



**Rhode Island
Executive Office of Health and Human Services**

Home and Community-Based Services (HCBS)

Workforce Recruitment & Retention Plan

LTSS: Home Health, Adult Day Health & Habilitation Group Homes

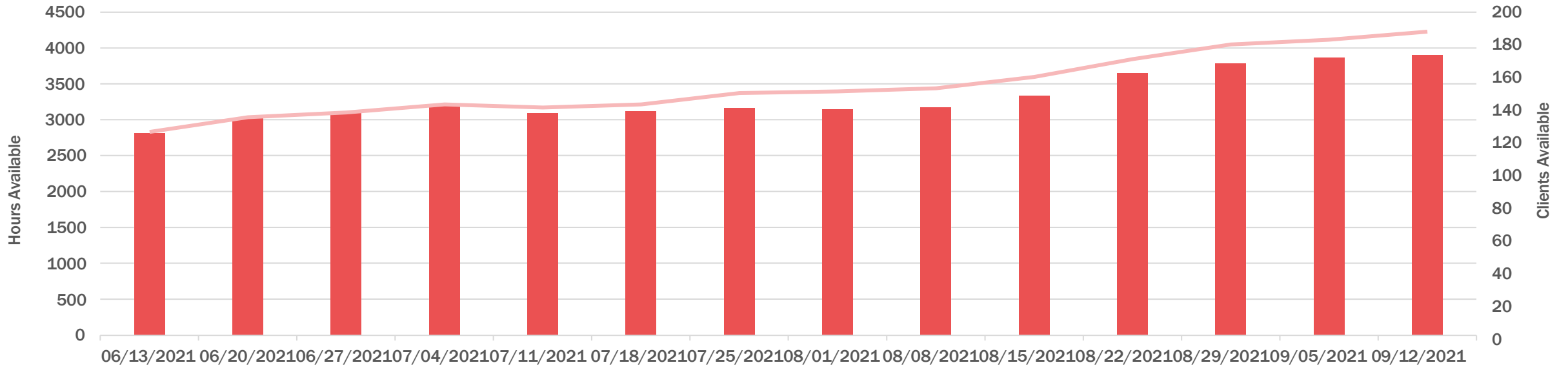
Monday, November 1, 2021

**RHODE
ISLAND**

The HCBS Workforce Shortage is Limiting Access to Care

- 188 individual fee for service clients are waiting for total of 3,902 hours of home health care services
- Across all HCBS services, worker shortages are causing similar delays to accessing care

Pool of Available Referrals at Week Start



	06/13/2021	06/20/2021	06/27/2021	07/04/2021	07/11/2021	07/18/2021	07/25/2021	08/01/2021	08/08/2021	08/15/2021	08/22/2021	08/29/2021	09/05/2021	09/12/2021
Total Hours Available at Week Start	2816	3021	3103	3201	3090	3121	3161	3143	3175	3334	3650	3781	3866	3902
Total Clients Available at Week Start	126	135	138	143	141	143	150	151	153	160	171	180	183	188

HCBS Workforce Challenges & Program Goals

HCBS Workforce Challenges

- The pandemic has exacerbated challenges in meeting consumer demand for home and community-based services (HCBS) due to workforce shortages
- High staff turnover rates have a negative impact on access to services, continuity of care, and workforce knowledge, skills, and experience to care for increasingly complex HCBS consumers

Program Goals

- Increase our ability to meet Medicaid consumer needs for HCBS services
- Increase number of HCBS direct care workers and licensed health professionals actively providing frontline services
- Improve retention rates for HCBS staff
- Reduce vacancy rates for HCBS staff

Background on ARPA HCBS Enhanced Funding*

- The American Rescue Plan Act (ARPA) will provide an estimated \$114M for home and community-based services (HCBS) via enhanced federal Medicaid matching funds*
- EOHHS understands and has received substantial stakeholder feedback highlighting a critical need to strengthen the HCBS workforce via improved compensation
- As a result, EOHHS is dedicating an estimated \$56M of the ARPA funds to a **HCBS Workforce Recruitment and Retention** effort to **increase compensation to frontline HCBS workers**
- **An estimated \$30 million of this total will be directed to long term services and supports (LTSS) provider agencies** – including agencies providing home health, adult day health, and day habilitation – that did not otherwise receive a direct increase in the FY2022 state budget

