

Innovations Direct Care Worker Wage Increase Attestation & Acknowledgement Form

Pursuant to the 2026-2027 Appropriations Act, Session Law 2026-41 (S257), North Carolina Medicaid has established a process for eligible Medicaid providers to submit required information to participate in the Innovations Direct Care Worker (DCW) provider rate increase that is intended to support increased DCW wages.

I. Purpose

The Innovations DCW Wage Increase Attestation and Acknowledgment Form (“Attestation and Acknowledgement Form”) is a component of NC Medicaid’s process to ensure compliance with legislative requirements set forth in Section 9E.14 of Session Law 2026-41 are met.

II. Scope

Eligible providers will use the Attestation and Acknowledgement Form as a blanket attestation and acknowledgement to cover all requirements of the Innovations DCW Wage Increase.

III. Attestation and Acknowledgement Form Submission

The provider’s authorized user shall complete and sign the Attestation and Acknowledgement Form and furnish to *{INSERT Health Plan}* via *{Health Plan to designate delivery process – e.g. fax, USPS, scanned, etc.}* prior to receiving the DCW provider rate increase.

**SFY2027 Innovations Direct Care Worker Wage Increase
Attestation & Acknowledgement Form**

I. Attestations & Acknowledgements

The submitting provider hereby attests and acknowledges:

- The facility/provider for whom this form is submitted provides services to Medicaid beneficiaries receiving service through the North Carolina Innovations waiver program and are either:
 - (i) enrolled in North Carolina Medicaid, or
 - (ii) an approved financial manager or financial support agency billing for waiver service hours provided by direct care workers that are hired by employers of record or managing employers under a self-directed option in accordance with NC Medicaid Clinical Coverage Policy 8-P: NC Innovations.
<https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>
- The position description of all Innovations DCWs receiving the Innovations DCW Wage Increase meets the criteria of an Innovations DCW identified in Section 9E.14(b) of Session Law 2026-41:
 - “The definition of an Innovations direct care worker under this section includes all workers required for compliance with, or delivery of, the relevant Innovations waiver service definitions and the delivery of a unit of Innovations services. Individuals in the definition of direct care worker to be applied shall include only caregivers who are contracted for the provision of services in a legally appropriate manner”
- The facility / provider shall use the Innovation Direct Care Worker Wage Increase funding received to the benefit of its Innovations DCWs through expenditures in one or more of the following categories:
 - Hourly Wage Increases
 - Employee Benefits
 - Associated Payroll Costs
 - Other Expenses to the benefit of its DCWs
- The facility / provider shall maintain documentation to support and verify that the Innovations DCW Wage Increase funding was used for the benefit of its Innovations DCWs, including, but not limited to:
 - The number of paid units of service received from the Health Plan
 - The per unit of service rate increase received from the PIHP for the Innovations DCW Rate Increase
 - The increased expenses for Innovation direct care workers in the respective categories (hourly wage increases, employee benefits, associated payroll costs, and other expenses).

- The type of documentation maintained and available to support each category of expense (Payroll journals, expense receipts, other, etc.)
- The requirement to furnish this signed Attestation and Acknowledgement Form to the relevant Health Plan prior to receiving the Innovations DCW Rate Increase for the State Fiscal Year 2026-2027.
- The requirement to submit to the relevant Health Plan an annual summary of expenditures, as referenced above, is due in accordance with S.L. 2026-41, unless amended, for State Fiscal Year 2026-2027 to validate distribution of Innovations DCW Wage Increase revenue.
- The validation requirements are at the discretion of the Health Plan and Division of Health Benefits (DHB) and all requirements shall be met.
- The Health Plan and DHB reserve the right to request the supporting documentation maintained by the provider / facility for validation and auditing purposes.
- Health Plans may recoup from the provider part or all of funds related to the rate increase if the Health Plan determines the provider did not use the increased funding to the benefit of its Innovations direct care worker employees.

The undersigned hereby certifies that the information contained in the Attestation and Acknowledgement Form, and any other supporting documents that the provider may submit with this Form is true and accurate. By signing this Form, the undersigned acknowledges the requirements set forth in this Form and the resulting obligations.

Provider Name: _____

Signature Date

Printed Name Title