



HCBS Workforce Recruitment and Retention Plan

State of Rhode Island

Enhanced HCBS Rate Increase: Program Guidance for LTSS Case Management 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, an estimated \$330,000 will be directed to long term services and supports (LTSS) case management provider agencies that did not otherwise receive a direct increase in the State Fiscal Year 22 budget. 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 as well as a fundamental approach in the State's LTSS rebalancing initiative. 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.

As a key component of its pandemic response and LTSS planning efforts, Rhode Island EOHHS will invest an estimated \$330,000 in recruitment and retention for LTSS providers who did not otherwise receive a direct increase in the SFY 22 budget. These provider agencies will receive these funds through the mechanisms of significant temporary rate increases for qualifying services from January 1, 2022 through March 31, 2022 to improve HCBS workforce recruitment and retention, and will have between January 1, 2022 and March 31, 2023 to expend the funds.

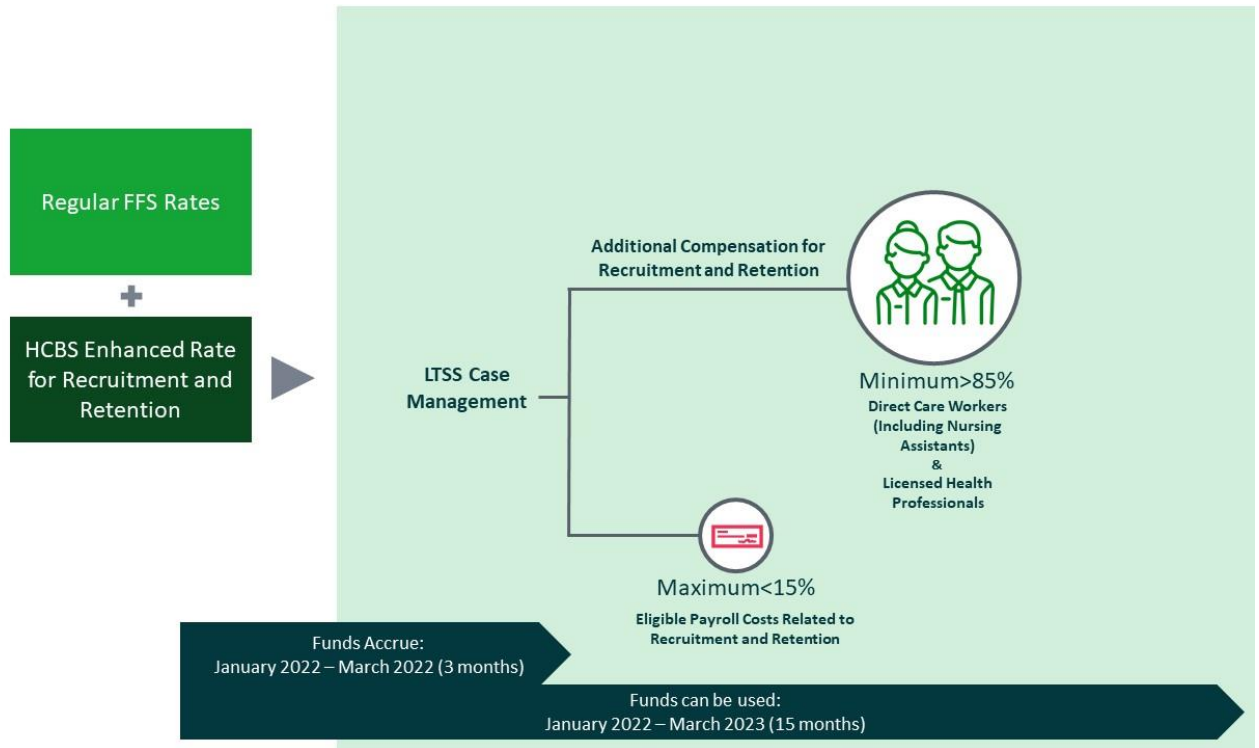
The rate increase will create a pool of funding for providers that must be used for the specific purposes of recruiting, building, and retaining their workforces of direct care workers and licensed health professionals. Provider agencies must spend at least 85% of these funds on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for direct care workers (including case workers), and no more than 15% on increased payroll costs directly related to the increased compensation.



