Enhanced HCBS Rate Increase: Program Guidance for HBTS/PASS Provider Agencies

Updated February 7, 2022
Information in this guidance is subject to change

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1. Executive Summary

The State of Rhode Island will leverage enhanced federal medical assistance percentage (FMAP) from the Federal American Rescue Plan Act (ARPA) of 2021, Section 9817, *Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency* to stabilize the home and community-based services (HCBS) workforce, mitigate labor impacts of the COVID-19 emergency, and provide access to quality, person-centered HCBS services for Medicaid beneficiaries, promoting independent living. It is our collective challenge and opportunity to direct the maximum potential amountof estimated $114 million one-time, enhanced HCBS FMAP funding to address what we learned from thepublic health emergency, address system inequities and meet the complete needs of Rhode Island Medicaid members needing HCBS services.

Based on policy analysis and substantial stakeholder survey feedback highlighting a critical need to strengthen the HCBS workforce via improved compensation, EOHHS is dedicating an estimated $56 million of these funds to a HCBS Workforce Recruitment and Retention plan with the goal of increasing compensation to frontline HCBS workers. Of this, approximately $7.7M will be directed through Provider Agencies that did not otherwise receive a direct increase in the State Fiscal Year 2022 budget, including HBTS, PASS, Kids Connect, and Respite Provider Agencies. These agencies shall use these funds to enhance and expand HCBS services by increasing worker compensation via a flexible range of options to attract and retain direct care workers and licensed health professionals.

The State of Rhode Island is excited to launch this effort to build back a better, more equitable healthcare system after the COVID-19 pandemic and be prepared for the changing needs and desires of Rhode Islanders. As with all programs launched at Rhode Island EOHHS, we ground our decision making for this program in our core values of choice, community engagement, and race equity.

2. Program Description

The pandemic has exacerbated challenges in meeting consumer demand for HCBS services due to workforce shortages. As a result, supporting and building the HCBS workforce has been established as a cornerstone of Rhode Island's Covid-19 pandemic recovery strategy. Direct care workers and licensed health professionals provide critical assistance to Medicaid enrollees who have physical or behavioral support needs. A strong HCBS workforce directly supports the individual wellness and self-determination of program participants and empowers them with the choice to remain in their homes and communities and avoid unnecessary acute care or facility-based care.

Rhode Island EOHHS will invest approximately $7.7M in recruitment and retention for children's behavioral health programs through the temporary enhanced payments for HBTS, PASS, Kids Connect, and Respite Provider Agencies. Participating agencies will receive funding that equals at least 92% of their total Medicaid claims from May 1, 2021 – July 31, 2021. To maximize federal matching funds and to ensure adequate distribution of funds across the provider networks, funding will be distributed through two methods. First, participating provider agencies will receive retroactive enhanced rate for all fee for service payments from EOHHS for qualifying eligible services (see Appendix B "Eligible Services Receiving Temporary Rate Increase") from May 1, 2021, through July 31, 2021.[1] Second, providers who do not meet the threshold of a 92% total increase through the temporary rate enhancements will receive a direct payment from the state to make up that amount.

The goals of this Program include:

