COVID-19 Long Term Services and Supports Resiliency Program: HCBS Personal Choice and Independent Provider Program Supports
State of Rhode Island, August 24, 2020

HCBS Personal Choice and Independent Provider Program Supports: Program Guidance

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1 Executive Summary

On July 2, 2020, Governor Gina Raimondo announced a plan to expand home-based care options in Rhode Island as the state continues to grapple with the spread of COVID-19 in congregate living facilities. Before COVID-19, sixty-one percent (61%) of the state's long-term care recipients lived in nursing facilities, which have struggled to contain the spread and impact of COVID-19 on residents and staff.

Rhode Islanders living in nursing facilities -- one of the state’s most vulnerable populations -- have been disproportionately affected by the COVID-19 pandemic. As reported by the New York Times, more than forty percent (40%) of COVID-19 deaths in the US are linked to nursing facilities.\(^1\) In Rhode Island, nursing facilities account for thirteen percent (13%) of reported cases and seventy-four percent (74%) of COVID-19-related deaths in the state as of mid-August.\(^2\) The reasons that COVID-19 took such a heavy toll on nursing facility residents are partly due to the typically frail conditions of residents, but also due to the risks of providing care in congregate settings during a pandemic. Nursing facilities residents live in close proximity to one another, often sharing rooms, and frequently have meals, therapeutic activities and social gatherings together in group settings. The adverse impact of COVID-19 for people who are in need of long-term care services is expected to continue until there is widespread access to a vaccine – that is, for many more months to come.

One of the most effective methods of mitigating the risk of providing long term care to vulnerable populations in congregate care settings is to keep them in their homes as long as possible. Rhode Island provides home-based care options for individuals in need of long term care that reduce their exposure to the COVID-19 pandemic risk by keeping them out of congregate care settings. Although long term care services provided at home also pose a risk of infection, the risk is considerably lower than in nursing facilities and generally easier to control.

A second order effect of this COVID-19 pandemic is the increased need to provide long term care services in the home as an alternative to congregate care settings. Elders and adults with disabilities who need long term care often must enter a nursing facility because they require care in the evenings and/or weekends. Home based care alternatives require a large and flexible workforce, and to be effective that workforce needs to be supported in its ability to offer care after hours and in rural locations. Expanding access to these enhanced HCBS services is crucial for preventing another nursing facility crisis. As the impact of the COVID-19 pandemic in nursing facilities became more apparent, demand for HCBS alternatives began to grow.

The principal barriers to the greater utilization of home-based long term care services are limited access and choice in the supply of workers and the capacity of home health agencies to meet demand. The COVID-19 pandemic has exacerbated these long-standing supply and demand issues – historically twenty-two percent (22%) of home care hours authorized for use by Medicaid beneficiaries go unfilled. Home care workers are difficult to recruit and retain because wages are relatively low and the work demands are high. Given this, many individuals elected to leave the workforce when the community spread of COVID-19 began and schools closed and stay at home orders took effect. Rebuilding the supply of home care workers while the COVID-19 pandemic remains a threat is critical for addressing the crisis in nursing facilities and requires addressing new-found safety concerns and the systemic problems that have made recruitment and retention a long-term

challenge. Self directed home care options such as Personal Choice and Independent Provider Programs can provide additional capacity for home-based care by encouraging consumers to source and recruit their own providers from among their relatives, friends and neighbors, thus increasing the capacity of the overall system.

To address these second order effects of the COVID-19 pandemic, the State is establishing a support program for direct care workers providing services to Medicaid beneficiaries through self directed HCBS programs, such as Personal Choice and the Independent Provider Program. The goal of these supports is to increase capacity for home-based long term care services as an alternative to the use of higher risk congregate care settings to mitigate potential exposure to COVID-19 during the pandemic.

