



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN
GOVERNOR

DEV DUTTA SANGVAI
SECRETARY

October 31, 2025

SENT VIA ELECTRONIC MAIL

The Honorable Benton Sawrey, Chair
Joint Legislative Oversight Committee on
Committee on Medicaid
North Carolina General Assembly
Room 521, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

The Honorable Larry Potts, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 307B1, Legislative Office Building
Raleigh, NC 27603


The Honorable Donna White, Chair
Joint Legislative Oversight
Committee on Medicaid
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2024-1, Section 3.1.(a) amends SL 2023-134, Section 9E.15 by adding a subsection that requires that each LME/MCO submit a report to the Department of Health and Human Services' Division of Health Benefits (DHB) detailing how the providers to whom the LME/MCO has paid rate increases have used that increased funding to the benefit of Innovations direct care workers. DHB is required to combine the information it receives from the LME/MCOs and submit the combined information, as well as the standards for documentation required for verification established by DHB in a report to the Joint Legislative Oversight Committee on Medicaid. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

DocuSigned by:

06565C1C2A8F4C8... on behalf of Devdutta Sangvai
Devdutta Sangvai
Secretary

Innovations Direct Care Worker Wage Increase
Session Law 2023-134, Section 9E.15 as amended by
Session Law 2024-1. Section 3.1.(a)



Report to
Joint Legislative Oversight Committee on Medicaid

by
North Carolina Department of
Health and Human Services

October 31, 2025

Background

The General Assembly enacted Session Law 2023-134, Section 9E.15(a-d) to address increasing the wages of direct care workers providing services to Medicaid beneficiaries enrolled in the Innovations waiver by increasing provider rates. The General Assembly appropriated \$176 million in recurring funds for this purpose. Later, SL 2023-134 was amended by SL 2024-1, Section 3.1.(a) to, in part, add subdivision (e). The new subdivision requires the Division of Health Benefits (DHB) to submit a report to the Joint Legislative Oversight Committee on Medicaid on information collected from Local Management Entities/Managed Care Organizations (LME/MCOs) regarding usage of appropriation. The full, amended requirements are:

- (a) It is the intent of the General Assembly to assist in increasing the hourly wages of direct care workers who provide services to Medicaid beneficiaries receiving services through the North Carolina Innovations waiver program, to be termed "Innovations direct care workers" for the purpose of this act, by an industry average rate of six dollars and fifty cents (\$6.50) per hour above the North Carolina industry average hourly wage rate cited in the most recent report, if any, submitted to the Joint Legislative Oversight Committee on Medicaid in accordance with Section 9D.15C of S.L. 2021-180.

To that end, the Department of Health and Human Services, Division of Health Benefits (DHB), shall provide a rate increase to providers who provide services to Medicaid beneficiaries receiving services through the North Carolina Innovations waiver program who are either (i) enrolled in the Medicaid program or (ii) approved financial managers or financial support agencies billing for waiver service hours provided by direct care workers that are hired by employers of record or managing employers under a self-directed option in accordance with Medicaid Clinical Coverage Policy 8-P: North Carolina Innovations.

- (b) Upon implementation of the rate increase required by this section, DHB shall adjust the per member per month (PMPM) capitation amount paid to local management entities/managed care organizations. All LME-MCOs shall be required to implement the increase. This increase shall continue to apply when the BH IDD tailored plans become fully operational and are implemented. DHB shall determine the amount of rate increase under this section. The definition of an Innovations direct care worker under this section includes all workers required for compliance with, or delivery of, the relevant Innovations waiver service definitions and the delivery of a unit of Innovations services to individuals in the definition of direct care worker to be applied and shall include only caregivers who are contracted for the provision of services in a legally appropriate manner. The rate increase under this section shall be effective on the effective date approved by the Centers for Medicare and Medicaid Services.
- (c) Prior to receiving the rate increase required under this section, providers who employ Innovations direct care workers shall attest and provide verification to the relevant LME-MCO that this increased funding is being used to the benefit of its Innovations direct care workers, including in the form of an increase in hourly wage, benefits, or associated payroll costs. DHB shall set the standards for documentation that shall be required for verification that the provider used the rate increase in the manner

