



**Enhanced HCBS Rate Increase:
Program Guidance for Adult Behavioral Health Providers**

Updated August 15, 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 amount of estimated \$114 million one-time, enhanced HCBS FMAP funding to address what we learned from the public 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 \$15M will be directed to adult behavioral health through BHDDH Provider Agencies that did not otherwise receive a direct increase in the State Fiscal Year 22 budget, 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). 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

Supporting and building the HCBS workforce is a cornerstone of Rhode Island’s Covid-19 pandemic recovery strategy. The support that direct care workers and licensed health professionals provide to Medicaid enrollees who have physical or behavioral support needs helps to promote individual wellness and self-determination, allowing enrollees the choice to remain in their homes and communities and avoid unnecessary acute care or facility-based care. The pandemic has exacerbated challenges in meeting consumer demand for HCBS services due to workforce shortages.

Rhode Island EOHHS will invest approximately \$15M in recruitment and retention for adult behavioral health programs through the following mechanisms:

1. **Community Mental Health Centers (CMHCs), Community Mental Health Organizations (CMHOs), and Certified Peer Recovery Providers:** Significant temporary fee for service rate increases for qualifying services from December 1, 2021 through March 31, 2022 to improve HCBS workforce recruitment and retention, and will have between December 1, 2021 and March 31, 2023 to expend the funds.



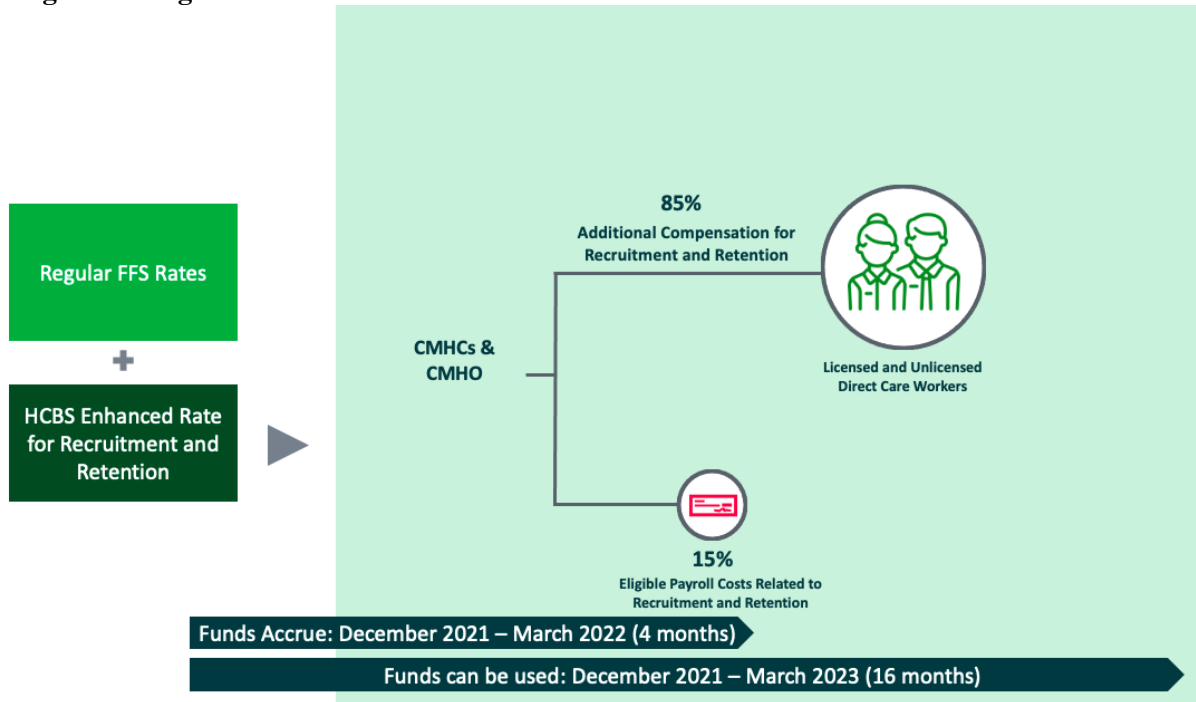
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- Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP):** State directed payment for eligible service codes, paid as a rate enhancement flowing through managed care organizations (MCOs) to BHDDH Provider Agencies. The operational details of the state directed payment (timing, etc.) are in development and subject to CMS approval. EOHHS anticipates that the BHDDH Provider Agencies will have between December 1, 2021, and March 31, 2023, to expend the funds.

