

**Home and Community Based Services (HCBS) American Rescue Plan Act (ARPA)
Supplemental Payment Provider Attestation Form**

Background:

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, enacting a \$1.9 trillion COVID-19 relief package. The legislation includes a number of provisions that impact state and federal health care policies and programs, including the availability of enhanced federal funding for state Medicaid spending on HCBS. These services help older adults, people with disabilities and people with behavioral health needs live independently in the community by providing a variety of supports.

In particular, Section 9817 of the American Rescue Plan provides states with a one-year, 5 percentage point increase in their federal medical assistance percentage (FMAP)—the share of state Medicaid spending paid for by the federal government—for certain Medicaid HCBS expenditures. This 5-percentage point increase will apply only to HCBS expenditures provided between July 1, 2023 and June 30, 2024.

The State of New Mexico, Human Services Department (HSD), requires all Community Benefit and EPSDT providers to attest that payments received for use of temporary economic relief were used in accordance with New Mexico’s ARPA Spending Plan. Recovery payments can be used for hiring and retention of direct service providers, increased wages, training and support, direct worker bonuses, hazard pay, employment incentives, personal protective equipment (PPE), infrastructure, technology improvements, costs related to the Public Health Emergency (PHE), liability insurance, and/or other activities that enhance current HCBS delivery.

By signing below, the provider attests the additional funds provided were used in the manner as stipulated above.

Provider Identifying Information

Provider Name: _____

Street Address: _____

City/Zip: _____

Email: _____ Phone: (____) _____

Signature of Authorized Provider Representative: _____

Date: _____

*Please submit completed form to your assigned representative:
David Hall at David_Hall@bcbsnm.com or Jessica Maito at Jessica_Maito@bcbsnm.com*