- required by this section, and LME-MCOs shall use these same standards. DHB and LME-MCOs shall require verifiable methods of accounting such as payroll-based journals. Providers receiving a rate increase under this section shall keep documentation of the use of that rate increase and make the documentation available upon request by DHB or by the relevant LME-MCO
- (d) In addition to other allowable reasons for recoupment of funds, LME-MCOs shall recoup part or all of the funds related to the rate increase received by a provider pursuant to this section if the LME-MCO determines that the provider did not use the increased funding to the benefit of its Innovations direct care worker employees.
 - (e) By December 1, 2024, each LME-MCO shall submit a report to DHB detailing how the providers to whom the LME-MCO has paid rate increases under this section have used that increased funding to the benefit of Innovations direct care workers. The report shall describe (i) the types of benefits provided to the Innovations direct care workers, (ii) to the extent possible, the amount or proportion of funding used for each type of benefit and the number of providers offering each type of benefit, and (iii) the process by which the LME-MCO verified that the providers used the rate increase in the manner required by this section. DHB shall combine the information it receives from the LME-MCOs and shall submit the combined information, as well as the standards for documentation required for verification established by DHB under subsection (c) of this section, in a report to the Joint Legislative Oversight Committee on Medicaid by February 15, 2025."

Addressing Legislative Requirements

DHB met the operational requirements of SL 2023-134, Section 9.15 through a series of actions ranging from determining provider rate increases, adjusting per member per month capitation payments to LME/MCOs, to setting and communicating the standards for LME/MCOs to use in documenting provider compliance. DHB is fulfilling the legislative reporting requirement by aggregating LME/MCO reports regarding provider usage of the new funding. Each of these efforts are described in detail below.

Determining Amount of Rate Increase

To determine the applicability and amount of the rate increase funded by the \$176 million recurring appropriation, DHB drew on input and collaboration from DHB policy experts and program managers, including 1915(c) waiver experts, along with others within the Department of Health and Human Services (DHHS) familiar with the service delivery modes of the impacted services. Similar to the approach DHB used for distributing the Home and Community-Based Services (HBCS) DCW funding provided by the General Assembly in 2022, DHB again identified the set of services that met the stated intent of the legislation, used historical data to estimate the total number of 15-minute units of service expected to be provided annually across that set of services, and then calculated how much of a uniform dollar increase could be supported per-15 minute unit to every included service type.

The resulting fee schedule increases varied by Medicaid service type/payment methodology, but shared a uniform per unit increase of \$1.13 per 15-minute increment of service. These rate increases became effective July 1, 2023, and were retroactively reflected in capitation rates for LME/MCOs. LME/MCOs were required contractually to reprocess claims for dates of service on or after July 1, 2023, to ensure that providers receive the increased rates beginning on that date.

DHB implemented contract amendments to require LME/MCOs to increase reimbursement levels by the posted Innovations DCW add-on amounts relative to February 2020 pre-COVID reimbursement levels plus the HCBS DCW rate increases effective March 2022. Discretionary rate increases made by LME/MCOs since pre-COVID levels (in addition to the March 2022 increases) were considered in the fulfillment of this requirement. Detail regarding the rate increase by type of service can be found in the [NC Medicaid Innovations Waiver Provider Rate Increase Bulletin dated November 22, 2023](#).

Setting and Communicating Documentation Standards to be Used by LME/MCOs

The Department translated the requirements of SL 2023-134 Section 9E.15(e) into a standard collection of data elements that could be used by LME/MCOs to document providers' permissible use of the legislated rate increases. In collaboration with the LME/MCOs, the Department developed the [Innovations DCW Wage Increase Attestation and Acknowledgment Form](#) and the Aggregated Year-End DCW Monitoring Report Template¹ for use by the LME/MCOs and providers to meet the requirements of the law.

DHB shared the documentation standards and reporting processes with LME/MCOs and providers through a number of communication channels, including posting the [NC Medicaid Innovations Waiver Provider Rate Increase bulletin](#) and [Direct Care Worker Wage Increase Initiative Fact Sheet](#) on the DHHS website, engaging in question & answer sessions with LME/MCO administrators during standing managed care implementation check-in meetings, and hosting informational webinars for the LME/MCOs (February 22, 2024) and eligible Innovations DCW provider field (February 29, 2024).

