



[Insert Invoice Date]

**Subject: Direct Support Professionals Recruitment and Retention Payments – [Month] 2021 through [Month] 2023**

[Provider Agency Name] is submitting this invoice to the [MCO Name] as required under the policies and procedures for obtaining the recruitment and 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.

[illegible]



## DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid & Medical Assistance

Additionally, [Provider Agency 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 worked an average of 25 hours per week. I attest that all DSPs remain employed with this agency 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 + YYYYY].

I hereby attest that the total amount is only for the purposes of recruitment or 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 or Chief Financial Officer so that the Chief Executive Officer or Chief Financial Officer is ultimately responsible for the certification.

Sincerely,

[Insert Provider Agency Representative Signature and Title]