



HCBS Workforce Recruitment and Retention Plan

State of Rhode Island

Enhanced HCBS Rate Increase: Program Guidance for LTSS 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 \$30 million will be directed to long term services and supports (LTSS) provider agencies that did not otherwise receive a direct increase in the State Fiscal Year 22 budget, including agencies providing home health, adult day health, and habilitation group homes (serving both DD and non-DD clients). 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 \$30 million in recruitment and retention for LTSS providers who did not otherwise receive a direct increase in the SFY 22 budget, including home health, adult day health, and habilitation group homes. These provider agencies will receive these funds through the mechanisms of significant temporary rate increases (fee for service for home health, adult day health, and habilitation group homes) for qualifying services from November 1, 2021 through March 31, 2022 to improve HCBS workforce recruitment and retention, and will have between November 1, 2021 and March 31, 2023 to expend the funds.

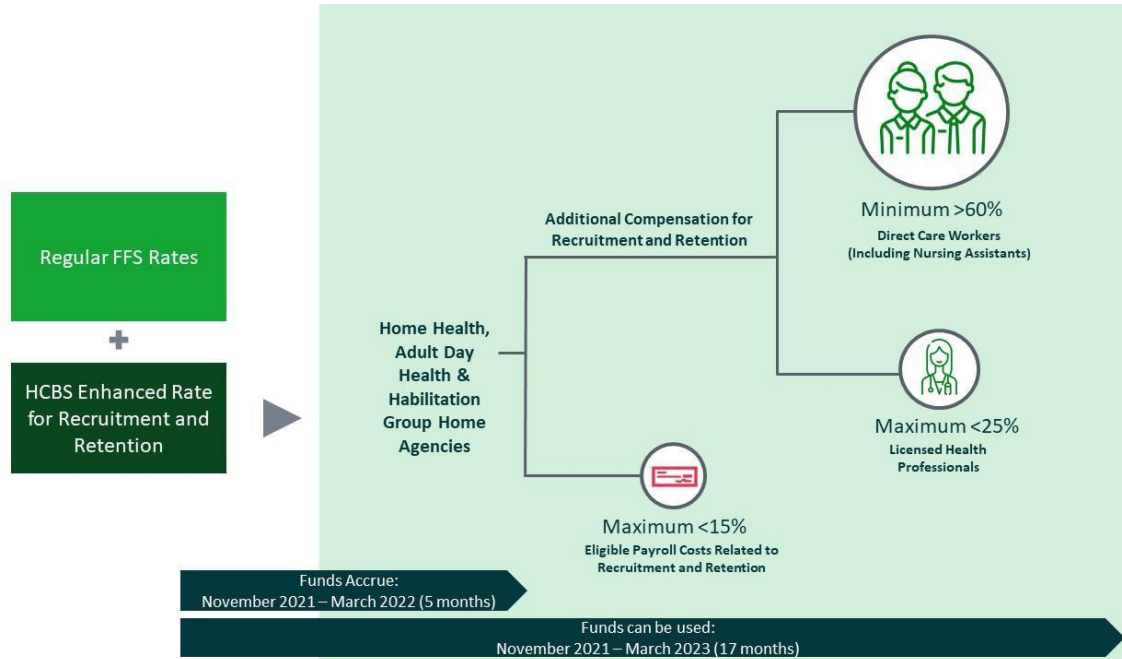
The rate increase will create a pool of funding for providers that must be used for the specific purposes of recruiting, building, and retaining their workforces of direct care workers and licensed health professionals. Provider agencies must spend at least 60% of these funds on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for direct care workers (including Nursing



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Assistants), no more than 25% on additional compensation for licensed health professionals¹, and no more than 15% on increased payroll costs directly related to the increase in new additional compensation for direct care workers and licensed health professionals.

Home Health Agencies, Adult Day Health, and Habilitation Group Homes (FFS):²



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 our [ARPA HCBS Enhancement Initiative](#) page. Providers are encouraged to check this site regularly for updated information. Public comments will be received by November 12, 2021, at 5PM. All other inquiries should be sent to rick.brooks@ohhs.ri.gov or aryana.huskey.ctr@ohhs.ri.gov.

