AGENCY FOR HEALTH CARE ADMINISTRATION

Provider Instructions

One-Time Provider Stipend and/or Retention Payment Applications

Section 9817 of the American Rescue Plan Act of 2021 (ARP) provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021, and states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid Program. The Agency for Health Care Administration (AHCA) is utilizing this opportunity to allow HCBS providers an opportunity to increase their capacity and identify areas of workforce development.

This document is intended to provide step-by-step instructions for applicants completing the One Time Provider Stipend & Provider Retention Combined Application form for possible receipt of ARPA funding. Eligible providers with an active Medicaid Provider ID may apply for One-Time Provider Stipend and Retention Payments.

1. Download the application from:
   https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/federal_authorities/hcbs_info.shtml
   and save the file to your local drive using a naming convention similar to:

   One-Time Provider Stipend and Retention Payment Application – [Provider Medicaid ID].xlsm.

2. In the open file, navigate to the 'Instructions' tab. Note that to be eligible for one-time provider stipend and retention payments, providers must request to receive payment(s) by completing the application. **PLEASE NOTE: A separate application must be submitted for each provider ID.**

3. Eligibility Requirements include:

   a. Applicants must be in an "Active" status as a Florida Medicaid provider.
   b. Applicants must be in good standing with Florida Medicaid.

4. Navigate to the Application Review Process section at the bottom of the Instructions tab. Note that applications with missing fundamentals elements (e.g., unanswered questions or inadequate responses) may be disqualified, and that successful submission of the application is not a guarantee of funds. Eligibility will be based on the following factors:

   a. Eligibility of applicant provider.
   b. Identifying how the applicant intends to spend enhanced funds to improve staff capacity, stability, flexibility, and professional development.

5. Navigate to the 'Section A & Attestation' tab. Select the application to be completed. Choices include Provider Retention Payments, Provider Stipend Payments, Both or None, I do not wish to apply for

either the Provider Stipend or Retention payment. Complete each field in Section A with the relevant provider identifying information. As noted above, a separate submission form will be required for each provider ID number where a retainer payment is requested.

6. Sign and date the attestation agreement at the bottom of the 'Section A & Attestation' tab.

7. Navigate to Section B of the 'Section B Payment Information' tab.

   PLEASE NOTE: Provider's applying for both One-Time Provider Stipend and/or Retention Payments must complete ALL sections in the application.

   a. For providers applying for One-Time Provider Retention Payments, identify the purpose of the payment being requested from the following options (*select all that apply*):
      i. Staffing Recruitment: Increase the number and/or quality of available staff in your practice (e.g., hiring bonus).
      ii. Staffing Retention: Reduce staff turnover, retain quality staff (e.g., employment milestones).
      iii. Staffing Quality: Improve education and training levels of staff (e.g., educational or credentialing milestones).

   b. For providers applying for One-Time Provider Stipend Payments, identify the purpose of the payment being requested from the following options (*select all that apply*):
      i. Staffing Capacity: Increase the ability of your practice to hire and maintain increased staffing levels (e.g., hero pay for caregivers of Florida's seniors throughout the pandemic).
      ii. Staffing Stability: Reduce staff turnover, reward exceptional employees, offer more set schedules (e.g., hazard pay or sick pay).
      iii. Staffing Flexibility: Offer more flexible hours, provide transportation options (e.g., transportation incentive such as agency-supplied car service).
      iv. Professional Development: Offer CEU courses or pay for additional training or coursework (e.g., training conferences and CEU credits)

8. If applying for the Provider Stipend Payment, describe how the stipend payment will be spent in 'Section C: Spending Plan'. If funding will be spent on more than one activity, provide a breakdown of how much is to be spent on each activity. For example, if Section B indicates the funding will be used for Staffing Stability and Professional Development, then Section C should describe how the funding will be split between Staffing Stability (e.g., 25% for employee hazard pay) and Professional Development (75% for employee tuition reimbursement).

   PLEASE NOTE: Section C: Spending Plan is not a required section for those providers only applying for Provider Retention Payments and will not appear in the application unless this option is selected.

9. If applying for the One-Time Provider Retention Payments, provide a response to each question in Section D to describe the staffing plan the applicant will implement as a result of the additional funding.

PLEASE NOTE: Section D: Staffing Plan is not a required section and will not appear for those providers only applying for Provider Stipend Payments.

10. If applying for the One-Time Provider Retention Payments, complete Section E with the employee roster as of the date of the application.

    Please note that quarterly updates will be requested from your agency to maintain eligibility for payments.

    Once Section E is completed, click the "Hide Unused Rows" button at the top of the screen to hide blank rows.

    PLEASE NOTE: Section E: Employee Roster is not a required section for those providers only applying for Provider Stipend Payments and will not appear in the application unless this option is selected.

11. Once all required sections have been completed, save the file with changes on local drive. Prior to submitting, ensure file is saved with naming convention similar to:

    Provider Retention & Provider Stipend Applications – [Provider Medicaid ID].xlsm

12. Upload the completed application(s) here:
    https://mslc.qualtrics.com/jfe/form/SV_6VkueRkhXDY6hsq