2 Program Overview

2.1 Program Description

The HCBS: Personal Choice and Independent Provider Program Supports Program is established to increase the number of Personal Care Aides (PCAs) in the Personal Choice and Independent Provider Programs. These funds are an additional measure to be used as secondary funding source to other federal COVID-19 relief funding received by home care workers, and other similar funding resources made available by the State during the COVID-19 response.

This Program will distribute up to $746,000 in funding to Fiscal Intermediaries and Service Advisors to be used to recruit new PCAs and to provide PPE to existing PCAs across both the Personal Choice and Independent Provider Programs. These Programs provide home-based long term care services to eligible Medicaid beneficiaries as an alternative to the use of higher risk congregate care settings, and as a result serve to mitigate potential exposure to COVID-19 during the pandemic.

The main objective of this Program is to increase the capacity and immediate availability of home and community based services as as a timely, infection safe, community-based alternative to skilled/unskilled nursing facility based care.

2.2 Funding Allocation Methodology

The methodology outlined below is intended to define an equitable and fair method of allocating funds across the self directed programs.

**Funding for Fiscal Intermediaries**

Funding will be allocated to all currently active Fiscal Intermediaries based on the number of PCAs they currently manage and the number of new PCAs that begin employment during the specified timeframe. All funding will be distributed upon award contingent upon the successful applicant’s ability to meet the agreed-upon goals of this Program. The payments are to be distributed by the Fiscal Intermediaries to the PCAs as follows:

- New PCAs
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- $1500 in additional payroll support to newly hired PCAs for their willingness to take the risk of entering private homes during the COVID-19 pandemic, and increasing their potential exposure to COVID-19. This is equivalent to one (1) month of estimated wages.
- Funding will be available for this payroll support for up to one hundred (100) new PCAs for the Independent Provider Program for new PCAs with a start date after August 15, 2020– to be distributed by the FI as a $500 payment upon start of employment or October 1, whichever comes later, and a $1000 payment after ninety (90) days in Program employment.
- Funding will be available for this payroll support for up to fifty (50) new PCAs for the Personal Choice Program for new PCAs with a start date after August 15, 2020– to be distributed by the FI as a $500 payment upon start of employment and a $1000 payment after ninety (90) days in Program employment.

- Active PCAs
  - $600 payment to each active PCA to help fund the purchase of PPE for three (3) months, estimated to cost $200 per month based on current PPE utilization by PCAs.
  - For PCAs currently employed as of August 15, 2020 who have been employed consistently for ninety (90) days prior to August 15, 2020, funds for this payment shall be distributed as soon as funds are available to the FIs.
  - For PCAs currently employed as of August 15, 2020 who have been employed less than ninety (90) days prior to August 15, 2020, funds for this payment shall be distributed by the FI as soon as that employee has reached ninety (90) days of employment.
  - The State estimates that there are about 680 active PCAs who will be eligible for this funding.

- Fiscal Intermediaries will be compensated for an amount not to exceed equal to 15.73% of the payment amount that they are responsible for distributing to the PCAs for direct costs incurred to manage this Program, including employer taxes, funds distribution costs, tracking PCAs and reporting of payments.

Additional funding for Service Advisory Agencies
In recognition of the Service Advisories important role in the identification and recruitment of new PCAs, participating Service Advisory Agencies will receive $15,000 to support their recruitment efforts. These funds shall be split evenly across the participating agencies.

3 Program Details

3.1 Funding and Application Dates

Key dates for the HCBS: Personal Choice and Independent Provider Program Supports Program are as follows:
- **August 28, 2020**: Applications available from EOHHS.
- **September 11, 2020**: Applications due to the State.
3.2 Eligible Applicants

Fiscal Intermediaries: Funding through this Program is restricted to Fiscal Intermediaries who are certified by Rhode Island Medicaid to facilitate employment of personal assistance staff by Program participants through the Personal Choice and/or Independent Provider Programs for Medicaid beneficiaries.

Service Advisors: Funding through this Program is restricted to Service Advisors who are certified by Rhode Island Medicaid to recruit workers for Medicaid Personal Choice and/or Independent Provider Programs for Medicaid beneficiaries.