~\$114M ARPA HCBS enhanced FMAP

~\$56M HCBS Workforce
Recruitment & Retention Program

~\$30M LTSS
Home Health, Adult Day Care, and
Habilitation Group Home

Enhanced Payment Rate: Process by Provider Type

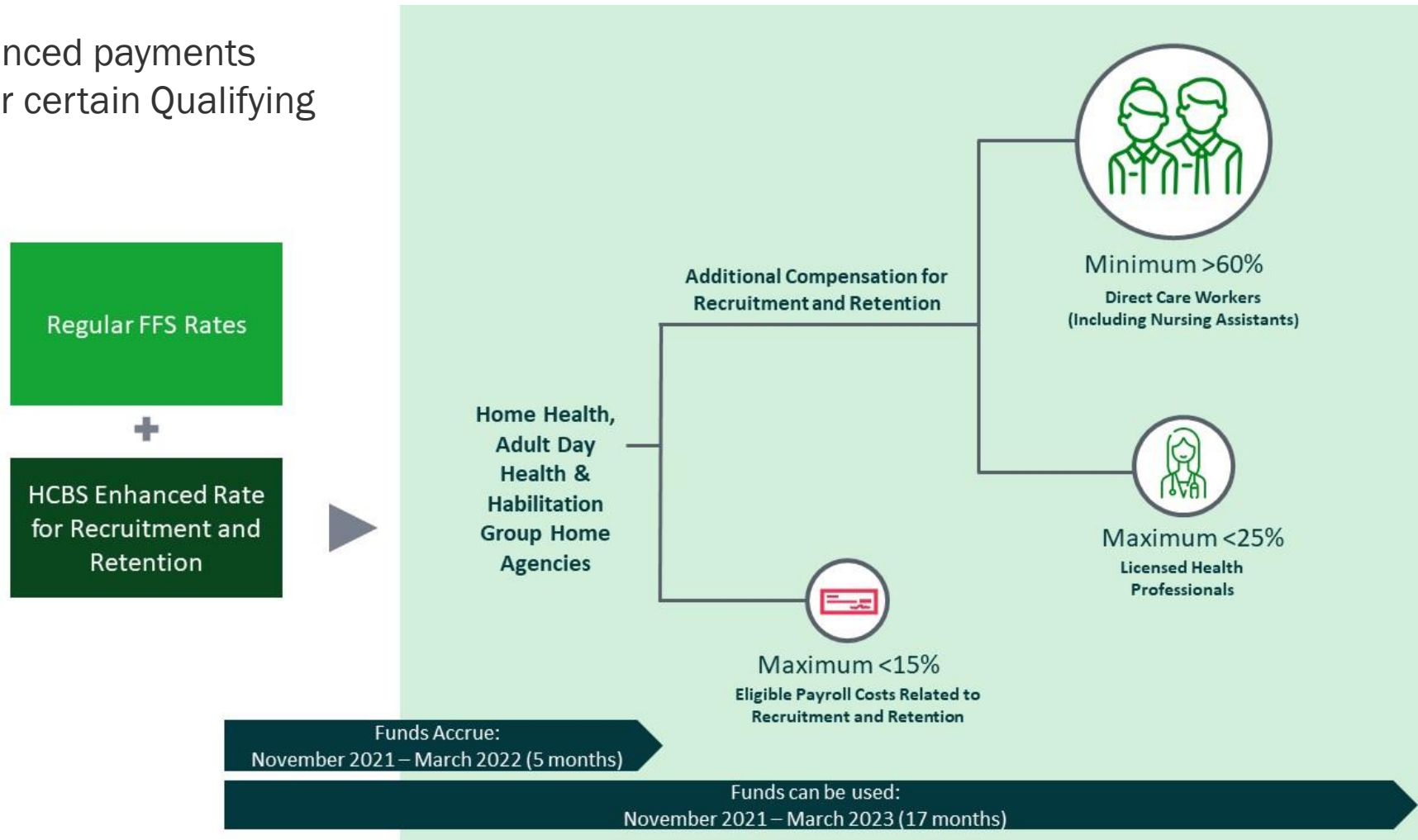
Category	Provider Agency Types
LTSS	Home Health
	Adult Day Health Centers
	Habilitation Group Homes

