

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL
COMPLETING THE QUARTER 3 ATTESTATION REPORT

Link to the Direct Care Workforce Frequently Asked Questions Page:

<https://www.dhs.wisconsin.gov/medicaid/ltc-workforce-funding-faq.htm>

Quarter 3 Direct Care Workforce Funding Attestation and Survey Due April 15

To be eligible for future direct care workforce payments, providers must **complete the Quarter 3 attestation and survey** by April 15, 2019. This deadline is extended from March 18, 2019, to give providers additional time to complete their reporting before the Quarter 4 payment

Past Surveys

[Quarter 1 Attestation and Survey](#)

[Quarter 2 Attestation and Survey](#)

Click on the correct Quarter Attestation and Survey to complete the survey. A new survey will be posted on this page for each quarter. Providers will also be able to access all past surveys from this page.

Note: Deadlines may have been updated. Please follow the link above to see the current deadlines on the FAQ webpage.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

SURVEY PAGE 1



Quarter 3: Direct Care Workforce Attestation Report - copy

Due date: April 15, 2019

New! Quarter 3 Deadline Extension

The deadline for the Quarter 3 Direct Care Workforce Attestation Report has been extended from March 18, 2019, to April 15, 2019, to give providers additional time to complete their reporting before the Quarter 4 payment.

Introduction

The Wisconsin legislature recently included a \$60.8 million provision in the state's biennial budget to fund increases for the direct care portion of managed long-term care capitation rates.

Purpose of Attestation and Survey

To ensure the direct care workforce funding is used as the Wisconsin legislature intended, the Department of Health Services (DHS) is requiring all providers receiving direct care workforce funding to complete the following attestation report and survey questions. The information collected from the survey will help inform future discussions regarding direct care workforce initiatives.

Due Dates for Attestation and Survey

Providers must complete the attestation and survey according to the dates on the following quarterly schedule to be eligible for future payments. Each quarterly survey must be received before you can get funding for the following quarter. **A separate attestation and survey will be created for each quarter. A link to the online form for each attestation and survey will be available on the Direct Care Workforce Funding Initiative FAQs webpage: <https://www.dhs.wisconsin.gov/medicaid/ltc-workforce-funding-faq.htm>**

Quarter 1	09/14/18
Quarter 2	12/15/18
Quarter 3	04/15/19 -You are filling out this attestation and survey.
Quarter 4	09/13/19

What happens if a deadline is missed?

Providers who miss the quarterly deadline for the online survey and attestation will not be eligible for future direct care workforce payments. Providers who do not complete an online survey and attestation by September 13, 2019, will have the funding they received recouped by the managed care organizations (MCOs).

Click this link if you are not completing the Q3 attestation and survey.

Review due dates and what to do if the deadline is missed.

Note: Deadlines may have been updated. Please follow the link above to see the current deadlines on the FAQ webpage.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL

COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 1, Continued

Read through background information and definitions as required before proceeding to the survey questions.

Background

DHS held meetings with MCOs, providers, associations, and advocates between December 2017 and February 2018 to develop and receive feedback on a distribution proposal. The proposal was approved by the Centers for Medicare & Medicaid Services (CMS).

Definition of Direct Care Worker

For the purposes of the direct care workforce funding initiative, a direct care worker is defined as an employee who contracts with, or is an employee of, an entity that contracts with an MCO to provide:

- Adult day care services.
- Daily living skills training.
- Habilitation services.
- Residential care (adult family homes of 1–2 beds, adult family homes of 3–4 beds, community-based residential facilities, residential care apartment complexes).
- Respite care services provided outside of a nursing home.
- Supportive home care.

