Frequently Asked Questions

Enhanced HCBS Rate Increase: for LTSS Providers (home health, adult day health, habilitation group homes)

Updated: November 9, 2021

Information in this document is subject to change; please check back periodically for updates.

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A. Introduction

This document presents frequently asked questions regarding the LTSS-specific (home health, adult day health, habilitation group home) portion of the Home and Community-Based Services (HCBS) Workforce Recruitment and Retention Plan being launched by Rhode Island EOHHS. It will be updated periodically. Further information may be found at ARPA HCBS Enhancement Initiative and additional questions and comments may be sent to Sarah.Harrigan@ohhs.ri.gov and Rick.Brooks@ohhs.ri.gov.

B. Funding

Question	Answer
1. Is hospice an included service for this program?	Service code G0156 for *services of home health/hospice aide in home health or hospice setting, each 15 minutes* is included in this program with temporary enhanced rates.
2. When will we receive enhanced funding?	Pending CMS approval. This can take up to 90 days (~February 2022), but EOHHS has been working with CMS to expedite their decision. The rate increase will be retroactive to November 1, 2021.
3. After March 31, 2022, will rates return to today's current rates?	Yes.

4. Is it correct that managed care rates will not increase?	Yes.
5. Might some providers (who have more fee for service billing rather than managed care capitation) receive more funding than others?	The enhanced funding will be distributed based on fee-for-service billing only. The fee-for-service rate increase percentage was developed based on the current managed care / fee-for-service funding mix for each provider type. EOHHS can only set rates at the provider type and service code level and cannot adjust for each agency.
6. Why is fee for service rate increase being used for this program and not managed care?	The fee for service rate increase is the fastest way to disburse these funds so provider agencies can begin using them to build the HCBS workforce.
7. Will the enhancement come in the form of increased hourly bill rates for CNAs and Private Duty Nurses? If so, are you able to share what the new rates will be?	The guidance document contains a full list of service codes that are eligible for the enhanced rate. The guidance and the slide deck can be found here: Resource Documents | Executive Office of Health and Human Services (ri.gov) We are doing a final review with our finance team now to finalize the rate increases. The new rates will be made public through a State Plan Amendment and posted here: State Plan Amendments and 1115 Waiver Changes | Executive Office of Health and Human Services (ri.gov).
8. The rate increases listed on page 2 of the Public Notice of the State Plan Amendment appear different then what was presented to providers at the October 20, 2021, meeting. Please clarify if there is a 63% rate increase for Home Care providers, or as stated in the Notice, if there will be a higher rate for codes T1000 and S5125 which are two of the codes used by Home Care Providers.	The actual fee for service rate increases are, in some cases, significantly higher than the average 63% rate increase. This is because we are only increasing fee for service rates. We wanted to distribute the funding equally across all provider types based on their Medicaid expenditures. To do this fairly, we needed to look both at fee for service and managed care expenses. This resulted in an average increase for your provider group of 63%. However, because it is the fastest and least administratively burdensome way to increase funding, we wanted all the funds to go just through Fee for Service. To do this, we needed to adjust the Fee for Service rate increase higher. The rate increases vary because the portion of expenditures in Managed Care varies.

9. Once the program is approved through CMS, will the additional money be reflected in each week's Remittance Advice (RA) or will providers need to bill separately?	You do not need to bill separately. We will re-process the claims so that you do not need to take an additional step.

C. Qualified Activities

Question	Answer
1. Are homemakers included in the direct care workers group in this program?	Yes.
2. Are adult day activities staff who interact directly with consumers considered direct care workers under this program?	Yes.
3. Are office workers such as receptionists included in this program? What about nurses and CNAs who do some direct service work and some office work?	Office workers are not the intended target for this program; staff such as receptionists are not included. Nurses and CNAs who are also office workers must do at least 50% direct service work to be included in program activities.
4. Will the 15% spending target for eligible payroll costs cover actual costs fully?	EOHHS calculated the 15% to cover eligible payroll costs, based on data from the RI home health industry.
5. Can these funds be used for expenses related to behavioral health training and/or CNA training?	The funds may be used for expenses related to training, if these are new activities are above and beyond what was previously offered to staff and are not funded by other sources.
6. How much flexibility do providers have regarding the timing to spend these funds? Will retroactive payments be required to workers?	Given the severity of the workforce crisis, EOHHS would anticipate providers beginning to spend the funds quickly, but we are allowing flexibility for providers to spend the funds any time prior to March 31, 2023. Providers may choose to front-load or back-load the spending. EOHHS is not requiring that any payments be made retroactively to employees. EOHHS highly recommends that providers consider structuring incentives to encourage retention throughout the full program period.

7. How are part-time and full-time employees defined for these purposes (32, 36 or 40 hours as full-time)?	Please use the definitions of part-time and full-time that are used by your agency.
8. Can providers be given autonomy to distribute the funds to the workforce equally, regardless of level? The 60%/25% split may create inequities between the professional and paraprofessional staff.	Nursing Assistants and homemakers make up the vast majority of the homecare workforce so it was critical to us to make sure that the majority of funding is allocated for these workers. Additionally, the vast majority of the Medicaid waitlist is waiting for Nursing Assistant or homemaker support, rather than skilled nursing support. However, we included up to 25% for professional staff to recognize their significant contributions.