The Aggregated Year-End DCW Monitoring Report Template was developed initially to assist LME/MCOs in capturing the data necessary to validate each provider's compliance with legislative reporting requirements. Based on feedback provided by LME/MCOs to DHB through ongoing collaboration efforts, DHB released an updated/final version of the report template aimed at reducing administrative burden, while maintaining compliance with the Department's documentation standards. Along with issuing the updated/final version of the template, DHB agreed it was reasonable for LME/MCOs to accept aggregated reports submitted by larger individual "umbrella" entities (i.e., firms with multiple provider subsidiaries) to capture their complement of providers' data, provided that these aggregated report submissions included appropriate back-up detail for each provider represented in the aggregate report. LME/MCOs that received this aggregated data were still required to verify that each individual

¹ Example found in Appendix C.

provider to whom they paid the increased funds has used them in the manner required by S.L. 2023-134 9E.15.

Each LME/MCO was then required to submit a report to DHB by December 1, 2024, detailing how the providers to whom the LME/MCO had paid rate increases had used that increased funding to the benefit of Innovations direct care workers to comply with S.L. 2023-134, Section 9D.15.(e). The Aggregated Year-End DCW Monitoring Report Template was mapped to the reporting requirements to facilitate straightforward reporting of the required data elements from LME/MCOs to DHB and ultimately to the General Assembly.

Acknowledging Data Collection Challenges

DHB listened to feedback from the Innovations DCW provider employer community regarding the challenges of working across multiple administrative levels and entities in order to meet the legislative reporting requirements. The disruptive impact of Hurricane Helene added to these challenges for many providers and several of the LME/MCOs. In recognition of these multiple challenges, DHB granted the LME/MCOs an extension from the initial December 1, 2024, reporting deadline to January 1, 2025.

DHB received a report from each LME/MCO but has concerns about the quality of the data because LME/MCOs experienced difficulty getting the data requested from providers, leading to incomplete reporting. For example, all of the LME/MCOs reported the percentage breakdown between wage increases, benefit expenses, and payroll costs, but did not provide specific amounts relating to the number of paid units of service received from the health plan, specific expense increases related to wage increases, etc. Per the legislative direction, DHB has summarized the data received from the LME/MCOs.

Aggregated Summary of LME/MCO-Reported Data

The information contained below displays the aggregated results of the reports submitted by LME/MCOs to DHB:

LME/MCO DCW Benefits Breakdown²				
Legislated Allowable Expenses	Number of Providers Offering Each Benefit Type³	Percent of Unique Providers Offering Each Benefit Type⁴	Innovations DCW Expense Increase (SFY2023 v SFY2024)⁵	Proportion of Total Funding Used for Each Benefit Type
Innovations DCW Wage Expense	495	90.99%	\$163,418,506	80.52%
Innovations DCW Employee Benefit Expense	291	53.49%	\$10,332,893	5.09%
Innovations DCW Associated Payroll Costs	321	59.01%	\$16,609,909	8.18%
Cost of Other Expenses "to the Benefit of Innovations DCWs"	188	34.56%	\$12,603,811	6.21%
TOTAL	N/A	N/A	\$202,965,119	100%

Note that while the legislation outlines the categories of DCW expenses that are considered compliant, it did not provide specific definitions for those categories. As part of the work to set standards for documentation, DHB assigned the following data definitions to ensure consistency, clarity, and alignment with industry standards:

Category	Definition
Innovations DCW Wage Expense	Portion of funds directly allocated toward increasing DCW hourly wages.
Innovations DCW Employee Benefit Expense	Portion funds directly allocated toward employee benefits which increase the overall base compensation for DCWs beyond the wage increase (i.e., PTO, retirement contributions, insurance premiums)

² Data represents only the data reported by Alliance, Partners, Trillium, Vaya; DHB did not make assumptions or projections from the data.

³ List is not representative of the number of unique providers who participated in the monitoring report as many providers applied the rate increase to one or more DCW benefit categories.

⁴ A total of 544 unique providers responded. Figures represent the percentage of all unique provider responses which offered each benefit type.

⁵ \$202,965,119 (in comparison to the \$176,000,000 appropriated by S.L. 2023-134) was reported to have been applied to the benefit of DCWs.