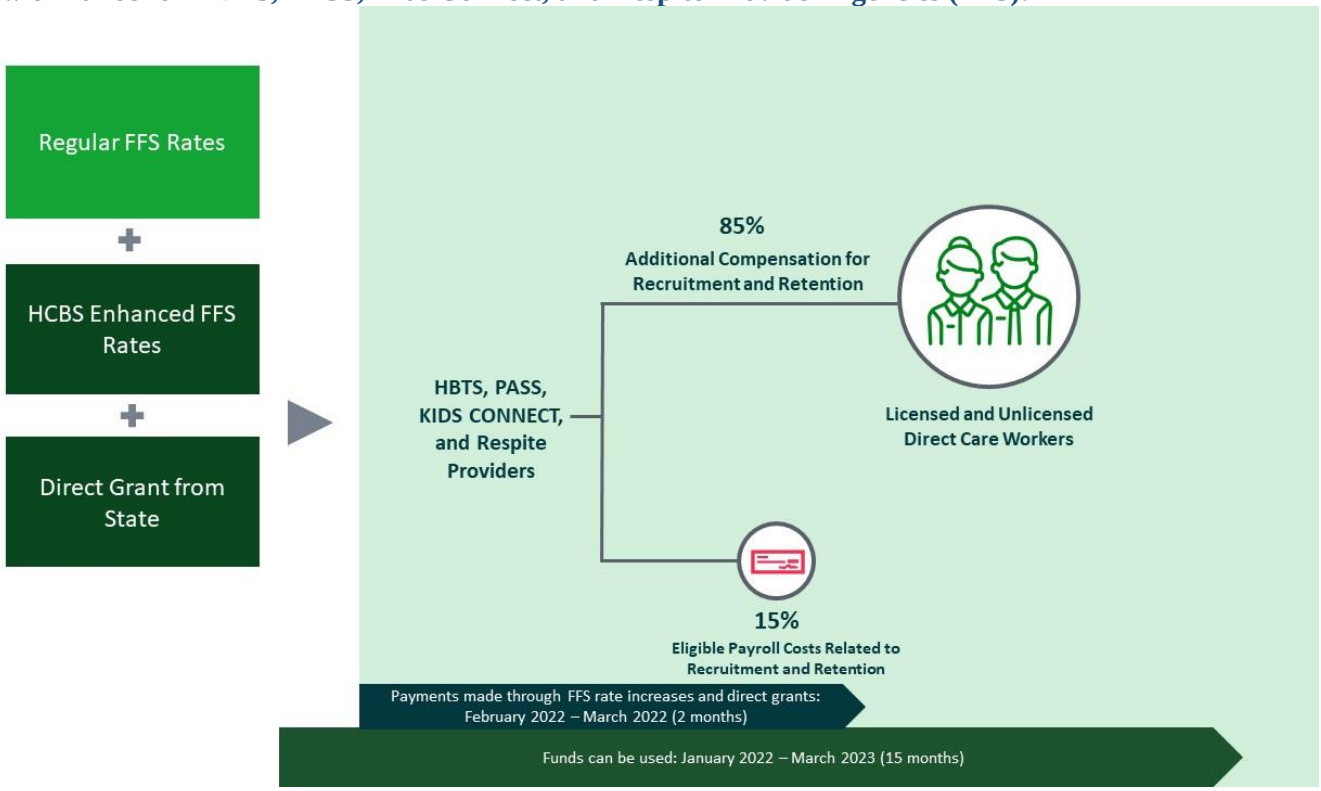
- Increasing the total number of HCBS direct care workers and licensed health professionals actively providing frontline services to Medicaid enrollees to meet consumer needs more fully
- Improving HCBS staff retention rates

[1] These months were chosen based on feedback from a majority of providers.

- Reducing HCBS position vacancy rates

This Program builds on the momentum and learnings of Rhode Island's workforce stabilization program during the COVID-19 Public Health Emergency that sent over $30M in CARES funding to direct care workers.

Flow of Funds for HBTS, PASS, Kids Connect, and Respite Provider Agencies (FFS):[2]



EOHHS will post documents and information related to this Program on our ARPA HCBS Enhancement Initiative page. Provider Agencies are encouraged to check this site regularly for updated information. Any additional inquiries should be sent to the following email addresses: sarah.harrigan@ohhs.ri.gov or rick.brooks@ohhs.ri.gov.

3. Program Details

3.1. Eligible Provider Agencies and Services

The following Provider Agency types are eligible to participate in this HCBS workforce recruitment and retention plan. See Appendix A for list of specific eligible HBTS, PASS, Kids Connect, and Respite Provider Agencies:

Category	Provider Agency Types
Medicaid	HBTS
	PASS
	Kids Connect
	Respite Providers

3.2. Definitions

Direct Care Workers means frontline paraprofessional employees who provide care and services *directly* to

Medicaid beneficiaries and are not licensed by the RI Department of Health. These staff must be directly employed by the Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time providing frontline direct care may be considered a Direct Care Worker for the purposes of the Qualifying Activities outlined in this document.

Eligible Licensed Health Professionals means frontline employees, who provide care and services *directly* to Medicaid beneficiaries and are licensed by the RI Department of Health. These staff shall be directly employed by the Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time on frontline direct care may be considered an Eligible Licensed Health Professional for the purposes of the Qualifying Activities outlined in this document.

Eligible Payroll Costs shall include payroll taxes, unemployment insurance, workers compensation, liability, and/or other employer costs paid by the Provider Agency that increase because of increased compensation to Direct Care Workers and Eligible Licensed Health Professionals under this Program.