The rate increase will create a pool of funding for BHDDH Provider Agencies that shall be used for the specific purposes of recruiting, building, and retaining their workforces of direct care workers and licensed health professionals. BHDDH Provider Agencies must spend at least 85% of these funds on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for frontline direct care workers and licensed health professionals with full time equivalent salaries of no more than \$85,000. Of that 85%, at least 50% of funds must be spent on retention activities. No more than 15% of funds shall be spent on increased payroll costs directly related to the increase in new additional compensation for direct care workers and licensed health professionals.

Funding Flow Diagram for CMHCs and CMHO

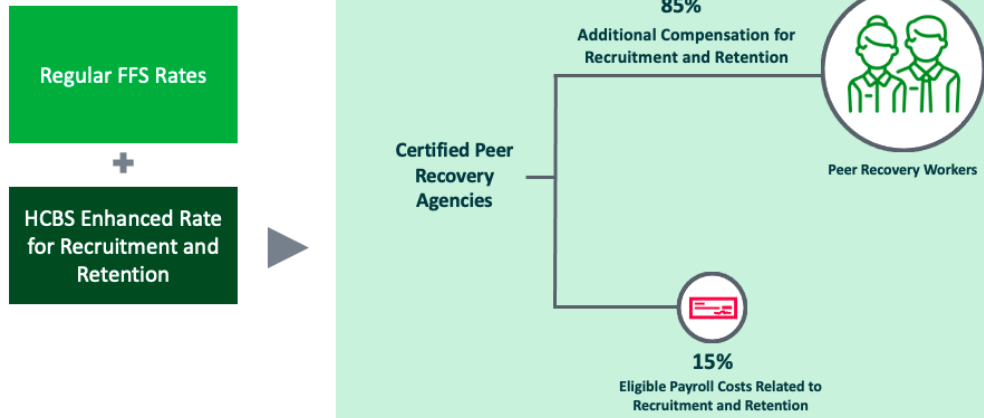




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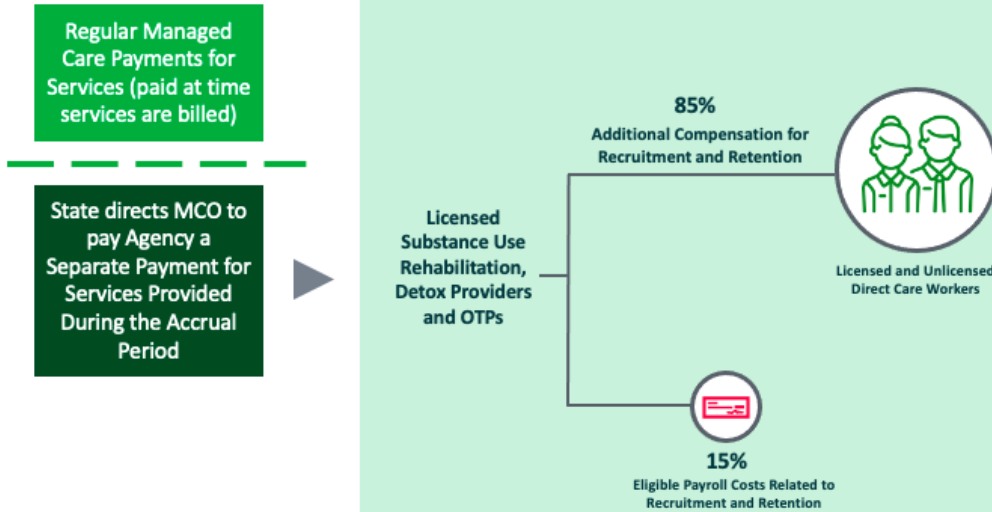
Funding Flow Diagram for Certified Peer Recovery Agencies



Funds Accrue: December 2021 – March 2022 (4 months)

Funds can be used: December 2021 – March 2023 (16 months)

Funding Flow Diagram for Substance Use Rehabilitation, Detox Providers and OTPs



Funds Accrue: TBD (subject to CMS approval of design)

Funds can be used: TBD (upon CMS approval of design) through March 2023



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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
- 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.

