



Frequently Asked Questions (FAQs): Agreed Upon Procedures for Review of American Rescue Plan Act (ARPA) Funds Expended for Rate Increases for Direct-Care Services

These FAQs reflect the contents of provider inquiries sent to the WVMedicaid@mslc.com mailbox as of **June 10, 2024**. West Virginia Bureau for Medical Services (BMS) and Myers and Stauffer will provide updates to these FAQs to address additional inquiries every Tuesday and Thursday as required.

Reporting Requirements

Q1: Are training costs, workers' compensation, recruiting, overtime, payroll taxes, agency vehicles, liability taxes etc. included in the 85% minimum?

A1: Payroll taxes are included as a benefit under the 85% minimum. Recruiting and training costs, overtime, liability taxes, workers compensation, and agency vehicles do not meet the definition of bonuses, wage increases, and/or increased benefits therefore would not count towards the 85% minimum.

Q2: What caregivers are included in this reporting?

A2: A minimum of 85% of rate increases must be passed on to direct-care workers in the form of wage increases, bonuses, and/or increased benefits. This may include workers that provide other Medicaid and state-funded HCBS direct-care services. Workers in ICF/IID homes and other facility-based programs are not eligible to be included in the 85% pass-through.

Q3: Am I required to report the 15% of costs not directly attributable to direct-care workers?

A3: At this time, the state is only asking for the eligible expenditures for the 85% through bonuses, wages increases, and/or increased benefits.

Q4: How should we report benefits that were made available to employees, but not taken advantage of?

A4: Only expenses incurred for benefits that were given to direct-care workers should be listed as allowable expenses.

Q5: What am I required to report for agencies that began after the ARPA funds increase, or staff that were hired after the increase?

A5: We recommend listing the prior hourly wage at the rate which would have been given if the funding would not have been available. This will allow you to calculate the wage increase by taking the increased hourly wage less the prior hourly wage multiplied by the number of hours worked.



Q6: What is the specific time period I am required to report on? How do I account for overlap, and periods of time where ARPA was not disbursed?

A6: The requested period aligns with the allowable spending period for the rate increased from April 1, 2021 through March 31, 2025. The period will be uniform for all providers and not based on payment date.

Employee Roster Use

Q7: How do I submit the forms?

A7: Submit directly to the WVMedicaid@mslc.com mailbox. If your submission contains any personally identifiable information (PII), please encrypt as needed.

Q8: What should I put for the Employee ID number if my agency does not use ID numbers?

A8: Please use a unique employee ID number, whether it is from your payroll system or independently created for this report.

Q9: If I received separate ARPA fund disbursements for two different divisions of my practice, should one WV BMS Employee Roster Template be completed for each? Or should both divisions be combined on one template?

A9: Please submit one template per National Provider Identifier (NPI.)

Q10: Am I required to use the provided form? What if my internal accounting methods do not align with how the form asks me to report?

A10: Yes, you are required to use the provided Employee Roster. Please adjust any reporting data from your internal systems accordingly.

Q11: How should "wage increases" be calculated?

A11: To properly calculate the wage increase you will need to track the prior wage rate, increased wage rate, and the number of hours worked. The template is set up to calculate those amounts once all three data elements are supplied.