Innovations DCW Associated Payroll Costs	Portion of funds directly allocated toward employer payroll requirements incurred as a result of increasing wages and/or benefits (i.e., payroll tax, workers' compensation)
Cost of Other Expenses "to the Benefit of Innovations DCWs" ⁶	Additional financial expenditures incurred by employers to support and enhance the overall well-being, professional development, and/or operational efficiency of Direct Care Workers (DCWs).

Conclusions:

The data captured within this report suggests that the majority of the Innovations DCW rate increases were directed towards raising DCW wages, aligning with the stated intent of S.L. 2023-134 and S.L. 2024-1. According to the data submitted to DHB by the LME/MCOs, the total provider expense increases from SFY2023 to SFY2024 exceeded the legislatively appropriated \$176,000,000. Concerns regarding the quality of the data limit the degree to which DHB has been able to use it to draw more detailed conclusions regarding provider behavior. Staffing limitations at every level of this funding implementation chain – DHB, LME/MCOs, and providers - create challenges for further evaluation of the mechanisms by which this funding has been passed through to DCW hourly wages.

⁶ Reported examples are found in Appendix B

Appendix A

LME/MCO Report Submissions

Alliance

Alliance DCW Benefits Breakdown				
Expense Description	Number of Providers Offering Each Benefit Type ⁷	Percent of Unique Providers Offering Each Benefit Type ⁸	Innovations DCW Expense Increase (FY23 through FY24)	Proportion of Total Funding per Each Benefit Type
Innovations DCW Wage Expense	172	97.18%	\$51,315,313	76.50%
Innovations DCW Employee Benefit Expense	94	53.10%	\$4,034,957	6.02%
Innovations DCW Associated Payroll Costs	111	62.71%	\$2,764,507	4.12%
Cost of Other Expenses "to the Benefit of Innovations DCWs"	70	39.54%	\$8,962,937	13.36%
TOTAL	N/A	N/A	\$67,077,717	100%

Alliance Process Used to Verify Providers Used the Rate Increase as Required	
1	Alliance paid claims data was utilized to calculate adjudicated units per provider and service type. Adjudicated units were multiplied by the identified rate increase effective during the time period.
2	The LME-MCO Direct Care Worker Wage Year End Summary template was submitted to each provider with their Revenues data pre-populated utilizing the data in the Provider Revenues Tab. Providers returned the reports to Alliance with the Expenses and Certification sections completed.
3	The Provider Data Reports were aggregated for ease of data analysis.
4	Total Revenues and Expenses were aggregated per Provider to verify that each provider's Expenses was greater than their Revenues, validating that the rate increase was used in the manner required.

⁷ List is not representative of the number of unique providers who participated in the monitoring report as many providers applied the rate increase to one or more DCW benefit categories. Alliance reported a total of 177 unique provider responses.

⁸ Figures represent the proportion of Alliance's 177 unique providers which offered each benefit type expressed as a percentage.

Partners^{9,10}

Expense Description	Number of Providers Offering Each Benefit Type ¹¹	Percent of Unique Providers Offering Each Benefit Type ¹²	Innovations DCW Expense Increase (FY23 through FY24)	Proportion of Total Funding per Each Benefit Type
Innovations DCW Wage Expense	117	77.48%	\$36,115,483	87.44%
Innovations DCW Employee Benefit Expense	67	44.37%	\$1,026,286	2.48%
Innovations DCW Associated Payroll Costs	77	50.99%	\$3,044,513	7.37%
Cost of Other Expenses "to the Benefit of Innovations DCWs"	43	28.48%	\$1,116,629	2.70%
TOTAL	N/A	N/A	\$41,302,912	100%

Trillium^{13,14}

Trillium DCW Benefits Breakdown				
Expense Description	Number of Providers Offering Each Benefit Type ¹⁵	Percent of Unique Providers Offering Each Benefit Type ¹⁶	Innovations DCW Expense Increase (FY23 through FY24)	Proportion of Total Funding per Each Benefit Type
Innovations DCW Wage Expense	68	94.44%	\$41,403,913	91.41%
Innovations DCW Employee Benefit Expense	38	52.78%	\$2,340,689	5.17%
Innovations DCW Associated Payroll Costs	42	58.33%	\$1,152,130	2.54%

⁹ Data quality and completeness impacted adherence to documentation standards and may impact figures

¹⁰ Partners did not submit description of process used to validate providers complied with legislative requirements

¹¹ List is not representative of the number of unique providers who participated in the monitoring report as many providers applied the rate increase to one or more DCW benefit categories. Partners reported a total of 151 unique provider responses.