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LTSS Case Management (FFS):



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

EOHHS will post documents and information related to this Program on our [ARPA HCBS Enhancement Initiative](#) page. Providers are encouraged to check this site regularly for updated information. Public comments will be received by February 11, 2022, at 5PM. All other inquiries should be sent to the following email addresses after the public comment period closes: [rick.brooks@ohhs.ri.gov](mailto:rnick.brooks@ohhs.ri.gov) or aryana.huskey.ctr@ohhs.ri.gov.

3. Program Details

3.1. Eligible Provider Agencies and Services

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

Category	Provider Agency Types
LTSS	Case Management



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Case Management

The mechanism by which LTSS case management agencies will receive enhanced funding is a temporary enhanced rate for all fee for service payments from EOHHS for qualifying services (see Appendix B) provided to Medicaid beneficiaries in the State of Rhode Island beginning January 1, 2022 and ending March 31, 2022. Provider Agencies are encouraged to bill as soon as possible after date of service, following their standard billing process in MMIS, 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.

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. These staff shall be directly employed by the LTSS Case Management Provider Agency receiving the rate increase or 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 Payroll Costs shall include payroll taxes, unemployment insurance, workers compensation, liability, and/or other employer costs paid by the LTSS Case Management Provider Agency that increase as a result of increased compensation to Direct Care Workers 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 an LTSS Case Management Provider Agency to frontline HCBS workers to support hiring, retention, and stability of this critical workforce. An LTSS Case Management Provider Agency must use the additional funding between January 1, 2022 and March 31, 2023 for allowable activities to support frontline staff including direct care workers. Funding may not be used for additional compensation for managerial or administrative staff spending less than 50% of their time on direct care to patients.

LTSS Case Management Provider Agencies shall expend these funds on the following qualifying activities:

- Spend at least 85% of the temporary rate increase on additional compensation for Direct Care Workers
- Spend no more than 15% on increased Eligible Payroll Costs directly related to the increase in additional compensation for direct care workers

Funding may be used for wage rate increases, benefits, incentives, bonuses, and/or other earnings that are paid to frontline workers to improve recruitment, retention, and staffing levels. Specific examples of permitted uses of this enhanced payment rate dollars include, but are not limited to:

- **Wage rate increase:** Increase to the hourly or annual wage the LTSS Case Management 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 Incentives:** Payments over and above agency standard policy.



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- 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.

To count as an allowable activity, compensation must be over and above compensation that was paid to frontline workers prior to the temporary rate increase (as of October 31, 2021); it shall not be used to replace base wages or other regular compensation (e.g., standard overtime or health care benefits 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.

Provider Agency must return any unspent funds remaining after March 31, 2023 to EOHHS, unless Provider Agency pre-arranges an extension period with EOHHS based on compelling reasons.

3.3 Program Participation Requirements

Enhanced funds received through this Program must be used in a manner consistent with the Qualifying Activities outlined above. At the end of the program period, any unexpended funds must be returned to the State. Participating Provider Agencies are required to maintain detailed and complete financial and payroll records demonstrating that funds received through this Program are spent in accordance with Program guidance, and cooperate fully with the State and any third parties in audits of such records. It is recommended that Provider Agencies maintain these funds in a separate account. In the event of an audit, if a Provider Agency is found to have used funds for ineligible expenses, the Provider will be required to repay such funds to the State.

Participating Provider Agencies shall also submit the following documents to the State as required components of Program participation, following the schedule outlined below. Drafts of these documents are provided as Appendices for reference and discussion only; the final forms may differ from the drafts and should be accessed and submitted online via the [ARPA HCBS Enhancement Initiative webpage](#).

- Feb 18, 2022 by 5PM: 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 C.
- 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.



