# Temporary rate increase distribution plan for fms participants

*Upon completion submit this form to:* [*lifeworkscustomizedsupport@lifeworks.org*](mailto:lifeworkscustomizedsupport@lifeworks.org)

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| **PARTICIPANT NAME**  Click or tap here to enter text. | | | **DATE**  Click or tap to enter a date. | |
| **EMPLOYER NAME IF DIFFERENT FROM PARTICIPANT**  Click or tap here to enter text. | | | | |
| **DISTRIBUTION PLAN** | | | | |
| Lifeworks will inform the participant of the amount of the additional funds available to them as a result of this increase on submitted claims at the end of the effective period. **Please indicate below, by checking the box (and indicating the percentages if applicable), of how you would like to utilize these funds**. The distribution plan is due to Lifeworks by **Sunday, December 20th, 2020**. At the end of the period, you will be provided with the dollar amount available to be paid out in accordance with this plan. | | | | |
| **100% PLAN**  I would like 100% of the available funds to be distributed to the employees. At the end of the period, you will be provided with the dollar amount of the available funds and instructions for delegating how the funds are distributed between employees. | | | | |
| **CUSTOMIZED DISTRIBUTION PLAN**  **Distribution to Employees** \*must be between 80-100% of the total funds  I would like \_\_\_\_\_\_**%** of the available funds to be distributed to the employees. The funds will be paid to employees in the form of a bonus. At the end of the period, you will be provided with the dollar amount of the available funds and instructions for delegating how the funds are distributed between employees.  **Sanitation / PPE** \*cannot be more than 20% of the total funds  I would like \_\_\_\_\_\_**%** of the available funds for items necessary to comply with the Centers for Disease Control and Prevention’s guidance on sanitation and personal protective equipment.  *Please note: Lifeworks will not purchase these items on your behalf. You must submit for reimbursement using a specialized form to be provided at a later date.* | | | | |
| **GOODS ONLY PLAN – This option is for individuals who do not have payroll in their plan.**  I would like 100% of the applicable funds for items necessary to comply with Centers for Disease Control and Prevention’s guidance on sanitation and personal protective equipment.  *Please note: Lifeworks will not purchase these items on your behalf. You must submit for reimbursement utilizing a specialized form to be provided at a later date.* | | | | |
| **DHS CONTACT INFORMATION**  If a worker believes they did not receive a wage/benefit increase, the FMS provider will provide the worker with the DHS representative’s contact information. | | | | |
| **MAIL**  Minnesota Department of Human Services  Community Supports and Continuing Care for Older Adults  PCA Temporary Rate Increase  P.O. Box 64967  St. Paul, MN 55164-0967 | **EMAIL**  Email questions:  dhs.ccarates@state.mn.us  DHS will direct the questions to the person who can best provide an answer. | **PHONE**  If you have questions, you can call the DSD Response Center: 651-431-4300  TDD users may call the Minnesota Relay: 711 or 800-627-3529  Speech-to-speech relay, call: 877-627-3848 | | |
| **SUPPORT MANAGER SIGNATURE** | | | | **DATE**  Click or tap to enter a date. |

## General Distribution Plan guidelines

You are responsible for developing a distribution plan based on how you intend to distribute the additional funds. You must return this distribution plan template by **Sunday, December 20, 2020.** Because of the upcoming holidays and short notice, we understand completing a plan may not be possible for all participants. Please note: **we will continue to accept distribution plans after the due date.**

When using the additional funds, the participant must:

* Use at least 80 percent of the additional revenue to increase wages, salaries, and benefits for direct support professionals and any corresponding increase in the employer's share of FICA taxes, Medicare taxes, state/federal unemployment taxes and workers' compensation premiums.
* Use any remainder of the additional revenue for activities and items necessary to support compliance with Centers for Disease Control and Prevention’s guidance on sanitation and personal protective equipment.

You must post a copy of the completed plan in an area that is accessible to the employees.

It is in your best interest to submit time and any reimbursements in a timely manner so that they are billed and remittance received with the 8.4% increase so that we may distribute it at the end of the period.

Upon completion, please submit this form to: [lifeworkscustomizedsupport@lifeworks.org](mailto:lifeworkscustomizedsupport@lifeworks.org)

Lifeworks will retain the participant’s distribution plan in their file. The distribution plans need to be available for review by DHS upon request.

Lifeworks will publish the bill language, requirements of the budget increase, and DHS’s contact information on our website.

**PPE / Sanitation**

Lifeworks will not purchase these items on your behalf. You must submit for reimbursement utilizing a specialized form to be provided at a later date.

Please retain all receipts for PPE/Sanitation purchases as proof of purchase will be required for reimbursement.

Examples of these items may include, but are not limited to: masks, gloves, face shields, cleaning/sanitizing supplies, hand soap, and hand sanitizer.

If you decided to use any of the funds for PPE and intend on making the purchase/purchases prior to knowing the total amount available, we will only reimburse up to the total amount available to you; this may result in partial reimbursement.

**Goods Only**

DHS is still unclear regarding how the funds can be allocated for participants who use Goods Only, as there is no staffing to allocate the 80% minimum. When clarification has been received, you will be provided with an update.