¹² Figures represent the proportion of Partners 151 unique providers which offered each benefit type expressed as a percentage.

¹³ Data quality and completeness impacted adherence to documentation standards and may impact figures

¹⁴ Trillium did not submit description of process used to validate providers complied with legislative requirements

¹⁵ List is not representative of the number of unique providers who participated in the monitoring report as many providers applied the rate increase to one or more DCW benefit categories. Trillium reported a total of 72 unique provider responses.

¹⁶ Figures represent the proportion of Trillium's 72 unique providers which offered each benefit type expressed as a percentage.

Cost of Other Expenses "to the Benefit of Innovations DCWs"	19	26.39%	\$396,615	0.88%
TOTAL	N/A	N/A	\$45,293,348	100%

Vaya

Vaya DCW Benefits Breakdown¹⁷				
Expense Description	Number of Providers Offering Each Benefit Type¹⁸	Percent of Unique Providers Offering Each Benefit Type¹⁹	Innovations DCW Expense Increase (FY23 through FY24)	Proportion of Total Funding per Each Benefit Type
Innovations DCW Wage Expense	138	95.83%	\$34,583,797	70.16%
Innovations DCW Employee Benefit Expense	92	63.89%	\$2,930,960	5.95%
Innovations DCW Associated Payroll Costs	91	63.19%	\$9,648,758	19.58%
Cost of Other Expenses "to the Benefit of Innovations DCWs"	56	38.89%	\$2,127,629	4.32%
TOTAL	N/A	N/A	\$49,291,144	100%

Vaya Process Used to Verify Providers Used the Rate Increase as Required	
1	Vaya paid claims data was utilized to calculate adjudicated units per provider and service type. Adjudicated units were multiplied by the identified rate increase effective during the time-period.
2	The LME-MCO Direct Care Worker Wage Year End Summary template was submitted to each provider with their Revenues data pre-populated utilizing the data in the Provider Revenues Tab. Providers returned the reports to Vaya with the Expenses and Certification sections completed.
3	The Provider Data Reports were aggregated for ease of data analysis.

¹⁷ Vaya reported \$23,2677.21 in expenses that could not be reasonably categorized into one of the four legislative categories and is not included in their total expense increase.

¹⁸ List is not representative of the number of unique providers who participated in the monitoring report as many providers applied the rate increase to one or more DCW benefit categories. Vaya reported a total of 144 unique provider responses.

¹⁹ Figures represent the proportion of Vaya's 144 unique providers which offered each benefit type expressed as a percentage.

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Total Revenues and Expenses were aggregated per Provider to verify that each provider's Expenses was greater than their Revenues, validating that the rate increase was used in the manner required.

Appendix B

Reported examples of “Cost of Other Expenses to the Benefit of Innovations DCWs”²⁰:

Bonuses
Trainings
Certifications
Other Insurances
Incentives
Staff Appreciation Events
Wellness Activities
Stipends
Staff Child Care
Computers
Other Supplies
Transportation
Gift Cards
Mileage
Paid Leave

²⁰ As summarized by Alliance and Vaya.

Appendix C

Aggregated Year-End DCW Monitoring Report Template: The images below reflect the template's layout and presentation, shown in the same order as they appear within the template

Innovations Direct Care Worker Wage Increase Monitoring August 2025

IME / MCO Contact

Period of Report

7/1/2023 - 6/30/2024

[illegible]

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Expense Description	Innovations DCW Expense 7/1/2022 - 6/30/2023	Innovations DCW Full Time Equivalents 7/1/2022-6/30/2023	Innovations DCW Expense 7/1/2023 - 6/30/2024	Innovations DCW Full Time Equivalents 7/1/2023 - 6/30/2024	Innovations DCW Expense Increase	Number of Providers Offring Each Benefit Type	Proportion of Total Findings per Each Benefit Type
A	B	C	D	E	F=D-B	G	H=F / Total Innovations
Innovations DCW Wage Expense					\$ -		
Innovations DCW Employee Benefit Expense					\$ -		
Innovations DCW Associated Payroll Costs					\$ -		
Cost of Other Expenses: stipends for child/dependent care					\$ -		