3.3. Qualifying Activities

Allowable Activities

A minimum of 85% of the enhanced funds (combined total from the temporary HCBS rate increase and direct grant funds) must be passed through directly from Provider Agencies to frontline workers to support hiring, retention, and stability of this critical workforce. Provider Agencies must use the enhanced funding between January 1, 2022, and March 31, 2023 via the following qualifying activities:

- At least 85% of funding shall be spent on payments directly to frontline workers (direct care workers and licensed health professionals). Additional requirements:
  - Managerial staff qualify if they spend at least 50% of their time working directly with clients.
  - Of this 85%, at least 50% must be spent on retention activities.
- No more than 15% of funding shall be spent on eligible payroll costs (as defined above).

Specific examples of qualifying activities include, but are not limited to the following:

Recruitment Activities
Total package not to exceed 10% of the salary range per new employee may include incentives such as:

- **Hiring bonus:** incentive payment that is over and above an hourly rate of pay and are not part of an employee's standard wages. It is recommended that the payment be disbursed in pieces across a multi-month period.
- **Relocation costs:** incentive payment to support relocation of new employee.
- **Tuition reimbursement:** incentive payment to support tuition costs or educational loan repayment costs.

Retention Activities

- **Wage rate increase**: increase to the hourly or annual wage the Provider Agency paid an employee prior to the start of these program activities.
- **Retention bonus**: incentive payment as compensation that is over and above an hourly rate of pay and are not part of an employee's standard wages.
- **Shift differential payments, or differential payments for hard-to-fill locations** over and above agency standard policy.
- **"Wraparound benefits"** defined as 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/mileage reimbursements, meal vouchers, or childcare assistance or car maintenance support.

- **Tuition reimbursement:** incentive payment to support tuition or educational loan costs.

To count as an allowable activity, additional compensation using these enhanced funds must be over and above compensation that was paid to frontline workers prior to the temporary rate increase (as of December 31, 2021); it shall not be used to replace base wages or other regular compensation (e.g., standard shift differentials in line with current Provider Agency policies). Each Provider Agency should maintain documentation to show the compensation paid to its frontline workers prior to the temporary rate increase, for compliance purposes.

4. Program Participation Requirements

4.1. Reporting

As a requirement of participation, all Provider Agencies must complete the *Attestation and Initial Workforce Report* affirming an understanding of, and commitment to, the requirements associated with the enhanced HCBS FMAP rate increase and grant funding, and providing baseline workforce data. See draft in Appendix C. The *Attestation and Initial Workforce Report* will be available on our ARPA HCBS Enhancement Initiative page and is due by February 4, 2022.

Additionally, participating Provider Agencies will be required to submit a quarterly *Workforce and Expenditure Report* for each reporting period to address the impact of rate increases and investments in workforce recruitment, retention, and capacity, and documenting the distribution of funds consistent with the requirements in this Program Guidance. See draft in Appendix D. The *Workforce and Expenditure Report* will be available on our ARPA HCBS Enhancement Initiative page

4.2. Unspent funds

Provider Agency must return any unspent funds remaining after March 31, 2023 to EOHHS, unless the Provider Agency pre-arranges an extension period with EOHHS based on compelling reasons by emailing to sarah.harrigan@ohhs.ri.gov or rick.brooks@ohhs.ri.gov.

5. Program Dates

Key dates for Provider Agencies participating in the HCBS Workforce Recruitment and Retention Program are as follows:

- May 1, 2021:
  - Enhanced rate period begins for FFS rates for HBTS, PASS, KidsCount, and Respite Provider Agencies
- July 31, 2021: Enhanced rate period ends for FFS rates.
- February 11, 2022: Attestation & Initial Workforce Report due by 5pm.
- March 31, 2023: All program funds must be spent or returned to EOHHS after this date unless an extension is pre-arranged.

Reporting periods: quarterly reports due 2 weeks after the last day of each reporting period, by 5pm.