And who provides one or more of the following services through direct interaction with members:

- Assisting with activities of daily living or instrumental activities of daily living
- Administering a member's medications
- Providing personal care or treatments for a member
- Conducting activity programming for a member
- Provides services such as food service, housekeeping, or transportation to the member

Staff not in the definition of direct care worker include, but are not limited to:

- Licensed practical nurses, registered nurses, nurse practitioners.
- Nursing home staff and personal care agency staff.
- Staff in marketing, sales, reception, finance, or maintenance/plant operations.
- Staff who work exclusively in food service, transportation, and housekeeping and do not have direct contact with members.

Next

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DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

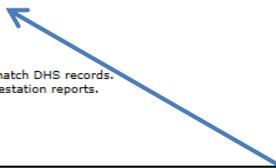
SURVEY PAGE 2

Quarter 3: Direct Care Workforce Attestation Report - copy

Payment Control Numbers

The Wisconsin Department of Health Services is requiring each direct care workforce payment to include a control number on the check. The control numbers give providers, MCOs, and the DHS a common identifier to quickly identify which payments a provider received.

- Enter all control numbers and their corresponding payment amounts into the fields below.
- DHS will review the control numbers and payment amounts reported on each attestation report.
- Attestation reports will be considered incomplete if the control numbers and payment amounts do not match DHS records.
- Providers that received more than 10 direct care workforce payments will need to complete multiple attestation reports.



Payment Control Numbers instructions. Providers with more than 10 DCW payments will need to complete 2 or more surveys.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

1. Enter your control numbers and corresponding payment amounts for the Quarter 3 Direct Care Workforce payments in the fields below using the following directions:

- a. Enter each control number only once.
b. Begin with the field titled "Control Number 1".

- Type in the first few digits of the control number. The survey will suggest a list of valid control numbers after a brief pause.
- Tip: Copying and pasting all or part of the control number into the survey helps the survey identify valid control numbers more quickly. To speed up entering multiple entries, type your control numbers into a separate document and copy them into the survey.
- Either select your control number from the list or continue entering the control number.
- Typing or pasting in a valid control number should result in a single suggestion that matches your entry.
- Correct your control number if none of the suggestions match the number you entered.

c. Enter the payment you received for control number 1 in the "Payment Amounts 1" field.

d. Enter "Control Number 2" and "Payment Amounts 2", if applicable.

e. Verify that the payment amount for control number 1 is the entry in the "Payment Amounts 1" field, that the payment amount for control number 2 is the entry in the "Payment Amounts 2" field, and continue for all ten control numbers as applicable.

f. Verify that you have not entered a payment amount without a corresponding control number or that you have entered a control number without a corresponding payment amount.

1a. Enter each control number once.

Follow Steps 1 a-f carefully. Note fields with an asterisk indicates it is a required field. The survey will only save valid control numbers.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL

COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

- e. Verify that the payment amount for control number 1 is the entry in the "Payment Amounts 1" field, that the payment field, and continue for all ten control numbers as applicable.
- f. Verify that you have not entered a payment amount without a corresponding control number or that you have entered a payment amount for a control number that does not exist.

DHS will check the payment amount you enter in "Payment Amounts 1" against the payment amount it has on file for "Control Numbers" on every survey. Providers will not meet the Direct Care Workforce requirements for any control number which has on file for the control number.

Tip: The survey will only save valid control numbers. After you have completed all of the questions on this page, proceed to the next page. Then verify that the survey has saved the control numbers you entered. The survey will have removed any invalid control numbers.

Control Numbers *	Payment Amounts *
Control Number 1 lcf	Payment for Control Number 1
Control Number 2 LCP31000001	Control Number 2
Control Number 3 LCP31000002	Control Number 3
Control Number 4 LCP31000003	Control Number 4
Control Number 5 LCP31000004	Control Number 5
Control Number 6 LCP31000005	Control Number 6
Control Number 7 LCP31000006	Control Number 7
Control Number 8 LCP31000007	Control Number 8
Control Number 9 LCP31000008	Control Number 9
Control Number 10 LCP31000009	Control Number 10

1b. Enter the first few letters of the control number and wait. The survey will provide the list of valid control numbers to select from.

