



LONG TERM CARE

Stabilization Program



WEEKLY PAYMENT CERTIFICATION

Business Name _____

Business Payment Address _____

Contact Name _____ Medicaid Provider ID# _____

Contact Phone _____ Contact Email _____

Today's Date _____ Dates Covered by this Payment _____
(Sunday - Saturday)

EMPLOYEES	_____	x \$300.00 = \$ _____
	<small>(Total # of FULL-TIME EMPLOYEES qualifying for stipend)</small>	<small>(EMPLOYEE - FULL-TIME - TOTAL STIPEND)</small>
EMPLOYEES	_____	x \$150.00 = \$ _____
	<small>(Total # of PART-TIME EMPLOYEES qualifying for stipend)</small>	<small>(EMPLOYEE - PART-TIME - TOTAL STIPEND)</small>

CONTRACTED WORKERS	_____	x \$300.00 = \$ _____
	<small>(Total # of FULL-TIME CONTRACTED WORKERS qualifying for stipend)</small>	<small>(CONTRACTED WORKER - FULL-TIME - TOTAL STIPEND)</small>
CONTRACTED WORKERS	_____	x \$150.00 = \$ _____
	<small>(Total # of PART-TIME CONTRACTED WORKERS qualifying for stipend)</small>	<small>(CONTRACTED WORKER - PART-TIME - TOTAL STIPEND)</small>

\$ _____
<small>(TOTAL LTCS WEEKLY STIPEND)</small>

I certify that all workers being submitted in connection with this **WEEKLY PAYMENT CERTIFICATION**, including employees as well as contracted workers, are being certified for the full-time or part-time stipend based upon the actual hours worked providing qualifying **frontline** services for the approved provider. Employees providing solely managerial or administrative functions, whether onsite or remotely, are not eligible for the program. The information contained in this form is accurate to the best of my knowledge and ability. I acknowledge that all the employees and contracted workers included with this certification are required to be in the facility and are not working remotely. Further, I acknowledge on behalf of the employer that 100% of the LTCS Program payment will be paid to qualifying frontline employees and contracted workers.

Contact Signature

Date

Please email this completed form, along with the corresponding excel file to: LTCSPAYMENT@NHES.NH.GOV