Start Date	**End Date**	**Quarterly *Workforce and Expenditure Report* due:**
Jan. 1 2022	Mar. 31 2022	Apr. 14, 2022
Apr. 1 2022	June 30 2022	July 14, 2022
July 1 2022	Sept. 30 2022	Oct. 14, 2022
Oct. 1, 2022	Dec. 31, 2022	Jan. 14, 2023
Jan. 1, 2023	Mar. 31, 2023	Apr. 14, 2023

Appendix A: Eligible Provider Agencies

Provider Agency Name	**Billing NPI**
Child & Family Services	1063425189
AccessPoint RI	1073649471
The Providence Center	1104847946
East Bay Community Action Program	1114138773
Meaningful Outcomes LLC	1144885674
Momentum Inc	1184049017
Alee Behavioral Healthcare	1235679929
West Bay Community Action, Inc	1245456532
Seven Hills Rhode Island, Inc	1275743916
Applied Behavioral Interventions Psychology	1346589215
The Groden Center	1396751830
J Arthur Trudeau Memorial Center	1427175678
Ocean State Behavioral, LLC	1427392075
The Fogarty Center	1447378559
Perspectives Corporation	1477679629
Northeast Behavioral Associates of RI	1518085505
Capital City Community Centers, Inc	1528352424
United Cerebral Palsy of RI Inc	1538291877
Dr Daycare, Inc	1568524627
The Autism Project	1568587368
Looking Upwards, Inc	1578693172
Navigate Behaviors, LLC	1639628977
Family Behavior Solutions, Inc	1700287638
Child, Inc.	1760547582
The ARC of Bristol County Inc	1801935176
Frank Olean Center, Inc	1871713768
Children's Friend A D Service	1972662104

Appendix B: Eligible Services Receiving Temporary Rate Increase

Proc Code	Proc Code Description	Program Indicator Code	M1	M2	Allowed Amount 4/30/2021	Increased Allowed Amount 5/1/2021	Associated Provider Type
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	MCE030			$ 5.70	$ 20.58	080
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	MCE030	HA		11.40	41.17	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025			17.50	63.19	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HO		40.00	144.44	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HO	U1	20.00	72.22	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HO	XP	40.00	144.44	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HP		50.00	180.55	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HP	U1	25.00	90.28	080
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	HP	XP	50.00	180.55	080
H0046	MENTAL	MCE025	U1		8.75	31.60	080

Proc Code	Proc Code Description	Program Indicator Code	M1	M2	Allowed Amount 4/30/2021	Increased Allowed Amount 5/1/2021	Associated Provider Type
	HEALTH SERVICES, NOT OTHERWISE SPECIFIED						
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	MCE025	XP		17.50	63.19	080
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	MCE025			20.00	72.22	080
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	MCE025	HO		20.00	72.22	080
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	MCE025	HP		25.00	90.28	080
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	MCE025			3.66	13.22	080
H2021	COMMUNITY BASED WRAP AROUND SERVICES, PER 15 MINUTES	MCE030			38.00	137.22	080
T1005	RESPITE SERVICES 15 MINUTES	MRP019			4.62	16.68	080
T1005	RESPITE SERVICES 15 MINUTES	MRP019	UN		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP019	UP		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP019	UQ		1.25	4.51	080
T1005	RESPITE SERVICES 15	MRP019	UR		1.25	4.51	080

Proc Code	Proc Code Description	Program Indicator Code	M1	M2	Allowed Amount 4/30/2021	Increased Allowed Amount 5/1/2021	Associated Provider Type
	MINUTES						
T1005	RESPITE SERVICES 15 MINUTES	MRP019	US		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020			4.62	16.68	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020	UN		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020	UP		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020	UQ		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020	UR		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP020	US		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021			4.62	16.68	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021	UN		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021	UP		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021	UQ		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021	UR		1.25	4.51	080
T1005	RESPITE SERVICES 15 MINUTES	MRP021	US		1.25	4.51	080
T1016	CASE MANAGEMENT , EACH 15 MINUTES	MCE025			8.75	31.60	080
T1016	CASE MANAGEMENT , EACH 15 MINUTES	MCE025	U1		7.84	28.31	080

Proc Code	Proc Code Description	Program Indicator Code	M1	M2	Allowed Amount 4/30/2021	Increased Allowed Amount 5/1/2021	Associated Provider Type
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MCE025	XP		8.75	31.60	080
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	MCE025			4.75	17.15	080
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	MCE025	TF		5.11	18.45	080
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	MCE025	TG		5.46	19.72	080
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	MCE025	U1		266.00	960.53	080
T1024	TEAM EVALUATION &	MCE025			17.50	63.19	080

Proc Code	Proc Code Description	Program Indicator Code	M1	M2	Allowed Amount 4/30/2021	Increased Allowed Amount 5/1/2021	Associated Provider Type
	MANAGEMENT PER ENCOUNTER						
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	MCE025	U1		8.75	31.60	080
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	MCE025	XP		17.50	63.19	080
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT , PER 15 MINUTES	MCE025			16.63	60.05	080
T2024	SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT , WAIVER	MRP019			100.00	361.10	080
T2024	SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT , WAIVER	MRP020			100.00	361.10	080
T2024	SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT , WAIVER	MRP021			100.00	361.10	080

Appendix C: Initial Attestation and Workforce Report

Initial Attestation and Workforce Report

Attestation and Report subject to change. Please access final version and submit online at: ARPA HCBS Enhancement Initiative by February 11, 2022 by 5PM.