EOHHS will post documents and information related to this Program on the [ARPA HCBS Enhancement Initiative](#) page. BHDDH Provider Agencies are encouraged to check this site regularly for updated information. Questions and comments may be sent to rick.brooks@ohhs.ri.gov or aryana.huskey.ctr@ohhs.ri.gov.

3. Program Details

3.1 Eligible Provider Agencies and Services

The following BHDDH Provider Agency types are eligible to participate in this HCBS workforce recruitment and retention plan. See Appendix A for list of specific agencies.

Category	Provider Agency Types
Adult Behavioral Health	Community Mental Health Centers (CMHCs) and Community Mental Health Organizations (CMHOs)
	Certified Peer Recovery Providers
	Substance Use Residential Rehab and Detoxification Programs
	Opioid Treatment Programs (OTP)

Community Mental Health Centers (CMHCs), Community Mental Health Organizations (CMHOs), and Certified Peer Recovery Providers

The mechanism by which Community Mental Health Centers (CMHCs), Community Mental Health Organizations (CMHOs), and Certified Peer Recovery Providers shall receive enhanced funding is a significant temporary fee for service (FFS) rate increase for qualifying services (see Appendix B) provided to Medicaid beneficiaries in the State of Rhode Island from December 1, 2021 through March 31, 2022. BHDDH Provider Agencies shall follow their standard billing process in MMIS and use the enhanced rate amounts from Appendix B. BHDDH Provider Agencies are encouraged to bill as soon as possible after date of service, and ideally no later than June 30, 2022, to access and be able to use the enhanced rate funds as soon as possible to support HCBS workforce recruitment and retention efforts.

Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP)

The mechanism by which Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP) shall receive enhanced funding is a significant state directed payment for



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eligible service codes (see Appendix B), paid as a rate enhancement flowing through Managed Care Organizations (MCOs) to BHDDH Provider Agencies. BHDDH Provider Agencies shall not be required to file or claim separately to receive the state directed payment from the MCO, and the payment shall be calculated and paid separately from normal reimbursement mechanisms. The operational details of the state directed payment (timing, etc.) have been reviewed and approved by CMS. EOHHS anticipates that the BHDDH Provider Agencies will have until March 31, 2023 to expend the funds once they have been disbursed.

3.2 Qualifying Activities

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, and who earn less than a full time equivalent \$85,000 annual salary. These staff shall be directly employed by the BHDDH 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.

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, and who earn less than a full time equivalent \$85,000 annual salary. These staff shall be directly employed by the BHDDH 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.

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

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

Allowable Activities

The intent of this Program is for a minimum of 85% of the funds from this temporary HCBS rate increase to be passed through directly from BHDDH Provider Agencies to frontline workers to support hiring, retention and stability of this critical workforce. BHDDH Provider Agencies must use the enhanced funding between December 1, 2021 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) earning under \$85,000 annually (or pro-rated if part time). 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.



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- 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 BHDDH 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.

Exceptions

BHDDH Provider Agencies may potentially provide Psychiatrists/Prescribers with recruitment incentives following the qualifying recruitment activities listed above, despite their salaries exceeding \$85,000, by submitting and obtaining approval for an exception proposal. BHDDH Provider Agencies shall submit their exception proposals to BHDDH for review on a rolling basis using the template provided in Appendix C.

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.