¹ Pediatric Skilled Nursing agencies are exempted from the 60% direct care worker - 25% licensed health professional spending ratio requirement; these agencies **shall instead** spend at least 85% of enhanced rate funds *received from skilled nursing services* on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for nurses and other licensed health professionals, and 85% of enhanced rate funds *received from CNA/homecare services* on new additional compensation for direct care workers such as nursing assistants and homemakers. These agencies shall spend at most 15% of enhanced rate funds from each type of service on increased payroll costs directly related to the increase in new additional compensation for these workers. EOHHS has communicated with the agencies impacted by this exception.

² Pediatric Skilled Nursing agencies must follow different spending rules as described above.



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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 home health, adult day health and habilitation group home agencies.

Category	Provider Agency Types
LTSS	Home Health
	Adult Day Health
	Habilitation Group Homes

Home Health, Adult Day Health and Day Habilitation

The mechanism by which home health, adult day health, and habilitation group home 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 November 1, 2021 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. 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. For the purposes of these Qualifying Activities, direct care workers shall also include Nursing Assistants. These staff shall be directly employed by the LTSS Provider Agency receiving the rate increase and shall not include exempt employees under the FLSA 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.

Licensed Health Professionals means frontline employees, such as nurses, who provide care and services *directly* to Medicaid beneficiaries and are licensed by the RI Department of Health (excluding Nursing Assistants). These staff shall be directly employed by the LTSS Provider Agency receiving the rate increase and shall not include exempt employees under the FLSA 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 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 LTSS Provider Agency that increase as a result of increased compensation to Direct Care Workers and Licensed Health Professionals under this Program.

3.3 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 Provider Agency to frontline HCBS workers to support hiring, retention and stability of this critical workforce. An LTSS Provider Agency must use the additional funding between November 1, 2021 and March 31, 2023 for allowable activities to support frontline staff including direct care workers and licensed health professionals. Funding may not be used for additional compensation for managerial or administrative staff spending less than 50% of their time on



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direct care to patients.

LTSS Provider Agencies shall expend these funds on the following qualifying activities:³

- Spend at least 60% of the temporary rate increase on additional compensation for Direct Care Workers.
- Spend no more than 25% of the temporary rate increase on additional compensation for Licensed Health Professionals
- Spend no more than 15% on increased Eligible Payroll Costs directly related to the increase in additional compensation for direct care workers and licensed health professionals

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 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.
- **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 Pediatric Skilled Nursing agencies are exempted from the 60% direct care worker - 25% licensed health professional spending ratio requirement; these agencies **shall instead** spend at least 85% of enhanced rate funds *received from skilled nursing services* on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for nurses and other licensed health professionals, and 85% of enhanced rate funds *received from CNA/homecare services* on new additional compensation for direct care workers such as nursing assistants and homemakers. These agencies shall spend at most 15% of enhanced rate funds from each type of service on increased payroll costs directly related to the increase in new additional compensation for these workers.



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3.4 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](#).

- Nov 12, 2021 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.

3.5 Program Dates

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

- Nov 1, 2021: Final submission of rate increases due to CMS to reserve Nov. 1 effective date. Timeline for CMS approval unknown but we hope for a final answer by January. Rate increases will then be applied retroactively to Nov. 1.
- Nov 12, 2021: *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:
Nov 1, 2021	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

Billing Provider NPI	Provider Name
1326250572	A Caring Experience Nursing Service Inc
1598898108	Access Healthcare Inc
1548315112	Alternative Adult Care Center
1720695661	Andrade Adult Day Care Inc.
1831196955	Assisted Daily Living, Inc.
1912946898	Bayada Home Health Care, Inc.
1023535846	Bella Vita Adult Day Services Inc
1467583534	Blackstone Health Inc
1326139023	Capitol Home Care Network, Inc.
1124595806	Care at Home LLC
1003472747	Caregivers RI, LLC
1083690044	CareLink PACE Organization
1265883318	Casa Cura, Inc
1043454663	Cedar Home Health, LLC
1720133267	City of Cranston
1578843264	Comfort LLC
1184743965	Community Care Nurses, Inc
1225029770	Concord Health Services, Inc.
1548317092	Cornerstone Adult Services Inc
1427155613	Coventry Home Care
1306947833	Cowesett Home Care,Inc
1821325366	Dependable Healthcare Services, LLC
1811496664	Diversity Adult Day Health Care Center
1184073058	Elmwood Home Care, Inc.
1437382280	Elwood Adult Day Health Care Center
1013062520	Generations Adult Day Health Center
1386774289	Gleason Medical Services, Inc
1730697343	Golden Roads Adult Day Center LLC
1134119381	H &T Medicals Inc
1053433730	Haigh Ventures Inc DBA Health Care Services
1538216635	Healthcare Connections Nursing Services
1841413994	Home Care Advantage Chc Inc
1104948439	Home Care Advantage Inc
1053807743	Home Care Networks, LLC
1205842036	Home Care Services Of R.I., Inc
1922146141	Hope Alzheimer's Center
1609955822	Hope Nursing Home Care, LLC
1912172974	Independence Home Care
1427531359	Joy Home Care, Inc.
1043219553	Kent County Visiting Nurse Association
1023148004	Lifetime Financial Management Inc
1972638468	Living in Fulfilling Environments Inc
1982094850	Living Well Adult Day Care
1720237167	MAS Medical Staffing Corp