Provider Agency Contact information

Agency: _____
NPI #: _____
Name of agency lead contact submitting report: _____
Job title of lead contact: _____
Email of lead contact: _____
Phone for lead contact: _____
Mailing address for lead contact: _____

*For the purposes of this program, **Direct Care Workers** means frontline paraprofessional employees who provide care and services directly to Medicaid beneficiaries and are not licensed by the RI Department of Health, and who earn less than a full time equivalent $85,000 annual salary. These staff shall be directly employed by the Behavioral Health Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time on frontline direct care may be considered a Direct Care Worker for the purposes of the Qualifying Activities outlined in this document.*

*In addition, **Licensed Health Professionals** means frontline employees, who provide care and services directly to Medicaid beneficiaries and are licensed by the RI Department of Health. These staff shall be directly employed by the Behavioral Health Provider Agency receiving the rate increase and grant funds shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time on frontline direct care may be considered a Licensed Health Professional for the purposes of the Qualifying Activities outlined in this document.*

Workforce Report

	Direct Care Workers	Licensed Health Professionals
Total employed		
# part-time employees		
# full-time employees		
0 - 1 year of service		
1 - 5 years of service		
5+ years of service		
# who speak a language other than English		
Ethnicity of employees		
Not Hispanic or Latinx		
Hispanic or Latinx		
Race of employees		
White		
Black or African American		
American Indian or Alaska Native		
Asian		
Native Hawaiian or Other Pacific Islander		
Other		
Unknown		
Total job openings		

Specify job titles for Direct Care Workers: _____

Specify job titles for Licensed Health Professionals: _____

Workforce Report Attestation

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 and grant funds will be spent to provide additional compensation for frontline workers via Qualifying Activities as described in Program Guidance, and that at least 50% of those funds (the 85%) will be dedicated to staff retention. 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 after the Program end date of March 31, 2023. My agency will maintain and submit quarterly Expenditure Reports and Workforce Reports as required by EOHHS.

Appendix D: Quarterly Workforce and Expenditure Report

Quarterly Workforce and Expenditure Report

Attestation and Report subject to change. Please access final version and submit online at: ARPA HCBS Enhancement Initiative.
Quarterly reports must be submitted to EOHHS within two weeks following the end of each reporting period and should include data as of the last day of the reporting quarter.

Start Date	**End Date**	***Workforce and Expenditure Report* due**
Jan. 1, 2022	Mar. 31, 2022	Apr. 14, 2022
Apr. 1, 2022	Jun. 30, 2022	July 14, 2022
Jul. 1, 2022	Sep. 30, 2022	Oct. 14, 2022
Oct. 1, 2022	Dec. 31, 2022	Jan. 14, 2023

Contact information
Agency: _____
NPI #: _____
Name of agency lead contact submitting report: _____
Job title of lead contact: _____
Email of lead contact: _____
Phone for lead contact: _____
Mailing address for lead contact: _____

Reporting period

Reporting period - start date:	
Reporting period - end date (use this date's data):	

*For the purposes of this program, **Direct Care Workers** means frontline paraprofessional employees who provide care and services directly to Medicaid beneficiaries and are not licensed by the RI Department of Health. These staff shall be directly employed by the Behavioral Health Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time on frontline direct care may be considered a Direct Care Worker for the purposes of the Qualifying Activities outlined in this document.*

***Licensed Health Professionals** means frontline employees, who provide care and services directly to Medicaid beneficiaries and are licensed by the RI Department of Health. These staff shall be directly employed by the Behavioral Health Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency. Administrative/management staff who spend at least 50% of their time on frontline direct care may be considered a Licensed Health Professional for the purposes of the Qualifying Activities outlined in this document.*

***Psychiatrists/Prescribers** means psychiatrists or other prescribers licensed by the RI Department of Health. These staff shall be directly employed by the Provider Agency receiving the rate increase and shall not include employees who are contracted or subcontracted through a third-party vendor or staffing agency.*

