

Workforce Stability & Training Stipend Request Form

(The Disbursement Plan must be attached to this form)

Agency Name:		NHTD Provider ID:	
		TBI Provider ID:	
Agency Representative Name and Title:		Agency Representative Contact Information (address, phone # and email):	
Waiver Program(s):	RRDC Region:	Date of Request:	Indicate Stipend(s) Requested:
<input type="checkbox"/> NHTD <input type="checkbox"/> TBI			<input type="checkbox"/> Workforce Stability Stipend <input type="checkbox"/> Training Stipend

Instructions: This request form may be used to request a Workforce Stability Stipend and/or Training Stipend. Both stipends may be requested through this form. If a provider is only requesting one of the stipends (either the Workforce Stability Stipend or Training Stipend), then the provider should only complete the associated parts of the request form. All requests require signing of the attestation located on pages 5-6. Please make sure to indicate via the checkbox above which stipends your provider agency is requesting.

- The Workforce Stability Stipend request is located on pages 2-3
- The Training Stipend request is located on page 4

A complete stipend request packet for the Workforce Stability Stipend must include:

- A complete and signed Workforce Stability and Training Stipend Request Form
- A completed Workforce Stability Stipend Attachment spreadsheet
- A disbursement plan as outlined on page 3

A complete stipend request packet for the Training Stipend must include:

- A complete and signed Workforce Stability and Training Stipend Request Form
- A completed Training Stipend Attachment spreadsheet

Note: Your agency should complete one Workforce Stability and/or Training Stipend Attachment spreadsheet for each waiver program under which you are requesting stipends, i.e., one attachment for NHTD and one for TBI if your agency is approved for both. If your agency is

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requesting Training Stipends and Workforce Stability Stipends under both NHTD and TBI, your submission should include a total of four (4) attachment spreadsheets. Staff members should not be duplicated across waiver programs.

Workforce Stability Stipend Request

Instructions: Through the American Rescue Plan Act of 2021, the NHTD and TBI waiver programs are offering a Workforce Stability Stipend to providers for eligible direct waiver service employees. Workforce Stability Stipend payments require prior authorization by the RRDC. The Workforce Stability and Training Stipend Request form must be completed, signed, and submitted as part of the complete stipend request packet. The RRDC cannot approve any Workforce Stability Stipend requests without receipt of all required documentation.

Upon receipt, the RRDC will review all documentation and determine if approval can be granted and/or if corrections are needed. Once RRDC approval is given, the provider may bill for the approved Workforce Stability Stipend amount.

Workforce Stability Stipends and Criteria

The Workforce Stability Stipend is available for eligible direct service staff providing the following services:

- Service Coordination (SC)
- Community Integration Counseling (CIC)
- Home and Community Support Services (HCSS)
- Independent Living Skills Training (ILST)
- Respite
- Peer Mentoring (NHTD only)
- Positive Behavioral Interventions and Supports (PBIS)
- Structured Day Program (SDP)
- Substance Abuse Program Services (TBI only)

Note: Stipends are only available on a one-time basis and can only be requested by one employer. If a staff person worked for multiple employers throughout the PHE, the stipend will be distributed to the current or most recent prior employer. Stipends may only be requested for staff who have worked at least 30 days throughout the duration of the Appendix K.

A stipend will be provided to all waiver service providers employing staff providing the services indicated above in the amount of \$2,500 for each direct service staff person hired on or after April 1, 2021 and maintained for thirty days or more throughout the PHE and/or Appendix K period.

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A stipend will be provided to all waiver service providers employing staff providing the services indicated above in the amount of \$3,000 for each direct service staff person hired before April 1, 2021 and maintained for thirty days or more throughout the PHE and/or Appendix K period.

Providers may also request an additional \$500 stipend for any fully vaccinated employee eligible for a stipend in either of the categories above.

Disbursement Plan Requirements

All requests must be accompanied by a plan detailing how all funds will be distributed directly to staff, including intended dates for disbursement. Provider disbursement plans must be submitted to and approved by the RRDC before claims can be submitted. All payments will be disbursed to eligible direct service staff members as identified by the agency's written approved plan.

- If the provider chooses to use an internal pool account for stipend distribution to staff, the disbursement plan must include details on how this pool is to be maintained, utilized, and disbursed to employees.
 - Reminder: unused pooled funds may be used to enhance payments to employees, but payments to employees cannot be less than the base stipend amount.

If the provider is choosing to implement a “tiered payment plan” to staff, with all funds utilized solely for staff payments, this detailed “tiered payment plan” must be included in the disbursement plan.

The provider will be responsible for quarterly reporting on any unused funds.

Any questions may be directed to: waivertransition@health.ny.gov

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Training Stipend Request

Instructions: Through the American Rescue Plan Act of 2021, the NHTD and TBI waiver programs are offering a Training Stipend to eligible providers for training of direct service staff. Training Stipend payments require prior authorization by the RRDC. The Workforce Stability and Training Stipend Request form must be completed, signed, and submitted as part of the complete stipend request packet. The RRDC cannot approve any Training Stipend requests without receipt of all required documentation.

