



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Medical Services

Bill J. Crouch  
Cabinet Secretary

Cynthia E. Beane  
Commissioner

**Provider Staff Compensation Attestation**  
**Effective 10/1/2019**

I, the CEO/Director of \_\_\_\_\_, attest that the October 1, 2019, Intellectual Developmental Disability Waiver (I/DDW) rate increase shall be dedicated to provider staff compensation.

If this completed form is not sent to [Nora.L.Dillard@wv.gov](mailto:Nora.L.Dillard@wv.gov) by October 1, 2019, then I understand that a pay hold will be placed on all of my agency's accounts for I/DDW claims reimbursement until this attestation is received.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date