

Provider Workforce Goal and Data Reporting Attestation

Organization Name

Date

Address

Email

All applicable 6-digit AHCCCS Provider ID numbers (if more than one, separate with commas)

As the Chief Executive of a provider agency that provides HCBS services to AHCCCS members, I attest to the following:

1. This agency provides services as one, or more, of the provider types eligible for the CYE 2024 Provider Workforce Goal Setting and Data Reporting DAP.

Please identify your HBCS Setting Type(s):

- Adult Day Health (Provider Type 27)
- Assisted Living Home (Provider Type 36)
- Attendant Care (Provider Type 40)
- Behavioral Health Outpatient Clinic (Provider Type 77)
- Community Service Agency (Provider Type A3)
- EPD HCBS (Provider Type 81)
- Habilitation Provider (Provider Type 39)
- Home Health Agency (Provider Type 23)
- Integrated Clinic (Provider Type IC)
- Non-Medicare Certified Home Health Agency (Provider Type 95)
- Rural Substance Abuse Transitional Agency (Provider Type B5)
- Subacute Facility (Provider Type A6)

The agency:

2. Participated in the CYE 2023 P-WFDP DAP under Part 'B' or did not participate in the CYE 20203 P-WFDP DAP.

_____ **Initial**

3. Attests that the information submitted herein is current, complete, and accurate, to the best of my knowledge, including AHCCCS ID(s), Setting Type(s), and two points of contact for the agency. I understand failure to complete this document in its entirety and accurately will result in AHCCCS' non acceptance of this document.

_____ **Initial**

4. Will submit this attestation to AHCCCS at WFD@azahcccs.gov by March 15, 2023

_____ **Initial**

5. Will complete and submit a P-WFDP by the below dates depending on participation in the CYE 2023 P-WFDP DAP.
 - a. For providers that have participated in the CYE 2023 P-WFDP under Part 'B':
 - i. By April 30, 2023, a P-WFDP will be submitted. The P-WFDP must satisfy the requirements of both the CYE 2023 P-WFDP DAP and the MCO's requirements regarding the development and submission of Provider Workforce Development Plans.
 - b. For providers that did not participate in the CYE 2023 P-WFDP DAP:

- i. By April 30, 2024, develop a W-FDP and agree it meets the following:
 - 1. The MCOs contract requirements regarding the development and submission of the Provider Workforce Development Plans and;
 - 2. The Workforce Development Plan must specify three types of goals the provider intends to achieve during the time period beginning January 1, 2023, and ending December 31, 2023. The three required goals for improving or maintaining workforce are *Retention*, *Turnover*, and *Time to Fill* difficult to hire staff positions.
 - 3. Includes the strategies the agency intends to use to improve or maintain workforce for *Retention*, *Turnover*, and *Time to Fill* difficult positions.

_____ **Initial**

- 6. Will submit the following benchmark metrics no later than April 30, 2024, using the formulas found on the AZ Association of Health Plans website (<https://azahp.org/azahp/awdfc/az-healthcare-workforce-goals-and-metrics-assessment/>, under Data Collection) to calculate the provider’s workforce for the time period beginning January 1, 2023, and ending December 31, 2023:
 - a. Average Retention Rate (e.g., 50%)
 - b. Average Turnover Rate (e.g., 60%)
 - c. Time to Fill the most difficult positions (e.g., RNs 28 days, DCWs 12 days, etc.)
 - d. Submit the workforce; Retention, Turnover, and Time to Fill goals the provider intended to achieve.

_____ **Initial**

- 7. Understands and agrees that if the agency receives the DAP increase for CYE 2024 and fails to maintain or produce a P-WFDP when requested by AHCCCS or an MCO, or the agency does not submit the required workforce data by April 30, 2024, the agency will be ineligible to receive this DAP for CYE 2025, if a DAP is available at that time.

_____ **Initial**

Person completing this form:

Name of the Primary Contact: _____

Title: _____

Primary Contact email: _____

Name of the Secondary Contact: _____

Title: _____

Secondary Contact email: _____

Signature: _____