Upon receipt, the RRDC will review all documentation and determine if approval can be granted and/or if corrections are needed. Once RRDC approval is given, the provider may bill for the approved Training Stipend amount.

The Training Stipend is a reimbursement to providers who have trained staff who serve a NHTD/TBI caseload. Training must have occurred during the PHE beginning April 1, 2021 in order to be eligible for reimbursement. This incentive terminates with the Appendix K. All waiver service providers may claim the \$100 for initial waiver staff training and an additional \$100 for annual training (for any annual training completed during the PHE). A training certificate must be available upon request.

Providers of HCSS will be reimbursed at a rate of up to \$350 per trainee for each direct care staff (PCA) providing waiver services. A registered nurse must be the instructor for content related to personal care skills. LHCSA Providers must have an approved personal care aide training plan as approved by the licensing unit to be reimbursed for any training expense.

Providers may be reimbursed for training expenses (not to exceed the \$350 limit) associated with those staff utilizing Alternative Competency Demonstration qualifications and working with waiver participants.

The incentive will terminate at the end of the Appendix K period. "Waiver service only" providers must have an approved training curriculum. Staff must have been employed and trained during the PHE period beginning April 1, 2021.

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Attestation for the Workforce Stability and Training Stipend

Instructions: This section must be completed and signed by an individual authorized to attest on behalf of the provider, if requesting a Workforce Stability and/or Training Stipend.

On May 13, 2022, the Centers for Medicare and Medicaid Services (CMS) approved the Appendix K revision to the Nursing Home Transition and Diversion (NY.0444) and Traumatic Brain Injury (NY.0269) waiver programs. This Appendix K revision delineated workforce stabilization initiatives, which are intended to address the critical direct support professional staffing shortages stemming from the COVID-19 public health emergency. Upon submission of a completed request packet by a qualified provider, the provider may be entitled to receive a Workforce Stability and/or Training stipend, as appropriate.

In accordance with the Appendix K amendment approved by the Centers for Medicare and Medicaid Services (CMS) as an approved NHTD/TBI waiver service provider seeking a Workforce Stability and/or Training Stipend, I, _____, on behalf of _____, hereinafter "Provider", hereby attest to the following:

- I have the authority to make this attestation legally binding on the Provider.
- The Provider will expend all Workforce Stability Stipend payments exclusively for the purpose specifically identified in this request form and in the approved Appendix K.
- Workforce Stability Stipend payments will not be comingled or used by my agency across initiatives.
- All funds from the Workforce Stability stipend will go directly to eligible waiver staff (as indicated by in the attached spreadsheet(s)).
- All information contained in this request package is truthful and accurate;
- All staff listed on the request form are appropriately eligible for the requested stipend(s);
- All staff listed have/are providing waiver services in the requested region;
- The agency will follow the disbursement plan attached to this request form, and will not deviate from such without prior approval from the RRDC;
- If using a "tiered payment plan", this payment plan is included in the attached disbursement plan and will not be utilized without prior approval from the RRDC;
- All funds will be utilized solely for staff payments and will not be used to cover any administrative costs assumed by the provider;
- For the Workforce Stability Stipend, all funds will be utilized to pay the employee in compliance with tax, labor and worker's compensation and any other applicable laws and requirements;
 - Note: this may result in a net payment to the employee less than the stated stipend payment
- For the Workforce Stability Stipend, all payments will be disbursed to the employee as identified by the agency's written approved plan;

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- Note: written approval of the agency’s disbursement plan will come via RRDC signature approval of this form.
- For the Workforce Stability Stipend, while unused pooled funds may be used to enhance payments to employees, gross payments to those indicated on the attached spreadsheet are not less than the base stipend amount;
- Any unexpended funds will be returned to the State of New York;
- Satisfactory documentation, including proof of enhanced payment to employees, will be provided upon request or pursuant to any audit or other inquiry conducted by the State of New York to verify the appropriateness of the enhanced payments;
- Provider acknowledges that New York State has the right to recoup part or all of any monies paid by the State of New York to the Provider for inappropriate, incomplete or inaccurate or unavailable supporting documentation;
- All information provided in this statement and the accompanying form(s) is true, accurate and complete to the best of my knowledge and no material fact has been omitted.

Signature:	
Title:	
Date	

Total NHTD Workforce Stability Stipend amount requested (must match attached spreadsheet): \$ _____

Total TBI Workforce Stability Stipend amount requested (must match attached spreadsheet): \$ _____

Total NHTD Training Stipend amount requested (must match attached spreadsheet): \$ _____

Total TBI Training Stipend amount requested (must match attached spreadsheet): \$ _____

Please attach your agency’s disbursement plan, Workforce Stability Stipend Attachment, and Training Stipend Attachment, as applicable, with this request form when submitting to the RRDC.

RRDC Approval – RRDC Use Only	
Approval status:	
Approved	Denied

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If not approved, please indicate reason:	
Total NHTD Workforce Stability Stipend amount approved:	\$
Total TBI Workforce Stability Stipend amount approved:	\$
Total NHTD Training Stipend amount approved:	\$
Total TBI Training Stipend amount approved:	\$
Signature	
Name and Title:	
Date:	