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3.4 Program Dates

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

- January 1, 2022: Enhanced rate takes effect pending CMS and OMB final approvals and program spending may begin
- Feb 18, 2022: *Attestation and 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 the *Workforce and Expenditure Report* to comply with the State's quarterly reports to CMS.

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:
Jan 1, 2022	Mar 31, 2022	May 14, 2022
Apr 1, 2022	Jun 30, 2022	Sept. 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



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Appendix A – Eligible Provider Agencies

Provider Name	Billing Provider NPI
Child and Family Services of Newport City	1063425189
East Bay Community Case Management	1114138773
Tri-Town Community Action Agency	1346441045
West Bay Community Action, Inc.	1245456532

Appendix B – Service Codes Receiving Temporary Rate Increase

Rhode Island Medicaid							
American Rescue Plan Home and Community-Based Services Funding							
ARPA Fee Schedule Adjustments - LTSS							
Procedure Code	Procedure Code Description	Program Indicator Code	M1	M2	Allowed Amount 12/31/2021	Increased Allowed Amount 1/1/2022	Associated Provider Type
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MDE050			\$15.00	\$30.75	044
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MWA070			\$15.00	\$30.75	044
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	MCS010			\$15.00	\$30.75	044
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	MDE010			\$15.00	\$30.75	044
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	MDE060			\$15.00	\$30.75	044



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Appendix C

DRAFT Initial Attestation and Workforce Report

Attestation and Report subject to change. Please access and submit online at: [ARPA HCBS Enhancement Initiative](#) by February 18, 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. For the purposes of these Qualifying Activities, direct care workers shall also include Nursing Assistants. These staff shall be directly employed by the LTSS Case Management Provider Agency receiving the rate increase or 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.

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 (including Nursing Assistants)
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:

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 (at least 85% for direct care workers and 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.



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Appendix D

DRAFT Quarterly Workforce and Expenditure Report

A final version to be accessed and submitted online via: [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	May 14, 2022
Apr 1 2022	Jun 30 2022	Sep 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):	



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Table 1: Workforce Report

	Direct Care Workers (including Nursing Assistants)
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:



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Table 2: Expenditure Report Summary

	Total Program \$s spent since Jan 1 2022 (Provider data)	Ratio of Program expenditures since Jan 2022 (Autofill)
Additional compensation - direct care workers (target >=85%)*		
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 March 31, 2023: _____

Funding may be used for wage increases, benefits, incentives, bonuses, and/or other earnings that are paid to frontline workers to improve recruitment, retention, and staffing levels. Specific examples of permitted uses of this enhanced payment rate dollars include, but are not limited to:

- **Wage increase:** increase to the hourly or annual wage the Provider Agency paid an employee prior to the start of these Program Activities.
 - **Benefits:** enhanced benefits that Provider Agency makes available to employees. Examples may include, but are not limited to, enhanced or new health or dental insurance coverage.
 - **Overtime Incentives** above and beyond agency standard policy.
 - **Shift differential payments, or Differential payments for hard-to-fill locations** over and above agency standard policy.
 - **Retention bonus:** incentive payment(s) as compensation that is over and above an hourly rate of pay, and are not part of an employee’s standard wages.
 - **Hiring bonus:** incentive payment(s) as compensation that is over and above an hourly rate of pay, and are not part of an employee’s standard wages.
 - **"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/reimbursements, meal vouchers, or childcare assistance or car maintenance support.
 - **Training support** for 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.
-



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Table 3: Expenditure Report: Additional Compensation Spending

Additional Compensation Paid to Frontline HCBS workers since January 1, 2022	Direct care workers (including Nursing Assistants)
Total Wage increases (total elevated wage minus previous base wage)	\$
Benefits	\$
Overtime Incentives	\$
Incentives for hard-to-fill shifts or locations	\$
Retention bonus	\$
Hiring bonus	\$
Wraparound benefits	\$
Training support	\$
Other (describe): _____	
	\$
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.