



HCBS Workforce Recruitment and Retention Plan

State of Rhode Island

Frequently Asked Questions

Enhanced HCBS Rate Increase: for BHDDH Provider Agencies including Community Mental Health Centers (CMHCs) and Community Mental Health Organizations (CMHOs), Certified Peer Recovery Providers, Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP).

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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 BHDDH Provider Agencies (Community Mental Health Centers (CMHCs) and Community Mental Health Organizations (CMHOs), Certified Peer Recovery Providers, Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP) portion of the Home and Community-Based Services (HCBS) Workforce Recruitment and Retention Plan being launched by Rhode Island EOHHS. Further information may be found at [ARPA HCBS Enhancement Initiative](#) and additional questions and comments may be sent to Brenda.Amodei@bhddh.ri.gov and Jamieson.Goulet@bhddh.ri.gov.

B. Funding

Question	Answer
<p>1. Are we able to use these funds to increase the salaries of case managers and clinicians in our Youth and Family program that provides intensive outpatient services to children and their families?</p>	<p>Yes, however, Youth and Family programs are not a part of the rate increase in adult behavioral health. Separate from this program, DCYF may be funding these programs directly, however, funding has not been released and we do not have a timeframe for it at this time. That said, we also have additional funding coming for HBTS/PASS program and possibly early intervention funding as well.</p>



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<p>2. Does this mean that we cannot use these funds for clinical staff where we have numerous clinical vacancies we need to fill and clinical staff to retain? They are under the \$85K salary cap but as licensed behavioral health professionals they are classified as exempt.</p>	<p>We have removed the exemption language so that agencies may use the funding to support any employees making under \$85,000 who spend at least 50% of their time providing direct services.</p>
<p>3. After March 31, 2022, will rates return to today's current rates?</p>	<p>Yes.</p>
<p>4. Is it correct that managed care rates will not increase?</p>	<p>Yes, enhanced rates are for FFS only for the CMHC and Certified Peer Recovery agencies.</p>
<p>5. When do we begin billing the increased rates?</p>	<p>We are waiting for CMS approval. We anticipate receiving approval in January. Please bill the increased rates after CMS approval is communicated from EOHHS and BHDDH. Once approved, prior eligible claims will be automatically reprocessed, and you will receive a retro payment for the difference.</p>
<p>6. Do we charge all patients the new rate?</p>	<p>Please note that is not a "new rate". It is a temporary increase serving as a vehicle for getting money to the workforce, not a permanent rate change. So, you should not, for example, charge self-pay clients or clients in a spend-down/flex the increased rate amount.</p>

C. Reporting & Attestations

Question	Answer
<p>1. For the baseline report should we include all the staff utilizing the ARPA funds and not just the staff in those programs that will be receiving the enhanced rates?</p>	<p>Yes, include all staff in the reports to track the impact of the funds on vacancies and retention rates.</p>
<p>2. For the baseline report, should we include on-call, per diem, FFS staff as part of the PT count?</p>	<p>Yes, include on-call, per diem, and FFS staff among your part time employees.</p>



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<p>3. For agencies that are both CMHC and a SU provider, do we need to provide separate attestations and staffing reports?</p>	<p>The agency will only need to complete one attestation form and one initial workforce report.</p>
<p>4. How do we report anticipated new hires in the baseline report?</p>	<p>Please indicate the anticipated hires in the baseline report under “vacancies” and report the additional FTEs in the total workforce count in the quarterly report once they have started working.</p>
<p>5. When do we need to fill out the exception form for psychiatrists and prescribers?</p>	<p>This is a rolling form. Submit the form as soon as you anticipate hiring a new prescriber or psychiatrist with a salary above \$85K.</p>

D. Qualified Activities

Question	Answer
<p>1. How restrictive is the eligibility for categorization and the use of funds for direct care paraprofessionals?</p>	<p>The program includes flexibility for how funds can be used, however, billing for services is the only mechanism to generate enhanced funding match. For example, if your agency has ACT services for peer specialists, billing for ACT services generates the funding that you can use for all staff (at your discretion) within the program guidance parameters.</p>
<p>2. Are peer staff eligible?</p>	<p>Yes, peer staff are eligible.</p>
<p>3. Are we able to use the funds for either retention bonus or salary enhancements for peer specialists on staff who are not yet certified?</p>	<p>Yes.</p>
<p>4. Do Assisted Living programs fall under the HCBS programs?</p>	<p>No, ALRs are not included as part of the LTSS Workforce Recruitment and Retention program because they received sustained funding increases in the FY 22 State Budget.</p>
<p>5. Are IHH and Children’s services covered?</p>	<p>No, BHDDH could not get federal match on IHH services so they are not included in the enhanced rates. However, funding can be spent on IHH staff if desired.</p>
<p>6. Can we spend on children?</p>	<p>See response to question 1.</p>
<p>7. Can we use funds for children's staff such as those providing EOS given that</p>	<p>See response to question 1.</p>



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there are no recovery funds being slated for them?	
8. Would you also consider including Adult EOS?	Yes, agencies can fund recruitment and retention of workers providing adult enhanced outpatient services.
9. Do you have dollar estimates of how much this will impact each provider, and can you share that with the respective provider?	No, we have not calculated provider-by-provider estimates. It is possible to project your own funding based on a four-month timeframe between December 2021- March 2022.