

## Provider Workforce Development Plan - Compliance Attestation

Please note that this form is divided into two parts. Only complete the part that applies to your provider agency. Part A is for provider agencies **that have developed and/or submitted** a Provider Workforce Development Plan (P-WFDP). Part B is for provider agencies that **have not developed or submitted** a Provider Workforce Development Plan). Provider agencies that do not meet all of the Part A criteria may be eligible to participate in the DAP (under the **Part B** qualifying criteria.

### Part A. Provider Agencies that have Developed a Provider Workforce Development Plan.

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

1. My agency provides HCBS services as one, or more, of provider types eligible for the P-WFDP DAP.

*Please list all applicable 6-digit AHCCCS Provider ID numbers (if more than one, separate with commas)*

AHCCCS PROVIDER IDS

2. My agency: (check one of the statements below)

- Contracts with an ACC or RBHA health plan and is required to submit a P-WFDP by February 28, 2022.
- Contracts with DDD and is required to develop a P-WFDP.
- Contracts with an EPD health plan and, although it is not required, has developed a P-WFDP.

3. This attestation serves as a confirmation that my agency will comply with the following requirements and, thereby, qualify for a DAP increase of 1.0% on claims for all AHCCCS covered services.

- A. The agency is in compliance with the health plans requirement to develop or submit a P-WFDP.

\_\_\_\_\_Initial

- B. The agency's P-WFDP includes retention and turnover rates, stated as percentages, for the period beginning January 1, 2021, and ending December 31, 2021. [Retention](#) and [turnover](#) rates were calculated using the methodology described on the AzAHP (Arizona Association of Health Plans) website.

\_\_\_\_\_Initial

- C. The agency's P-WFDP includes goals for improving or maintaining the 2021 retention and turnover rates, stated as percentages, for the period beginning January 1, 2022 ending December 31, 2022.

\_\_\_\_\_Initial

D. The agency will report progress made to improve the agency's turnover and retention rates using an online [AZ Healthcare Workforce Goals and Metrics Assessment](#) by April 30, 2023. *Note: Instructions and links for completing this online report will be provided early in 2023.*

\_\_\_\_\_ Initial

E. The names, titles and email addresses for a primary and secondary point of contact for the PWFD-P DAP are specified in the table titled Contact Information.

\_\_\_\_\_ Initial

B. The attestation must be signed and emailed to AHCCCS at [DCW@azahcccs.gov](mailto:DCW@azahcccs.gov) by March 15, 2022.

\_\_\_\_\_ Initial

Further, I understand that in submitting this attestation, in 2023 the agency will: A.  
Update the agency's P-WFDP annually.

\_\_\_\_\_ Initial B. NOT be required to submit the P-WFDP as an annual deliverable.

\_\_\_\_\_ Initial

C. Produce a copy of the agency's P-WFDP at the request of a contracting health plan or AHCCCS.

\_\_\_\_\_ Initial

**Contact Information**

Organization: \_\_\_\_\_ NPI: \_\_\_\_\_

Name of the Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Contact email: \_\_\_\_\_

Name of the Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Secondary Contact email: \_\_\_\_\_

**Person completing Part A:**

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Name (Print)	Title
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**Signature**

**Part B. Provider Agencies that have not developed or submitted a PWFD-P.**

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

1. My agency provides HCBS services as one, or more, of provider types eligible for the P-WFDP DAP.

*Please list all applicable 6-digit AHCCCS Provider ID numbers (if more than one, separate with commas)*

AHCCCS PROVIDER IDS

2. My agency: (check one of the statements below)

- Was required to develop and submit a P-WFDP in 2022 but did not submit one.
- Was never required to develop or submit a P-WFDP.

This attestation serves as a confirmation that my agency will comply with the following requirements and, thereby, qualify for a DAP increase of 1.0% on claims for all AHCCCS covered services.

3. The agency will

- A. Submit a P-WFDP by **April 30, 2023** for the period beginning January 1, 2023 ending December 31, 2023. The agency's P-WFDP will include the required elements of a P-WFDP. The requirements for a P-WFDP can be found on the AzAHP (Arizona Association of Health Plans) website [Provider Workforce Development Plan](#).

\_\_\_\_\_ Initial

- B. The names, titles and email addresses for a primary and secondary point of contact for the PWFD-P DAP are specified.

\_\_\_\_\_ Initial

- C. The attestation must be signed and emailed to AHCCCS at [DCW@azahcccs.gov](mailto:DCW@azahcccs.gov) by March 15, 2022.

\_\_\_\_\_ Initial

**Contact Information**

Organization: \_\_\_\_\_ NPI: \_\_\_\_\_

Name of the Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Contact email: \_\_\_\_\_

Name of the Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Secondary Contact email: \_\_\_\_\_

**Person completing Part B:**

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Name (Print)	Title
Signature	

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