DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid & Medical Assistance

Model Invoice for Self-Directed Attendant Care (SDAC) & Self-Directed Respite Direct Support Professionals (DSP) Retention Payments – Financial Management Services (FMS) Provider

[Insert Invoice Date]

Invoice Number:
Subject: Self-Directed Attendant Care (SDAC) and Self-Directed Respite Direct Support Professionals (DSP) Retention Payments – [Month] 2021 through [Month] 2023

Dear [MCO Name]:

[FMS Provider Name] is submitting this invoice to the [MCO Name] as required under the policies and procedures for obtaining the retention payments funded through Section 9817 of the American Rescue Plan and as approved in Delaware's Home and Community-Based Services (HCBS) Spending Plan.

[FMS Provider Name] requests payment for retention payments for the following eligible DSPs for services delivered during the month of [MM YYYY], totaling $YYYYY. I attest that all of these DSPs have been hired prior to April 30, 2021 and provide service to Medicaid members on a consistent basis. I attest that all of these DSPs remain active in the program or a date of termination has been noted. I understand that in calculating worked time, regular paid time off, including holidays, vacation and sick time, may be included. I attest that I have not included any extended absences, unpaid leaves, or short or long-term disability periods in calculating the longevity intervals.

Last Name, First Name, MI	Agency Address	DOB	Last 4 Digits of SSN	Date of Hire	Date of Termination

The total payment amount requested is $[XXXXX].

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I hereby attest that the total amount is only for the purposes of retention payments to be paid to DSPs as part of the Section 9817 HCBS Spending Plan Activities. This invoice is based on the best information, knowledge, and belief that the data, documentation, and information are accurate, complete, and truthful. By signing below, I certify to the above and that I am either the Chief Executive Officer; Chief Financial Officer; or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer of Chief Financial Officer so that the Chief Executive Officer or Chief Financial Officer is ultimately responsible for the certification.

Sincerely,

[Insert FMS Provider Representative Signature and Title]