Continue entering the control number if the list does not pop up after a pause.

Tip: Copying and pasting even part of the control number into the survey helps the survey identify valid control numbers much more quickly. To speed up entering multiple entries, type your control numbers into a separate document and copy them to the survey.

1c. Select your control number from the list or continue entering the control number.

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Survey Page 2, Continued

type your control numbers into a separate document and copy them into the survey.

- Either select your control number from the list or continue entering the control number.
- Typing or pasting in a valid control number should result in a single suggestion that matches your entry.
- Correct your control number if none of the suggestions match the number you entered.

c. Enter the payment you received for control number 1 in the "Payment Amounts 1" field.

d. Enter "Control Number 2" and "Payment Amounts 2", if applicable.

e. Verify that the payment amount for control number 1 is the entry in the "Payment Amounts 1" field, that the payment amount for control number 2 is the entry in the "Payment Amounts 2" field, and continue for all ten control numbers as applicable.

f. Verify that you have not entered a payment amount without a corresponding control number or that you have entered a control number without a corresponding payment amount.

DHS will check the payment amount you enter in "Payment Amounts 1" against the payment amount it has on file for "Control Number 1". DHS will do this review for all 10 payment amounts and control numbers on every survey. Providers will not meet the Direct Care Workforce requirements for any control number where the amount submitted on the survey does not match the amount DHS has on file for the control number.

Tip: The survey will only save valid control numbers. After you have completed all of the questions on this page, proceed to the next page and use the buttons at the bottom of the survey to return to this page. Then verify that the survey has saved the control numbers you entered. The survey will have removed any invalid control numbers.

*

Control Numbers *	Payment Amounts *
Control Number 1 <input type="text" value=".CF318000002x"/>	Payment for Control Number 1 <input type="text"/>
Control Number 2 <input type="text" value="LCF318000002"/>	Payment for Control Number 2 <input type="text"/>
Control Number 3 <input type="text"/>	Payment for Control Number 3 <input type="text"/>
Control Number 4 <input type="text"/>	Payment for Control Number 4 <input type="text"/>
Control Number 5 <input type="text"/>	Payment for Control Number 5 <input type="text"/>
Control Number 6 <input type="text"/>	Payment for Control Number 6 <input type="text"/>

1d. Typing or pasting in a valid control number will result in a single suggestion that matches your entry.

1e. Re-enter your control number if you do not get a system match.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

Tip: The survey will only save valid control numbers. After you have completed all of the questions on this page, proceed to the next page and use the buttons at the bottom of the survey to return to this page. Then verify that the survey has saved the control numbers you entered. The survey will have removed any invalid control numbers.

Control Numbers *	Payment Amounts *
Control Number 1 <input type="text" value="LCF31800002"/>	Payment for Control Number 1 <input type="text" value="38"/>
Control Number 2 <input type="text"/>	Payment for Control Number 2 <input type="text" value="\$38.10"/>
Control Number 3 <input type="text"/>	Payment for Control Number 3 <input type="text" value="\$38.62"/>
Control Number 4 <input type="text"/>	Payment for Control Number 4 <input type="text" value="\$38.86"/>
Control Number 5 <input type="text"/>	Payment for Control Number 5 <input type="text" value="\$72.38"/>
Control Number 6 <input type="text"/>	Payment for Control Number 6 <input type="text" value="\$138.57"/>
Control Number 7 <input type="text"/>	Payment for Control Number 7 <input type="text" value="\$152.38"/>
Control Number 8 <input type="text"/>	Payment for Control Number 8 <input type="text" value="\$338.13"/>
Control Number 9 <input type="text"/>	Payment for Control Number 9 <input type="text" value="\$338.18"/>
Control Number 10 <input type="text"/>	Payment for Control Number 10 <input type="text" value="\$338.61"/>

Enter the first few digits of the payment amount and wait. The survey will provide the list of valid payment amounts to select from.