Entities that are not in compliance with the terms of other coronavirus relief programs by the State may be deemed ineligible for this program at the discretion of EOHHS.

3.3 Program Application Requirements

Fiscal Intermediaries: In order to receive funding through this Program, eligible Fiscal Intermediaries must submit a completed application to EOHHS via email by the due date listed above. The application includes the following requirements:

1. Signed commitment to implement the payments in accordance with the proposed Program structure, including tracking qualified PCAs to receive payment.
2. Signed attestation to the number of PCAs whose employment is facilitated by the FI.
3. Signed commitment of intention to employ additional PCAs for either the Personal Choice or Independent Provider Program, or both. Application must indicate the target number of new PCAs to be employed.
4. Signed commitment to retain funds in a separate account for payments related to this Program and to provide progress reports as required by the State.

Service Advisors: In order to receive funding through this Program, eligible Service Advisors must submit a completed application to EOHHS via email by the due date listed above. The application includes the following requirements:

1. Signed commitment to use funds for recruitment and outreach for new PCAs.
2. Signed commitment to retain funds in a separate account and to provide progress reports as required by the State.

All questions regarding application requirements should be directed to: OHHS.LTSSResiliency@ohhs.ri.gov.

3.4 Eligibility for Funding

An Evaluation Committee shall be established by the Secretary of EOHHS. The Committee’s objective is to review applications in order to determine whether entities submitting applications (Applicants) meet the eligibility criteria set forth by EOHHS and make recommendations to the Secretary as to eligible Applicants. Committee recommendations on eligibility can result in the following outcomes:
• Eligible
• Additional information required
• Ineligible

If an Applicant is deemed “ineligible”, a notification will specify the reason(s) for such ineligibility, based on the criteria provided. If additional information is required, Applicant will have five (5) business days to respond with sufficient evidence to be deemed eligible. As soon as evaluation of all Applicants is completed, funds will be disbursed in accordance with the funding allocation methodology described above.

3.5 Eligible Uses of Funds and Reporting Requirements

Funds received through this Program must be applied toward the following eligible uses:

- Payroll supports for PCAs, including the cost of employer taxes on this payment and the cost of reporting and tracking these payments.
- Payments to PCAs to fund the purchase of PPE, including the cost of employer taxes on this payment and the cost of reporting and tracking these payments.
- Costs incurred for outreach and recruiting for new PCAs for self directed home care services programs

Applicants will have until December 30, 2020, to employ the target number of PCAs. If the employment target is not met by that time, any unexpended funds allocated for new PCAs, along with the related amounts that would have been incurred for reporting, tracking, and employer taxes, shall be returned to the State.

Fiscal Intermediaries and Service Advisors will be required to report to EOHHS on a monthly basis on the uses of funds and methods of tracking payments. Fiscal Intermediaries must also report on the number of PCAs employed, the length of employment of PCAs, and payments made to those PCAs.

Once funds are disbursed, successful Applicant award recipients are instructed to keep detailed and complete financial records demonstrating that funds received through this Program are spent in accordance with these requirements, as award recipients of these funds will be subject to an audit. In the event of an audit, if the award recipient is found to have used funds for ineligible expenses, the award recipient will be considered in violation of the award agreement at which point RI EOHHS may begin the process of recouping all or a portion of the funds awarded by reducing future payments. The State will determine whether the full award or a portion of the award shall be recouped based on the State’s assessment of the unique circumstances of each violation of the award agreement.

4 In Closing

The COVID-19 public health emergency represents a clear hardship for the State’s LTSS system that requires broad cooperation to overcome; it is also clear that the public health emergency shall continue to present challenges as it evolves. This Program represents an opportunity to extend that cooperation to build strong resilience for the current crises and improve health outcomes for all Rhode Islanders in need of long term services and supports.

The State of Rhode Island looks forward to working with critically important home care workers and stakeholders to establish and carry out this Program of support.