

**Recruitment and Retention Plan**

**Self-Directed Services**

(To be completed by Person, Parent/Guardian, and Support Coordinator)

Waiver Participant Name:	Medicaid Number:	Authorization ID:	Date:
Support Coordinator:	Support Coordinator Email:	HCBS Waiver:	
Employer of Record Name:	Self-Directed Liaison:	Region:	

The employer of record (EOR) must submit a Recruitment and Retention plan to his/her Support Coordinator indicating how he/she plans to use the rate increase. This plan must include explicit details such as whether the EOR plans to give a bonus, rate of pay increase or a combination of the two. If a bonus will be given then, the name of current employee or new employee (if known), the amount of the bonus and the type of bonus (i.e. Loyalty Bonus, Referral Bonus or Sign-On Bonus) must be included. **This plan should be submitted to the Support Coordinator who will submit it to ADMH via ADIDIS and tag Ruthie Ferrell and the appropriate Self-Directed Liaison.**

Provide the narrative description of your recruitment and retention plan in this section:

My signature below is my acknowledgement and agreement to the Recruitment and Retention Plan and all associated guidelines.

Waiver Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer of Record Signature \_\_\_\_\_

Date \_\_\_\_\_

ADMH Representative Signature \_\_\_\_\_

Date \_\_\_\_\_