Continue entering the payment amount if the list does not pop up after a pause.

Select your payment amount from the list or continue entering the payment amount.

Tip: Copying and pasting even part of the payment amount into the survey helps the survey identify valid payment amounts much more quickly. To speed up entering multiple entries, type your payment amount into a separate document and copy them to the survey.

Make sure the control number reference is the same for both the control number and the payment for the control number.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

Control Numbers *

Control Number 1	<input type="text" value="LCF318000002"/>
Control Number 2	<input type="text"/>
Control Number 3	<input type="text"/>

Payment Amounts *

Payment for Control Number 1	<input type="text" value="\$38.10"/>
Payment for Control Number 2	<input type="text" value="\$38.10"/>
Payment for Control Number 3	<input type="text"/>

Typing or pasting in a valid payment amount will result in a suggestion that matches your entry.

Re-enter your payment amount if you do not get a system match.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

The survey will only save valid control numbers. If you are not sure the control numbers you entered are valid, proceed to the next page and use the buttons at the bottom of the survey to return to this page. The survey will have removed any invalid control numbers.

*

Control Numbers *		Payment Amounts *	
Control Number 1	<input type="text" value="LCF218000084"/>	Payment for Control Number 1	<input type="text" value="\$2,000.00"/>
Control Number 2	<input type="text" value="CWF218000003"/>	Payment for Control Number 2	<input type="text" value="\$15,000.00"/>
Control Number 3	<input type="text"/>	Payment for Control Number 3	<input type="text"/>
Control Number 4	<input type="text" value="ceg"/>	Payment for Control Number 4	<input type="text" value="\$25.00"/>
Control Number 5	<input type="text"/>	Payment for Control Number 5	<input type="text" value="\$16.00"/>
Control Number 6	<input type="text" value="CCF218000001"/>	Payment for Control Number 6	<input type="text"/>
Control Number 7	<input type="text"/>	Payment for Control Number 7	<input type="text"/>
Control Number 8	<input type="text"/>	Payment for Control Number 8	<input type="text"/>
Control Number 9	<input type="text"/>	Payment for Control Number 9	<input type="text"/>
Control Number 10	<input type="text"/>	Payment for Control Number 10	<input type="text"/>

VALID ENTRY

- Both control numbers are valid.
- Payment amounts are entered on the same line.
- There are no blank rows.

INVALID ENTRY

- Invalid control number "ceg".
- Control number and payment amounts are entered on different lines.
- There are blank rows between entries.

MAKE SURE THERE IS A ONE TO ONE ENTRY FOR EACH CONTROL NUMBER. PAYMENTS MUST HAVE VALID CONTROL NUMBERS AND CONTROL NUMBERS MUST HAVE VALID PAYMENTS.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL
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Survey Page 2, Continued

ACCURATE SUBMISSION EXAMPLE

Control Numbers *

Control Number 1	<input type="text" value="LCF218000004"/>
Control Number 2	<input type="text" value="CWF218000003"/>
Control Number 3	<input type="text" value="INF218000003"/>
Control Number 4	<input type="text" value="CCF218000001"/>
Control Number 5	<input type="text"/>
Control Number 6	<input type="text"/>
Control Number 7	<input type="text"/>
Control Number 8	<input type="text"/>
Control Number 9	<input type="text"/>
Control Number 10	<input type="text"/>

Payment Amounts *

Payment for Control Number 1	<input type="text" value="\$2,000.00"/>
Payment for Control Number 2	<input type="text" value="\$15,000.00"/>
Payment for Control Number 3	<input type="text" value="\$25.00"/>
Payment for Control Number 4	<input type="text" value="\$16.00"/>
Payment for Control Number 5	<input type="text"/>
Payment for Control Number 6	<input type="text"/>
Payment for Control Number 7	<input type="text"/>
Payment for Control Number 8	<input type="text"/>
Payment for Control Number 9	<input type="text"/>
Payment for Control Number 10	<input type="text"/>

Complete an equal number of control number and payment field rows for the number of payments you received. Leave all others blank.