FUNDING MECHANISM: Enhanced FFS Rates

- Temporary enhanced rate for qualifying services to Medicaid beneficiaries from Nov 1, 2021 - Mar 31, 2022.
- Funding will increase 63% for providers during this timeframe
- Since the rate increase is FFS only, the percentage rate increase will vary based on relative proportion of Managed care and FFS.
- Submit bills asap, ideally no later than June 30, 2022 to swiftly access and use enhanced funds.

Funding Flow for Home Health, Adult Day, Hab Group Homes

Temporary enhanced payments must be used for certain Qualifying Activities



Enhanced Rate Spending Definitions



Minimum >60%

Direct Care Workers
(Including Nursing Assistants)

Direct Care Workers means frontline paraprofessional staff (including Nursing Assistants) who provide care and services *directly* to Medicaid beneficiaries and are not licensed by RIDOH.

- These staff must be directly employed by the LTSS Provider Agency and shall not include FLSA exempt employees or employees contracted through a third-party vendor or staffing agency.
- Management staff who spend at least 50% of their time on frontline direct care may be included.




Maximum <25%

Licensed Health Professionals

Licensed Health Professionals means frontline staff (excluding Nursing Assistants), who provide care and services directly to Medicaid beneficiaries and are licensed by RIDOH.

- These staff must be directly employed by the LTSS Provider Agency and shall not include FLSA exempt employees or employees contracted through a third-party vendor or staffing agency.
- Management staff who spend at least 50% of their time on frontline direct care may be included.