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Wages per FTE increase? (Y/N)

Provider Revenues Tab:

Provider Expenses Tab:

Revenues-Expenses Calculation Table

Innovations Direct Care Worker Wage Increase Monitoring August 2025

15

Innovations Direct Care Worker Wage Increase Monitoring August 2025

16

Innovations Direct Care Worker Wage Increase Monitoring August 2025

17

Appendix D

Procedure Codes Rate Increase: As referenced in the [NC Medicaid Innovations Waiver Provider Rate Increase bulletin](#), this table summarizes all services included for the purposes of the Innovations DCW rate increases. The services are split by program. Where applicable, self-directed and agency modalities of the included procedure codes are included and subject to the noted increase. This table summarizes all services included for the purposes of the Innovations DCW rate increases. The services are split by program. Where applicable, self-directed and agency modalities of the included procedure codes are included and subject to the noted increase.

Procedure Code	Service Description	Unit of Service	Assumed Number of 15 min Units	Assumed Group/ Home Size	Innovations DCW Add-On Rate
H2015	Community Networking – Individual	15 min	1	1	\$1.13
H2015 HQ	Community Networking – Group	15 min	1	3	\$0.38
H2016	Residential Supports1 – Level 1	per diem	64	2.5	\$28.93
H2016 HI	Residential Supports1 – Level 4	per diem	64	2.5	\$28.93
H2025	Supported Employment Services – Individual	15 min	1	1	\$1.13
H2025 HQ	Supported Employment Services – Group	15 min	1	2	\$0.57
S5150	Respite Care – Community Individual	15 min	1	1	\$1.13

S5150 HQ	Respite Care – Community Group	15 min	1	3	\$0.38
S5150 US	Respite Care – Institutional	per diem	64	3	\$24.11
T1005	Nursing Respite	15 min	N/A	1	\$1.13
T2012	Community Living and Supports Community – Individual	15 min	1	1	\$1.13
T2012 HQ	Community Living and Supports Community – Group	15 min	1	2	\$0.57
T2012 GC	Community Living and Supports Live-in Caregiver – Individual	15 min	1	1	\$1.13
T2012 GC HQ	Community Living and Supports Live-in Caregiver – Group	15 min	1	2	\$0.57
T2013 TF	Community Living and Supports – Individual	15 min	1	1	\$1.13
T2013 TF HQ	Community Living and Supports – Group	15 min	1	2	\$0.57
T2014	Residential Supports1 – Level 2	per diem	64	2.5	\$28.93

T2020	Residential Supports1 – Level 3	per diem	64	2.5	\$28.93
T2021	Day Supports – Individual	per hour	4	1	\$4.52
T2021 HQ	Day Supports – Group	per hour	4	3	\$1.51
T2027	Day Supports – Developmental Day	per diem	4	1	\$4.52
T2033	Supported Living – Level 1	per diem	32	1	\$36.16
T2033 HI	Supported Living – Level 2	per diem	64	1	\$72.32
T2033 TF	Supported Living – Level 3	per diem	96	1	\$108.48
T2033 U1	Supported Living – Periodic	15 min	1	1	\$1.13
T2033 U2	Supported Living – Transition	15 min	1	1	\$1.13

Instructions:

DHB Instructions to support population of key data fields		
SECTION	DESCRIPTION	ENTRY
Header	Provider / Facility Name	Enter Name of Provider / Facility
Header	Provider / Facility NPI	Enter Name of Provider / Facility NPI
Header	Provider / Facility EIN / Tax ID	Enter Employer Identification Number / Tax ID Number
Header	Period of Report	Enter Period of Report
Revenues	Procedure Code	Enter Procedure Codes for Services Furnished (Add rows as needed)
Revenues	Service Description	Enter Service Description for Procedure Codes
Revenues	Per Unit Increase for Innovations DCW	Enter the Per Unit Increase from the Medicaid Bulletin dated 11/22/2023 for Services Furnished

