

## Retainer Payment Attestation

Pursuant to direction from the federal Centers for Medicare and Medicaid Services (CMS), and approved in the I/DD Waiver Appendix K, I/DD Waiver Providers must submit this attestation to acknowledge that retainer payments for periods after June 30, 2020 are subject to recoupment if inappropriate billing occurs.

By signing below, the named I/DD Waiver provider, \_\_\_\_\_ attests to the following for retainer payments claimed for periods after June 30, 2020:

- Did not layoff or furlough staff who were providing the service for which a retainer is claimed as of June 30, 2020
- Did not reduce hourly wages for any staff who were providing the service for which a retainer is claimed as of June 30, 2020
- Did not receive duplicate payments from public funding streams for the same service for which the retainer payment is claimed
- Did not receive aggregate funding from retainer payments and other public funding streams that would result in revenue for the service for which the retainer payment is claimed in any calendar quarter exceeding the revenue for that service in the three-month period of October-December 2019
- Complied with all other requirements outlined in DDD's operational guidelines relevant to retainer payments

Name/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

The I/DD Waiver Provider must submit the original signed attestation form to DDD-CRB prior to the first retainer payment claimed for periods after June 30, 2020. The Provider only needs to submit the attestation form once.