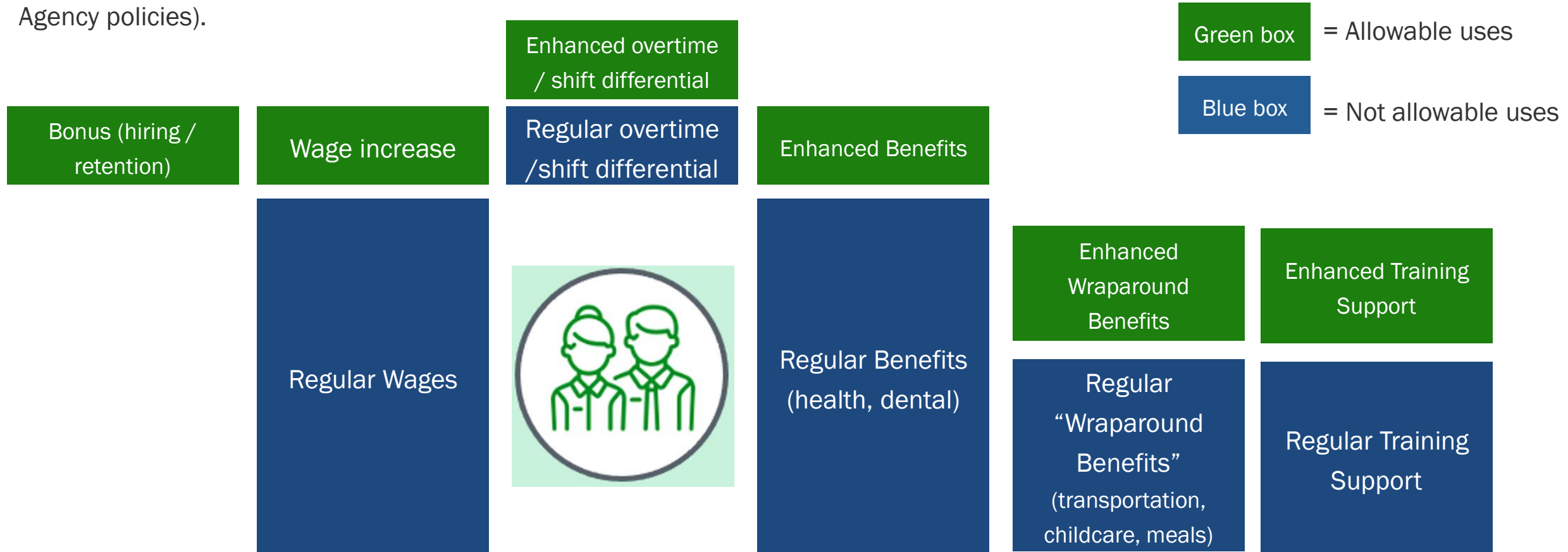
Maximum <15%

Eligible Payroll Costs

Eligible Payroll Costs means payroll taxes, unemployment insurance, workers compensation, liability, and other employer costs that increase as a result of increased compensation to staff under this Program.

Qualifying Activities

Funds must be used for worker compensation above the amount paid as of October 31, 2021 (prior to the temporary rate increase); Funds may not be used to pay base wages or other regular compensation (e.g., standard overtime or health benefits per Provider Agency policies).



Qualifying Activities - Definitions

Funding may be used for additional compensation to frontline workers to improve recruitment, retention, and staffing levels.

Specific examples of permitted uses include, but are not limited to:

- **Wage rate increase:** Increase to the hourly or annual wage the LTSS Provider Agency paid an employee prior to the start of these Program Activities.
- **Enhanced benefits:** Enhanced benefits that Provider Agency makes available to employees, above the amount paid an employee prior to the start of these Program Activities. Examples may include, but are not limited to, enhanced or new health or dental insurance coverage.
- **Overtime:** Payments over and above agency standard policy.
- **Shift differential payments, or Differential payments for hard-to-fill locations:** Includes any type of differential payments that are over and above agency standard policy.
- **Retention bonus:** Incentive payment(s) as compensation over and above an hourly rate of pay, separate from an employee's standard wages.
- **Hiring bonus:** Incentive payment(s) as compensation that is over and above an hourly rate of pay, separate from an employee's standard wages.
- **"Wraparound benefits":** Additional employer provided benefits to help the workforce remain employed – over and above agency standard policy. Examples may include, but are not limited to, transportation support/reimbursements, meal vouchers, childcare assistance, or car maintenance support.
- **Training support:** Additional compensation for training, including wages for time spent in training, testing or certification materials, including but not limited to continuing education credits (CEUs), or exam fees above and beyond previous agency HR policy.

Implementation Timeline



- Oct 31, 2021: Final submission of rate increases due to CMS to reserve Nov. 1 effective date
- November 1, 2021: Enhanced rate takes effect pending CMS and OMB final approvals and program spending may begin
- **November 12, 2021: Attestation & Initial Workforce Report due by 5pm**
- March 31, 2022: Enhanced rate period ends
- March 31, 2023: All program funds must be spent or returned to EOHHS, unless an extension is pre-arranged.
- Submit quarterly Workforce and Expenditure Reports, due 2 weeks after each quarter's end:

Start Date	End Date	Quarterly Workforce and Expenditure Report Due
Nov 1 2021	Mar 31 2022	Apr 14, 2022
Apr 1 2022	Jun 30 2022	Jul 14, 2022
Jul 1 2022	Sep 30 2022	Oct 14, 2022
Oct 1, 2022	Dec 31, 2022	Jan 14, 2023
Jan 1, 2023	Mar 31, 2023	Apr 14, 2023

Additional Participation Requirements



- Provider Agencies must maintain detailed and complete financial and payroll records demonstrating that Program funds are spent in accordance with Program guidance



- Provider Agencies must cooperate with EOHHS on audit activities

Provider Agency Attestation - DRAFT

DRAFT included for reference; final version to be accessed and submitted online at: [ARPA HCBS Enhancement Initiative](#)

By submitting this form on _____[Today's Date]_____, I, _____[Name]_____, hereby attest that, to the best of my knowledge and belief, that the above information is accurate and complete.