Revenues	Paid Units of Service in Reporting Period	Enter number of paid units of service by procedure code during reporting period
Revenues	Total Innovations DCW Revenue Increase for Period	Enter total Sum of Provider's Innovations DCW Revenue Increases
Expenses	Innovations DCW Expense 7/1/2022 - 6/30/2023	Enter the value of expense by category of expense that was incurred for the period 7/1/2022 - 6/30/2023 (i.e., the period just prior to the Innovations DCW Increase funding authorized in Session Law 2023-134). The intent is to capture what were the baseline expenditures before distribution of the DCW Increase funding for July 1, 2023 forward. Note that if a provider had voluntarily and/or temporarily increased Innovations DCW wages prior to the legislated increases, that prior year incurred expense should be reflected in this baseline amount and providers may wish to add a note to explain the baseline expenditures.
Expenses	Innovations DCW Expense 7/1/2022 - 6/30/2023 Full Time Equivalents	Enter the number of Full Time Equivalent Positions represented by the Wage Expense in Column B for the 7/1/2022-6/30/2023 period. The intent is to capture the baseline number of FTEs.
Expenses	Innovations DCW Expense 7/1/2023 - 6/30/2024	Enter the value of expense by category of expense that was incurred for 7/1/2023 - 6/30/2024 using the Innovations DCW Increase revenue identified above.
Expenses	Innovations DCW Expense 7/1/2023 - 6/30/2024 Full Time Equivalents	Enter the number of Full Time Equivalent Positions represented by the Wage Expense in Column D for the 7/1/2023-6/30/2024 period.

Expenses	Type of Supporting Documentation Maintained (Payroll Journals / Expense Receipts / Other (Describe))	Enter the type of documentation maintained by the provider / facility and available to Division / PHP upon request.
Expenses	Total Innovations DCW Increased Expenditures	Enter total sum of Provider's increased Innovations DCW expenses
Expenses	Total Innovations DCW Increased Expenditures > Increase Innovations DCW Revenue	Enter determination of 7/1/23-6/30/24 DCW expenses exceeding 7/1/22-6/30/23 DCW expenses (Yes/No)
Expenses	Innovations DCW Full Time Equivalents 7/1/2022-6/30/2023	For Innovations Wage Expense ONLY: Enter total number of FTE employed by Provider between 7/1/2022-6/30/2023
Expenses	Innovations DCW Full Time Equivalents 7/1/2023 - 6/30/2024	For Innovations Wage Expense ONLY: Enter total number of FTE employed by Provider between 7/1/2023-6/30/2024
Expenses	Avg. Wages per FTE increase/(decrease)	For Innovations Wage Expense ONLY: Determines the total difference in wages per FTE between (7/1/2022-6/30/2023) and (7/1/2023-6/30/2024)
Expenses	Wages per FTE increase? (Y/N)	For Innovations Wage Expense ONLY: Determines if the total expense increase for per FTE increased or decreased

Certification	Signature	President or owner of facility / provider must sign and date the certification.
Certification	Printed Name	Print name of president or owner of provider / facility signing the certification.
Certification	Title	Enter Title of president or owner of provider / facility.

FOR COMPARISON: Previous template layout approach (aggregate summary, revenues, expenses, revenues-expenses)

Aggregate Summary:

7/1/2023 - 6/30/2024

[illegible]

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BUDGETARY EXPENSES							
Expense Description	Innovations DCW Expense 7/1/2022 - 6/30/2023	Innovations DCW Full Time Equivalents 7/1/2022-6/30/2023	Innovations DCW Expense 7/1/2023 - 6/30/2024	Innovations DCW Full Time Equivalents 7/1/2023 - 6/30/2024	Innovations DCW Expense Increase	Number of Providers Offering Each Benefit Type	Proportion of Total Funding per Each Benefit Type
A	B	C	D	E	F = D - B	G	H = F / Total Innovation
Innovations DCW Wage Expense					\$ -		
Innovations DCW Employee Benefit Expense					\$ -		
Innovations DCW Associated Payroll Costs					\$ -		
Cost of Other Expenses: stipends for child/dependent care					\$ -		

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- Provider Revenues Tab:
- Provider Data Reports:
- Provider Expenses Tab:
- Revenues-Expenses Calculation Tab:

[illegible]

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