Unspent funds

BHDDH Provider Agency must return any unspent funds remaining after March 31, 2023 to EOHHS, unless BHDDH Provider Agency pre-arranges an extension period with EOHHS based on compelling reasons by sending an email to rick.brooks@ohhs.ri.gov or aryana.huskey.ctr@ohhs.ri.gov.



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3.3 Program Participation Requirements

- December 17, 2021: Submit *Attestation and Initial Workforce Report* affirming an understanding of, and commitment to, the requirements associated with the enhanced HCBS FMAP rate increase, and providing baseline workforce data. See draft in Appendix D.
- 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 E.

3.4 Program Dates

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

- December 1, 2021:
 - Enhanced rate period begins for FFS rates for Community Mental Health Centers (CMHCs), Community Mental Health Organizations (CMHOs), and Certified Peer Recovery Providers
 - Before December 1, 2021: EOHHS submits rate increase information for CMS approval related to state directed payments for Substance Use Residential Rehab and Detoxification Programs, and Opioid Treatment Programs (OTP) (final approval anticipated by January 2022). Rate increases will then be applied as CMS approves.
- December 17, 2021: Attestation & Initial Workforce Report due by 5pm.
- March 31, 2022: Enhanced rate period ends for FFS rates.
- 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 six (6) weeks after the last day of each reporting period, by 5pm.

Start Date	End Date	Quarterly <i>Workforce and Expenditure Report</i> due:
Dec. 1 2021	Mar. 31 2022	May 14, 2022
Apr. 1 2022	June 30 2022	Sept. 14, 2022
July 1 2022	Sept. 30 2022	Nov. 14, 2022
Oct. 1, 2022	Dec. 31, 2022	Feb. 14, 2023
Jan. 1, 2023	Mar. 31, 2023	May 14, 2023



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Appendix A: Eligible Provider Agencies

Provider Name	Billing NPI CMHC/Rehab Option	Billing NPI SUD Rehab	Billing NPI Peer Recovery
Adcare Hospital of Worcester, Inc.		1134281280	
Addiction Recovery Institute – South		1265595433	
Addiction Recovery Institute, Inc.		1053474213	
Amos House			1891157509
BHG LVII, LLC		1306479670	
Bridgemark Addiction Recovery Services		1801966510	
CES NRI Community Services/Community Care Alliance	1437191061	1437191061	1437191061
CODAC, East Bay		1376769919	1376769919
CODAC, I		1295731321	1376769919
CODAC, II		1215153945	1215153945
CODAC, III		1043436785	1043436785
CODAC, Inc.		1558712034 1679799217	1558712034 1679799217
East Bay Community Action Program	1487916136		1487916136
Family Service of RI, Inc.			
Fellowship Health Resources, Inc.	1245239680		1245239680
Galilee Mission, Inc.		1003045782	
Gateway Healthcare, Inc.	1821078932	1821078932	
Kent Center/Thrive Behavioral Health, Inc.	1386671535		
MAP Behavioral health Services, Inc.		1821218587	
Newport County Community Mental Health Center	1093713174		
North American Family Institute	1518085505		
Open Doors			1700403045
Phoenix Houses of New England, Inc.		1992884787	
RI Substance Abuse Treatment Center, LLC		1174521488	
RI Substance Abuse Treatment, D/B/A Discovery House		1053319368	
SSTAR of RI, Inc.		1841323094	
The Providence Center	1104847946	1104847946	1104847946
Thundermist Health Center			1588691620
VICTA, LLC		1104317007	



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Appendix B: Service Codes Receiving Temporary Rate Increase