I recognize that the purpose of the HCBS FMAP temporary rate increase received by _____[Agency]_____ is to improve recruitment, retention, and capacity of the frontline home and community-based services (HCBS) workforce. I hereby attest that at least 85% of the enhanced HCBS FMAP temporary rate increase will be spent to provide additional compensation for frontline workers (at least 60% for direct care workers and not more than 25% for licensed health professionals) via Qualifying Activities as described in Program Guidance. I further attest that no more than 15% of the enhanced HCBS rate increase will be spent on payroll costs directly related to the additional compensation for frontline workers. My agency will maintain payroll records to support this attestation, and such payroll records may be subject to audit by EOHHS. In the event that EOHHS determines that Program funds have been used for ineligible expenses, my agency may be required to repay such funds to EOHHS. My agency also commits to returning to EOHHS any Program funds not expended by the Program end date of March 31, 2023. My agency will maintain and submit quarterly Expenditure Reports and Workforce Reports as required by EOHHS.

Workforce Report (Initial & Quarterly) - DRAFT

DRAFT included for reference; final version to be accessed and submitted online at: [ARPA HCBS Enhancement Initiative](#)

	Direct Care Workers (including Nursing Assistants)	Licensed Health Professionals (excluding Nursing Assistants)
Total workers employed		
# part-time employees		
# full-time employees		
0 - 1 year of service		
1 - 5 years of service		
5+ years of service		
Ethnicity of employees	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx
Race of employees	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
# who speak a language other than English		
Total job openings		

- Specify job titles for Direct Care Workers: _____
- Specify job titles for Licensed Health Professionals: _____

Expenditure Report (Quarterly) – DRAFT – slide 1 of 2

DRAFT included for reference; final version to be accessed and submitted online at: [ARPA HCBS Enhancement Initiative](#)

Spending Summary Table

	Total Program \$s spent since Nov 1 2021 (Provider data)	Ratio of Program expenditures since Nov 2021 (Autofill)
Additional compensation - direct care workers (target $\geq 60\%$)		
Additional compensation - licensed clinicians (target $\leq 25\%$)		
Increased payroll costs related to the additional compensation above (target $\leq 15\%$)		
Grand Total		

If spending proportions in Table above vary significantly from target percentages, please explain here the reasons and plans for reaching the target spending ratios by the end of the program period Mar 31, 2023: _____

Expenditure Report (Quarterly) – DRAFT – slide 2 of 2

DRAFT included for reference; final version to be accessed and submitted online at: [ARPA HCBS Enhancement Initiative](#)

Additional Compensation Table

Additional Compensation Paid to Frontline HCBS workers since November 1, 2021	Direct care workers (including Nursing Assistants)	Licensed Health Professionals (excluding Nursing Assistants)
Total Wage increases (total elevated wage minus previous base wage)	\$	\$
Benefits	\$	\$
Overtime	\$	\$
Shift differential payments or differential payments for hard to fill locations	\$	\$
Retention bonus	\$	\$
Hiring bonus	\$	\$
Wraparound benefits	\$	\$
Overtime or shift differential incentives	\$	\$
Training support	\$	\$
Other (describe): _____		
	\$	\$
TOTAL ADDITIONAL COMPENSATION^	\$	\$

Comments (optional; note highlight successes, challenges and lessons learned): _____

Appendix



Eligible Provider Agencies - FFS – slide 1 of 2

Billing Provider NPI	Provider Name
1326250572	A Caring Experience Nursing Service Inc
1598898108	Access Healthcare Inc
1548315112	Alternative Adult Care Center
1720695661	Andrade Adult Day Care Inc.
1831196955	Assisted Daily Living, Inc.
1912946898	Bayada Home Health Care, Inc.
1023535846	Bella Vita Adult Day Services Inc
1467583534	Blackstone Health Inc
1326139023	Capitol Home Care Network, Inc.
1124595806	Care at Home LLC
1003472747	Caregivers RI, LLC
1083690044	CareLink PACE Organization
1265883318	Casa Cura, Inc
1043454663	Cedar Home Health, LLC
1720133267	City of Cranston
1578843264	Comfort LLC
1184743965	Community Care Nurses, Inc
1225029770	Concord Health Services, Inc.
1548317092	Cornerstone Adult Services Inc
1427155613	Coventry Home Care
1306947833	Cowesett Home Care, Inc