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1649382151	Maxim Healthcare Services, Inc
1205053048	Morning Star Home Care LLC
1639476617	NeuroRestorative RI
1497826515	Nursing Placement Home Health Care Service
1710058904	Nursing Placement Inc.
1881069607	Ocean State Home Health Care, Inc.
1609994763	Ocean State Nursing Services
1225434608	One Solution Home Care
1922556166	Park Avenue Senior Care, Inc.
1326145699	Phenix Home Care
1942580659	Pinnacle Home Care LLC
1811402100	Prospect Chartercare Home Health and Hospice
1558877951	Raising Hope, Inc.
1831590355	Renaissance Adult Day Health Center, LLC
1225585417	Royal at Home RI, LLC
1679909352	Sacred Heart Church
1306076179	Seven Hills Rhode Island, Inc
1649300526	Specialty Home Care Services, Inc
1528526001	Staff Solutions, Inc.
1962746289	Svetlo Inc
1073837050	The Summit Management Group, LLC
1205956794	The Willows Adult Day Care
1306978705	United Cerebral Palsy of RI Inc
1972587699	Visiting Nurse Services of Bristol and Newport County
1831172907	VNS Homecare
1235777228	Your Choice of Home Care LLC



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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 - LTSS							
Procedure Code	Procedure Code Description	Program Indicator Code	M1	M2	Allowed Amount 10/31/2021	Increased Allowed Amount 11/1/2021	Associated Provider Type
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES				\$ 7.36	\$ 13.10	010
H2001	REHABILITATION PROGRAM, PER 1/2 DAY				\$ 223.50	\$ 482.76	061*
H2001	REHABILITATION PROGRAM, PER 1/2 DAY		TG		\$ 278.81	\$ 602.23	061*
S5102	DAY CARE SERVICES, ADULT; PER DIEM				\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM		U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM		U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM		U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MAD010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MAD010	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MAD010	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MAD010	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MCS010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MCS010	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MCS010	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MCS010	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE010	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE010	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE010	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE030			\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MDE040			\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MHB010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MHB010	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MHB010	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MHB010	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MPS020			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MPS020	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MPS020	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MPS020	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSD010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSD020			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSD020	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSD020	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSD020	U2		\$ 58.00	\$ 127.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSL010			\$ 29.00	\$ 63.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSL010	U1		\$ 39.00	\$ 85.80	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSL010	U1	U2	\$ 78.00	\$ 171.60	050
S5102	DAY CARE SERVICES, ADULT; PER DIEM	MSL010	U2		\$ 58.00	\$ 127.60	050
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MBD030			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MBD030	L9		\$ 14.01	\$ 35.31	072