The survey has a limit of ten (10) entries for payments received. Providers that receive more than 10 payments should complete two (2) or more surveys in order to report all payments received.

Complete responses to Questions 2, 3 and 4 prior to advancing to the next page.

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Survey Page 2, Continued

Attempting to advance to the next page without complete entry of Questions 1-4 will produce an error message. All errors must be corrected before the system will allow you to proceed.

⚠ There was an error on your page. Please correct any required fields and submit again. [Go to the first error](#)

The Survey tool cannot validate your answers in each to question to check that they agree. Please double check for consistency to avoid having your survey submission rejected. After you have double checked your responses, click on "Next" to go to page 3.

2. Please enter the total dollar amount of all payments you listed in Question 1. *

\$17.00

3. Indicate how you allocated the direct care workforce funding for the control numbers you listed in Question 1. The sum of the allocation should equal the total dollar amount you entered in Question 2. *

\$15,000.00

Wage increases

Retention or longevity bonuses

Performance bonuses

Employee paid time off

Staff referral bonuses

Sign on bonuses

Total of all control numbers was \$17,041.00. The entries in Question 2 and Question 3 should each be \$17,041.00 and must be validated by you prior to submission to avoid survey rejection.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL
COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

The survey will not save any invalid control numbers you enter in Question 1 on page 2. If you go to page 3 and then select “Back” to return to page 2, you can review your responses to Question 1 to make sure none of your entries were deleted. Re-enter any deleted control numbers and double check that the control numbers were entered correctly.

* Control Numbers * Payment Amounts *

Control Number 1	<input type="text" value="LCF218000004"/>	Payment for Control Number 1	<input type="text" value="\$2,000.00"/>
Control Number 2	<input type="text" value="CWF218000003"/>	Payment for Control Number 2	<input type="text" value="\$15,000.00"/>
Control Number 3	<input type="text"/>	Payment for Control Number 3	<input type="text"/>
Control Number 4	<input type="text"/>	Payment for Control Number 4	<input type="text" value="\$25.00"/>
Control Number 5	<input type="text"/>	Payment for Control Number 5	<input type="text" value="\$16.00"/>
Control Number 6	<input type="text" value="CCF218000001"/>	Payment for Control Number 6	<input type="text"/>
Control Number 7	<input type="text"/>	Payment for Control Number 7	<input type="text"/>
Control Number 8	<input type="text"/>	Payment for Control Number 8	<input type="text"/>

The survey deleted the control numbers entered in rows 3-5 because the control numbers were invalid. Leaving these fields blank would result in rejection of the survey submission.

Verify again that the total dollars entered in Questions 1-3 match one another. Surveys may be considered incomplete if these amounts are not consistent.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 2, Continued

1. Enter your control numbers and corresponding payment amounts for the Quarter 2 Direct Care Workforce payments in the fields below using the following directions:

- Enter each control number only once.
- The survey will suggest a list of valid control numbers after you type the first few digits.
- Either select your control number from the list or continue entering the control number.
- Typing in a valid control number should result in a single suggestion that matches your entry.
- Review your control number if none of the suggestions match the number you entered.
- Complete all other required fields to proceed to the next page.

The survey will only save valid control numbers. If you are not sure the control numbers you entered are valid, proceed to the next page and use the buttons at the bottom of the survey to return to this page. The survey will have removed any invalid control numbers.

*

Control Numbers *

Control Number 1

Control Number 2

Control Number 3

Control Number 4

Control Number 5

Control Number 6

Control Number 7

Payment Amounts *

Payment for Control Number 1

Payment for Control Number 2

Payment for Control Number 3

Payment for Control Number 4

Payment for Control Number 5

Payment for Control Number 6

Payment for Control Number 7

Total equals \$17,041.00

2. Please enter the total dollar amount of all payments you listed in Question 1. *

Totals in Questions 2 and 3 agree with the total of Question 1.