Billing Provider NPI	Provider Name
1821325366	Dependable Healthcare Services, LLC
1811496664	Diversity Adult Day Health Care Center
1184073058	Elmwood Home Care, Inc.
1437382280	Elwood Adult Day Health Care Center
1013062520	Generations Adult Day Health Center
1386774289	Gleason Medical Services, Inc
1730697343	Golden Roads Adult Day Center LLC
1134119381	H &T Medicals Inc
1053433730	Haigh Ventures Inc DBA Health Care Services
1538216635	Healthcare Connections Nursing Services
1841413994	Home Care Advantage Chc Inc
1104948439	Home Care Advantage Inc
1053807743	Home Care Networks, LLC
1205842036	Home Care Services Of R.I., Inc
1922146141	Hope Alzheimer's Center
1609955822	Hope Nursing Home Care, LLC
1912172974	Independence Home Care
1427531359	Joy Home Care, Inc.
1043219553	Kent County Visiting Nurse Association
1023148004	Lifetime Financial Management Inc
1972638468	Living in Fulfilling Environments Inc

Eligible Provider Agencies – FFS – slide 2 of 2

Billing Provider NPI	Provider Name
1982094850	Living Well Adult Day Care
1720237167	MAS Medical Staffing Corp
1649382151	Maxim Healthcare Services, Inc
1205053048	Morning Star Home Care LLC
1497826515	Nursing Placement Home Health Care Service
1710058904	Nursing Placement Inc.
1881069607	Ocean State Home Health Care, Inc.
1609994763	Ocean State Nursing Services
1225434608	One Solution Home Care
1922556166	Park Avenue Senior Care, Inc.
1326145699	Phenix Home Care
1942580659	Pinnacle Home Care LLC
1811402100	Prospect Chartercare Home Health and Hospice
1558877951	Raising Hope, Inc.
1831590355	Renaissance Adult Day Health Center, LLC
1225585417	Royal at Home RI, LLC
1679909352	Sacred Heart Church
1306076179	Seven Hills Rhode Island, Inc
1649300526	Specialty Home Care Services, Inc

Billing Provider NPI	Provider Name
1528526001	Staff Solutions, Inc.
1962746289	Svetlo Inc
1073837050	The Summit Management Group, LLC
1205956794	The Willows Adult Day Care
1306978705	United Cerebral Palsy of RI Inc
	Visiting Nurse Services of Bristol and Newport County
1972587699	
1831172907	VNS Homecare
1235777228	Your Choice of Home Care LLC

Eligible Service Codes

Provider Type Description	Procedure Code	Procedure Code Description
Adult Day Health	S5102	DAY CARE SERVICES, ADULT; PER DIEM
Adult Day Health	S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM
Adult Day Health	T1016	CASE MANAGEMENT, EACH 15 MINUTES
Hab Group Homes	T2021	DAY HABILITATION, WAIVER, PER 15 MINUTES
Home Care Agencies	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES
Home Care Agencies	S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES
Home Care Agencies	T1001	NURSING ASSESSMENT/EVALUATION
Severely Disabled Nursing Homecare	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES
Severely Disabled Nursing Homecare	T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES
Severely Disabled Nursing Homecare	T1001	NURSING ASSESSMENT/EVALUATION

Questions & Comments

Additional written comments may be submitted online at

[ARPA HCBS Enhancement Initiative](#)

<https://eohhs.ri.gov/initiatives/american-rescue-plan-act/home-and-community-based-services-hcbs-enhancement>

by Nov 12, 2021 at 5pm.

All other inquiries should be sent to the following email addresses after the public comment period closes:

sarah.harrigan@ohhs.ri.gov or rick.brooks@ohhs.ri.gov.

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