Rhode Island Medicaid American Rescue Plan Home and Community-Based Services Funding ARPA Fee Schedule Adjustments - Behavioral Health								
Proc Code	Proc Code Description	Pgm Ind Cde	M1	M2	M3	Allowed Amount 11/30/2021	Increased Allowed Amount 12/1/2021	Associated Provider Type
H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL-NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	MMH015	U1			\$85.00	\$301.75	061
H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL-NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	MMH015	U3			\$125.00	\$443.75	061
H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL-NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	MMH015	U4			\$125.00	\$443.75	061
H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL-NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	MMH015	U5			\$175.00	\$621.25	061
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP010	U2			\$13.50	\$24.14	109
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP010	U2	HQ		\$4.00	\$7.15	109
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP010	U2	HQ	HH	\$2.50	\$4.47	109
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP011	U3			\$13.50	\$24.14	109
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP011	U3	HQ		\$4.00	\$7.15	109
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	MBP011	U3	HQ	HH	\$2.50	\$4.47	109
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	MBA010				\$41.65	\$147.86	061
X0341	ADULT MH RESIDENTIAL SERVICE	MAS010	HH	TG		\$394.00	\$1,398.70	061

1. The rate increase is assumed to be in effect from December 1, 2021 through March 31, 2022.
2. Substance Use Providers are not included in this chart as they will receive funding via a state directed payment and not a FFS rate increase



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Appendix C: Psychiatrist and APRN Recruitment Incentive Exception Form

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: _____

Employee Proposed Job Title: _____
Type of Incentive requested (if available): _____
Recruitment Incentive Amount: _____
Program(s) Where Employee is Requested/Needed: _____
Reason for Proposed Recruitment Incentive: _____



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Appendix D: Draft 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 December 17, 2021 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, 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 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 BHDDH 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



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Workforce Report

	Direct Care Workers with FTE salaries under \$85,000	Licensed Health Professionals with FTE salaries under \$85,000	Prescribers
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:

Specify job titles for Psychiatrists/Prescribers:



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Quarterly 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 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 and that no workers making more than \$85,000 annually for a full-time equivalent will receive these funds (unless my agency receives an approved exception to provide a recruitment incentive to a Psychiatrist/Prescriber). 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.



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Appendix E: Draft 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 six (6) 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
Dec. 1 2021	Mar. 31 2022	May 14, 2022
Apr. 1 2022	Jun. 30 2022	Aug 14, 2022
Jul. 1 2022	Sep. 30 2022	Nov 14, 2022
Oct. 1, 2022	Dec. 31, 2022	Feb 14, 2023
Jan. 1, 2023	Mar. 31, 2023	May 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, 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.*

***Licensed Health Professionals** means frontline employees, who provide care and services directly to Medicaid beneficiaries and are 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 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 BHDDH Provider Agency receiving the rate*



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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*



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Table 1: Workforce Report

	Direct Care Workers with FTE salaries under \$85,000	Licensed Health Professionals with FTE salaries under \$85,000	Prescribers
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:

Specify job titles for Prescribers:



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

Table 2: Expenditure Report Summary

	Total Program \$s spent since Dec 1 2021 (Provider data)	Ratio of Program expenditures since Dec 2021 (Autofill)
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 to be passed through directly from BHDDH Provider Agencies to frontline workers to support hiring, retention and stability of this critical workforce. BHDDH Provider Agencies must use the enhanced funding between December 1, 2021 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) earning under \$85,000 annually (or pro-rated if part time). 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 or educational loan costs.*

Retention Activities

- **Wage rate increase:** *increase to the hourly or annual wage the BHDDH 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.*



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- **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.

Exceptions

BHDDH Provider Agencies may potentially provide Psychiatrists/Prescribers with recruitment incentives following the qualifying recruitment activities listed above, despite their salaries exceeding \$85,000, by submitting and obtaining approval for an exception proposal. BHDDH Provider Agencies shall submit their exception proposals to BHDDH for review on a rolling basis using the template provided in Appendix C.

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.



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Table 3: Expenditure Report: Additional Compensation Spending

Additional Compensation Paid to Frontline HCBS workers since Dec 1, 2021	Direct Care Workers with FTE salaries under \$85,000	Licensed Health Professionals with FTE salaries under \$85,000	Prescribers
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)			
Recruitment Activities			
Hiring bonus	\$	\$	
Relocation Costs			
Tuition Reimbursement	\$	\$	
Other (describe): _____			
	\$	\$	
	\$	\$	
Recruitment Subtotal			
TOTAL ADDITIONAL COMPENSATION	\$	\$	

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



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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.