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S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MBD030	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MCC010			\$ 5.62	\$ 11.63	065
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MCC010	TR		\$ 5.62	\$ 11.63	065
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MCS010			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MCS010	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE010			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE010	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE030			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE030	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE040			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MDE040	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MHB010			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MHB010	U1		\$ 5.61	\$ 14.14	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MHB010	UJ		\$ 3.20	\$ 8.06	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MPS020			\$ 5.81	\$ 14.64	072
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	MPS020	U1		\$ 5.61	\$ 14.14	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MBD030			\$ 5.44	\$ 12.24	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MBD030	L9		\$ 14.01	\$ 31.52	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MBD030	TE		\$ 14.01	\$ 31.52	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MCS010			\$ 5.44	\$ 12.24	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MCS010	TE		\$ 14.01	\$ 31.52	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MDE010			\$ 5.44	\$ 12.24	072
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	MPS020			\$ 5.44	\$ 12.24	072
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010			\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TE		\$ 11.34	\$ 18.71	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TR		\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TU		\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TU	TE	\$ 11.34	\$ 18.71	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TV		\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	TV	TE	\$ 11.34	\$ 18.71	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	UH		\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	UH	TE	\$ 11.34	\$ 18.71	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	UJ		\$ 14.01	\$ 23.12	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	UJ	TE	\$ 11.34	\$ 18.71	065
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	MCC010	UN		\$ 1.25	\$ 2.06	065
T1001	NURSING ASSESSMENT/EVALUATION	MCS010			\$ 101.37	\$ 212.88	072
T1001	NURSING ASSESSMENT/EVALUATION	MDE010			\$ 101.37	\$ 212.88	072
T1001	NURSING ASSESSMENT/EVALUATION	MHB010			\$ 101.37	\$ 212.88	072
T1001	NURSING ASSESSMENT/EVALUATION	MPS010			\$ 101.37	\$ 212.88	072



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T1001	NURSING ASSESSMENT/EVALUATION	MPS020			\$ 101.37	\$ 212.88	072
T1016	CASE MANAGEMENT, EACH 15 MINUTES				\$ 15.00	\$ 33.00	050
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MCS010			\$ 15.00	\$ 33.00	050
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MDE030			\$ 15.00	\$ 33.00	050
T1016	CASE MANAGEMENT, EACH 15 MINUTES	MPS010			\$ 15.00	\$ 33.00	050
T2021	DAY HABILITATION, WAIVER, PER 15 MINUTES	MHB010			\$ 5.32	\$ 9.26	055
X0043	HOME HEALTH NURSING AND THERAPY VISITS				\$ 111.83	\$ 199.06	010

*Note: H2001 fee schedule increase only applies for NPI 1639476617, the in-state provider of these services.



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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 November 12, 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. For the purposes of these Qualifying Activities, direct care workers shall also include Nursing Assistants. These staff shall be directly employed by the LTSS Provider Agency receiving the rate increase and shall not include exempt employees under the FLSA 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.

In addition, Licensed Health Professionals means frontline employees, such as nurses, who provide care and services directly to Medicaid beneficiaries and are licensed by the RI Department of Health (excluding Nursing Assistants). These staff shall be directly employed by the LTSS Provider Agency receiving the rate increase and shall not include exempt employees under the FLSA 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 Licensed Health Professional 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)	Licensed Health Professionals (excluding 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:

Specify job titles for Licensed Health Professionals:



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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.

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 60% for direct care workers and not more than 25% for licensed health professionals – or as appropriate, meeting the Pediatric Skilled Nursing agency requirements below*) 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.

* Pediatric Skilled Nursing agencies are exempted from the 60% direct care worker - 25% licensed health professional spending ratio requirement; these agencies **shall instead** spend at least 85% of enhanced rate funds *received from skilled nursing services* on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for nurses and other licensed health professionals, and 85% of enhanced rate funds *received from CNA/homecare services* on new additional compensation for direct care workers such as nursing assistants and homemakers. These agencies shall spend at most 15% of enhanced rate funds from each type of service on increased payroll costs directly related to the increase in new additional compensation for these workers.



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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 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
Nov 1 2021	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

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)	Licensed Health Professionals (excluding 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:

Specify job titles for Licensed Health Professionals:



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Table 2: Expenditure Report Summary

	Total Program \$s spent since Nov 1 2021 (Provider data)	Ratio of Program expenditures since Nov 2021 (Autofill)
Additional compensation - direct care workers (target >=60%)*		
Additional compensation - licensed clinicians (target <=25%)		
Increased payroll costs related to the additional compensation above (target <=15%)		
Grand Total		

* Pediatric Skilled Nursing agencies are exempted from the 60% direct care worker - 25% licensed health professional spending ratio requirement; these agencies **shall instead** spend at least 85% of enhanced rate funds *received from skilled nursing services* on new additional compensation (e.g., hiring and retention bonuses or increased wage rates) for nurses and other licensed health professionals, and 85% of enhanced rate funds *received from CNA/homecare services* on new additional compensation for direct care workers such as nursing assistants and homemakers. These agencies shall spend at most 15% of enhanced rate funds from each type of service on increased payroll costs directly related to the increase in new additional compensation for these workers.

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:

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 November 1, 2021	Direct care workers (including Nursing Assistants)	Licensed Health Professionals (excluding 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.