3. Indicate how you allocated the direct care workforce funding for the control numbers you listed in Question 1. The sum of the allocation should equal the total dollar amount you entered in Question 2. *

*

Wage increases

Retention or longevity bonuses

Performance bonuses

Employee paid time off

Staff referral bonuses

Sign on bonuses

Employer payroll taxes resulting from other direct care workforce payments

Total : \$17041.00

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL
COMPLETING THE QUARTER 3 ATTESTATION REPORT

ONCE QUESTIONS 1-4 ARE RE-VERIFIED PROCEED TO QUESTION 5 ON THE NEXT PAGE

SURVEY PAGE 3

Questions 5 and 6 cannot be left blank. Entries must be completed in order to move forward to Question 7 in the survey.

▲ There was an error on your page. Please correct any required fields and submit again. [Go to the first error.](#)

Survey Questions for Quarter 2

▲ This question is required

5. Are you aware of any instances in your organization where the direct care workforce funding made the difference in your ability to retain or recruit a direct care worker? If so, how many instances are you aware of? *

- No.
- Yes. One instance.
- Yes. Two instances.
- Yes. Three or more instances.

▲ This question is required

6. Overall, how much of an impact do you believe the direct care workforce funding has had on your ability to recruit and retain direct care workers?

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 3, Continued



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarter 2: Direct Care Workforce Attestation Report

Survey Questions for Quarter 2

5. Are you aware of any instances in your organization where the direct care workforce funding made the difference in your ability to retain or recruit a direct care worker? If so, how many instances are you aware of? *

- No.
- Yes. One instance.
- Yes. Two instances.
- Yes. Three or more instances.

6. Overall, how much of an impact do you believe the direct care workforce funding has had on your ability to recruit and retain direct care workers? *

- Significant positive impact
- Some positive impact
- No impact
- Some negative impact
- Significant negative impact

Back

Next

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Once completed click Next at the bottom of the page to proceed.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL
COMPLETING THE QUARTER 3 ATTESTATION REPORT

SURVEY PAGE 4

Quarter 2: Direct Care Workforce Attestation Report

Attestation for Quarter 2

7. I hereby attest that I have been authorized to complete this attestation and survey on behalf of my organization.

I attest that the direct care workforce funding my organization received was used for wage increases, retention and/or longevity bonuses, performance bonuses, employee paid time off, staff referral bonuses, or sign on bonuses to direct care workers, or that part of the funding was used to pay for employer payroll tax increases that resulted from the aforementioned increased payments to direct care workers.

I further attest that my organization has documentation and will maintain documentation proving the amounts paid to individual direct care workers and that these payments to direct care workers occurred on or after January 1, 2018. I attest that the information in the remainder of this survey response is accurate to the best of my knowledge and ability.

The above attestation was completed by (fill in all information): *

First name

Last name

Title

Organization

Work address

Phone (Format: 222-222-2222)

Date (MO/DY/20XX)

Read Question 7 carefully and fill out all fields to complete the attestation.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 4, Continued

Please provide your electronic signature *

Clear

Sign name using mouse or touch pad

Complete the electronic signature field.

Signature of

Choose one to indicate whether this is your original submission or a revised/ corrected submission for the control numbers included on this survey.

Please choose one *

- This is my original submission for the control numbers.
- This is a revised submission for the control numbers.

8. Please enter the email of the person responsible for completing this survey. A copy of your responses will be sent to this email address after you complete the survey. *

Enter and confirm email address for the person responsible for completing the survey.

9. Please confirm the email of the person responsible for completing this survey. *

Back Next

When all fields are complete select **Next** to submit your survey

You must select **SUBMIT** at the bottom of page 5 for a valid survey submission.