Total # of Employed should equal the total of the each of the following sections:
- *PT/FT employees*
- *Years of Service*
- *Ethnicity*
- *Race of employees*

Table 1: Workforce Report

	Direct Care Workers	Licensed Health Professionals
Total employed		
# part-time employees		
# full-time employees		
0 - 1 year of service		
1 - 5 years of service		
5+ years of service		
# who speak a language other than English		
Ethnicity of employees		
Not Hispanic or Latinx		
Hispanic or Latinx		
Race of employees		
White		
Black or African American		
American Indian or Alaska Native		
Asian		
Native Hawaiian or Other Pacific Islander		
Other		
Unknown		
Total hired during reporting period		
Total terminations during reporting period		
Retention rate (# terminations during reporting period divided by # employed at start of reporting period)		
Total job openings		

Specify job titles for Direct Care Workers: _____

Specify job titles for Licensed Health Professionals:
_____

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

Table 2: **Expenditure Report Summary**

	Total Program $s spent since Jan 2022 (Provider data)	**Ratio of Program expenditures since Jan 2022**
Additional compensation - retention (target >=42.5%)		
Additional compensation - recruitment (target <=42.5%)		
Increased payroll costs related to the additional compensation above (target <=15%)		
Grand Total		

If spending proportions in Table 2 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:

_____

Allowable Activities

The intent of this Program is for a minimum of 85% of the funds from this temporary HCBS rate increase and grant funding to be passed through directly from Provider Agencies to frontline workers to support hiring, retention and stability of this critical workforce. Provider Agencies must use the enhanced funding between January 1, 2022 and March 31, 2023 via the following qualifying activities:

- *At least 85% of funding shall be spent on payments directly to frontline workers (direct care workers and licensed health professionals). Managerial staff qualify if they spend at least 50% of their time working directly with clients. Of this 85%, at least 50% must be spent on retention activities.*
- *No more than 15% of funding shall be spent on eligible payroll costs (as defined above).*

Specific examples of qualifying activities include, but are not limited to the following:
Recruitment Activitie*s*
Total package not to exceed 10% of the salary range per new employee may include incentives such as:

- ***Hiring bonus:*** *incentive payment that is over and above an hourly rate of pay and are not part of an employee's standard wages. It is recommended that the payment be disbursed in pieces across a multi-month period.*
- ***Relocation costs:*** *incentive payment to support relocation of new employee.*
- ***Tuition reimbursement:*** *incentive payment to support tuition or educational loan costs.*

Retention Activities

- ***Wage rate increase****: increase to the hourly or annual wage the Provider Agency paid an employee prior to the start of these program activities.*
- ***Retention bonus****: incentive payment as compensation that is over and above an hourly rate of pay and are not part of an employee's standard wages.*
- ***Shift differential payments, or differential payments for hard-to-fill locations*** *over and above agency standard policy.*
- ***"Wraparound benefits"*** *defined as 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/mileage reimbursements, meal vouchers, or childcare assistance or car maintenance support.*
- ***Tuition reimbursement:*** *incentive payment to support tuition or educational loan costs.*

To count as an allowable activity, additional compensation using these enhanced funds must be over and above compensation that was paid to frontline workers prior to the temporary rate increase *(as of November 30, 2021); it shall not be used to replace base wages or other regular compensation (e.g., standard shift differentials in line with current Provider Agency policies). Each Provider Agency should maintain documentation to show the compensation paid to its frontline workers prior to the temporary rate increase, for compliance purposes.*

Table 3: Expenditure Report: Additional Compensation Spending

Additional Compensation Paid to Frontline HCBS workers since Jan 1, 2022	**Direct Care Workers**	**Licensed Health Professionals**
Retention Activities		
Total Wage increases (total elevated wage minus previous base wage)	$	$
Retention bonus	$	$
Incentives for hard-to-fill shifts or locations	$	$
Wraparound benefits	$	$
Other (describe): _____		
Retention Subtotal (should sum to the number provided in Table 2 above)		
Hiring bonus	$	$
Recruitment Activities		
Relocation Costs		
Tuition Reimbursement	$	$
Other (describe): _____		
Recruitment Subtotal		
TOTAL ADDITIONAL COMPENSATION	**$**	**$**

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

_____

Attestation
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. _____[Agency]_____has maintained personnel records to support this attestation and acknowledges that such personnel 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 shall return to EOHHS any Program funds not expended by the Program end date of Mar 31, 2023.