill for, and receive no more than one (1) thirty-day retainer payment for each Medicaid beneficiary to whom the Direct Care Worker normally provides services and is unable to furnish services due to impact(s) from Hurricane Helene.
5. Provider will not seek, bill, or fail to return Retainer Payment on behalf of one or more Direct Care Worker(s) who have been laid off or otherwise terminated by Provider. Provider will report to NC Medicaid any employment termination or layoff of an employee for whom Provider has received Retainer Payment subject to this Provider Attestation and Acknowledgment. Provider will adjust Retainer Payment claims to account for any Direct Care Worker(s) that Provider has laid off or terminated.
6. **Provider will utilize the Retainer Payment received for the sole and express purposes of paying wages to, and overhead costs associated with, Direct Care Workers employed by the Provider to furnish services to Medicaid beneficiaries pursuant to an active service plan approved on or before September 25, 2024 who are unable to provide those services to Medicaid beneficiary(ies) as a result of impact(s) from Hurricane Helene. Provider will seek Retainer Payments for no more than one (1) thirty-day billable period for any Direct Care Worker(s) unable to furnish services to a Medicaid beneficiary to whom the Direct Care Worker normally provides services under an approved service plan where services are not provided due to impact(s) from Hurricane Helene.**
7. Provider will retain and furnish to the Department and/or NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan making the Retainer Payment, upon its request, individual Direct Care Worker attestations required by this Provider Attestation and Acknowledgment and any other appropriate documentation (e.g., payroll records, retainer agreements with staff, and service grids) to support Retainer Payment received, regardless of whether payments are made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan.
8. Retainer Payment to Provider are subject to state and federal audit or other review by the Department and are subject to recoupment, regardless of whether payment is made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan, if Provider engages in inappropriate billing; receives duplicate payment for services, including receipt of payment for services from another available funding stream(s); or receives Retainer Payment to which Provider or its employed Direct Care Workers were not entitled, due to error, fraud, or change in circumstances following the receipt of Retainer Payment arising under this Provider Attestation and Acknowledgment, as identified by state or federal audit or any other authorized third-party review.
9. Provider has not received funding from other sources that would cause Provider to exceed its revenue for the last full quarter prior to the Hurricane Helene emergency.
10. If Provider receives a Retainer Payment, regardless of whether payment is made to Provider by Medicaid Direct or an NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan, that in addition to receipt of funding from other sources would cause Provider to exceed Provider's revenue for the last full quarter prior to the Hurricane Helene Emergency on September 25, 2024, Retainer Payment paid to Provider pursuant to this Provider Attestation and Acknowledgment will be recouped.
11. Provider does not participate in any hold harmless arrangement for any health care-related tax specified under 42 C.F.R. § 433.68(f)(3) in which the State or other unit of government imposing the tax provides for any direct or indirect payment, offset, or waiver such that the provision of the payment, offset, or waiver directly or indirectly guarantees to hold the taxpayer harmless for all or any portion of the tax amount.
12. The information in this Provider Attestation and Acknowledgment is truthful, accurate, and complete, to the best of Provider's knowledge.

The undersigned hereby certifies that the information contained in this Provider Attestation and Acknowledgement is true and accurate. By signing this Provider Attestation and Acknowledgement, the undersigned acknowledges the requirements set forth in paragraphs one (1.) through twelve (12.) of this Provider Attestation and Acknowledgement and the resulting obligations. By signing this Provider Attestation and Acknowledgement, the undersigned further acknowledges that NC Medicaid and/or NC Managed Care Prepaid Health Plan, Behavioral Health Intellectual/ Development Disabilities Tailored Plan, or Prepaid Inpatient Health Plan making the Retainer Payment reserves the right to request an individualized review and approve use of the funds distributed. The undersigned hereby certifies that they have the authority to submit this Provider Attestation and Acknowledgement and, by signing below, affirms the contents set forth on paragraphs one (1.) through twelve (12.) of this Provider Attestation and Acknowledgment on behalf of the Provider listed above.

Signature: _____

Signatory Name: _____

Title: _____

Email: _____

Phone Number: _____

Date: _____

Provider Name: _____

Provider NPI: _____