DIRECT CARE WORKFORCE TRAINING AND REFERENCE TOOL COMPLETING THE QUARTER 3 ATTESTATION REPORT

Survey Page 5



Quarter 3: Direct Care Workforce Attestation Report

Review Survey Responses

Please take this opportunity to review your attestation report responses. Please use the buttons on the bottom of the screen to return and edit an earlier question on the survey.

1. Enter your control numbers and corresponding payment amounts for the Quarter 3 Direct Care Workforce payments in the fields below using the following directions:

- Enter each control number only once.
- Begin with the field titled "Control Number 1."
 - Type in the first few digits of the control number. The survey will suggest a list of valid control numbers after a brief pause.
 - Tip: Copying and pasting all or part of the control number into the survey helps the survey identify valid control numbers more quickly. To speed up entering multiple entries, type your control numbers into a separate document
 - Either select your control number from the list or continue entering the control number
 - Typing or pasting in a valid control number should result in a single suggestion that matches your entry.
 - Correct your control number if none of the suggestions match the number you entered.
- Enter the payment you received for control number 1 in the "Payment Amounts 1" field.
- Enter "Control Number 2" and "Payment Amounts 2", if applicable.
- Verify that the payment amount for control number 1 is the entry in the "Payment Amounts 1" field, that the payment amount for control number 2 is the entry in the "Payment Amounts 2" field, and continue for all 10 control numbers.
- Verify that you have not entered a payment amount without a corresponding control number or that you have entered a control number without a corresponding payment amount.

DHS will check the payment amount you enter in "Payment Amounts 1" against the payment amount it has on file for "Control Number 1." DHS will do this review for all 10 payment amounts and control numbers on every survey. Provide the amount DHS has on file for the control number.

Tip: The survey will only save valid control numbers. After you have completed all of the questions on this page, proceed to the next page and use the buttons at the bottom of the survey to return to this page. Then verify that the survey is

Control Numbers

Control Number 1 : LCF318000001

Payment Amounts

Payment for Control Number 1 : \$1,125.84

2. Please enter the total dollar amount of all payments you listed in Question 1.

\$1,125.00

3. Indicate how you allocated the direct care workforce funding for the control numbers you listed in Question 1. The sum of the allocation should equal the total dollar amount you entered in Question 2.

Wage Increases : \$1,125.00

Total : \$1,125

4. Why did your organization choose the funding uses indicated in Question 3?

as of

5. Are you aware of any instances in your organization where the direct care workforce funding made the difference in your ability to retain or recruit a direct care worker? If so, how many instances are you aware of?

No.

6. Overall, how much of an impact do you believe the direct care workforce funding has had on your ability to recruit and retain direct care workers?

Significant positive impact

7. I hereby attest that I have been authorized to complete this attestation and survey on behalf of my organization.

I attest that the direct care workforce funding my organization received was used for wage increases, retention and/or longevity bonuses, performance bonuses, employee paid time off, staff referral bonuses, or sign on bonuses to direct care workers.

I further attest that my organization has documentation and will maintain documentation proving the amounts paid to individual direct care workers and that these payments to direct care workers occurred on or after January 1, 2018. I:

The above attestation was completed by (fill in all information):

First name : Mary

Last name : Jones

Title : CFO

Organization : My Org

Work address : 123 Smith St

Phone (Format: 222-222-2222) : 222-222-2222

Date (MO/DY/20XX) : 02/05/2019

Please provide your electronic signature and type your name below.

Signature of: Mary Jones

Please choose one

This is my original submission for the control numbers submitted on this survey.

8. Please enter the email of the person responsible for completing this survey. A copy of your responses will be sent to this email address after you complete the survey.

test@test.com

9. Please confirm the email of the person responsible for completing this survey.

test@test.com

Back Submit

80%

Required Final Step:

Select **Submit** at the bottom of the page to complete and finalize the survey submission.