

EOHSS Policy and Procedure

Behavioral Health Rate Enhancement for Home Nursing Care and Home Care providers

Statute and Background

Effective January 1, 2022, a new behavioral healthcare rate enhancement of \$0.39 per fifteen (15) minutes of Personal Care (S5125), Combined Personal Care/Homemaker (S5125-U1), and Homemaker (S5130) services shall be paid to “behavioral health-certified” (BH-certified) home nursing care and home care providers. A BH-certified provider is a provider with at least thirty percent (30%) of its direct care workers (which includes Nursing Assistants and Homemakers) certified in behavioral healthcare training. For a direct care worker to become BH-certified, s/he must successfully complete a behavioral health certificate training program offered by Rhode Island College, or an equivalent training program that has been prospectively approved by EOHHS (Attachment C). For an Agency to become a BH-certified provider, it must submit to EOHHS a form (Attachment A) and supporting documentation identifying those Nursing Assistants and Homemakers who are BH-certified. Such list may be submitted at any time, and, upon review and approval by EOHHS, an Agency shall remain BH-certified for one year from the date of approval. Agencies must provide an updated list annually to renew their BH-certification.

BH-certified agencies must pass-through one-hundred percent (100%) of the behavioral healthcare rate enhancement for all hours worked by those Nursing Assistants and Homemakers who have completed the thirty (30) hour behavioral health certificate training program, as follows:

- If an employee becomes BH-certified *before* an Agency becomes BH-certified, the employee shall receive the behavioral health rate enhancement effective upon the date that the Agency becomes BH-certified. This compensation shall in addition to the base rate of compensation that the employee was receiving immediately prior to the Agency becoming BH-certified.
- If an employee becomes BH-certified *after* an Agency becomes BH-certified, the employee shall receive the behavioral health rate enhancement effective upon the date that the employee becomes BH-certified. This compensation shall be in addition to the base rate of compensation that the employee was receiving immediately prior to the employee becoming BH-certified.
- A BH-certified worker who is hired by an Agency that *is not* BH-certified is not entitled to receive additional compensation for her/his BH certification until such time that the Agency becomes BH-certified.
- A BH-certified worker who is hired by a BH-certified Agency shall receive the behavioral health rate enhancement effective upon date of hire, in addition to a base rate of compensation that is equivalent to similarly-situated employees who are not BH-certified.

Report and Attestation

Employers shall submit to [EOHHS](#) a Report and Attestation (Attachment B) on January 15, 2023 and annually thereafter affirming that all BH-certified employees received one-hundred percent (100%) of the Behavioral Health Rate Enhancement (\$1.56/hour) paid to the employer for all hours worked by the BH-certified employee during the preceding January 1 – December 31, in addition to the hourly rate, and any shift differential or other compensation that they were receiving immediately prior to becoming eligible to receive the BH rate enhancement.

Employers must maintain payroll records that itemize the BH rate enhancement paid to eligible employees. Such payroll records shall demonstrate that all eligible employees received at least \$1.56/hour, in addition to the hourly rate, and any shift differential or other compensation, for all hours worked for which the employer received the BH Rate Enhancement during the preceding January 1 – December 31.

Attachment A – Application for Behavioral Health Certification

A behavioral health-certified provider is a provider with at least thirty percent (30%) of its direct care workers (which includes Nursing Assistants and Homemakers) certified in behavioral health training.

Home Nursing Care or Home Care Provider agencies can submit their completed application, along with supporting documentation, for certification by emailing it to rixixqualityassuranceteam@gainwelltechnologies.com with a copy to rick.brooks@ohhs.ri.gov. If approved for the BH rate enhancement, a letter provided by EOHHS will be sent to the agency by email.

Agency _____ NPI _____
 Name _____ Title: _____
 Phone: _____ Email: _____

Total employed Nursing Assistants: _____
 Total BH-certified Nursing Assistants: _____
 Total employed Homemakers: _____
 Total BH-certified Homemakers: _____

List below the names of all BH-certified Nursing Assistants and Homemakers employed as of the date shown in the attestation below.

Last Name	First Name	Job Title	SS# (last four digits)	BH-Certified? (Yes/No)	Date of BH certification	BH certification training provider	If yes, has documentation been submitted to EOHHS? (Yes/No)

I, _____, hereby attest, to the best of my knowledge and belief, that the above information is accurate and complete as of the date below. I have maintained records to support this attestation and acknowledge that such records may be subject to inspection or audit by EOHHS.

Name/Title: _____ Agency: _____

Signature: _____ Date: _____

Attachment B
Report and Attestation of Pass-through of Behavioral Health Rate Enhancement

The following information must be submitted via email to rixixqualityassuranceteam@gainwelltechnologies.com with a copy to rick.brooks@ohhs.ri.gov no later than January 15th following the applicable Reporting Period.

Agency _____ NPI _____

Name _____ Title: _____

Phone: _____ Email: _____

Reporting Period: January 1, 20__ through December 31, 20__

- A. Total units of service (S5125, S5125-U1, and S5130) provided by BH-certified Agency during reporting period: _____
- B. Total amount of Behavioral Health Rate Enhancement received by Agency during reporting period:
\$ _____
[Total units of service shown in Line A X \$0.39]
- C. Total units of service provided by BH-certified employees during the reporting period: _____
- D. Total amount of Behavioral Health Rate Enhancement paid to BH-certified employees during reporting period: _____
[Total units of service shown in Line C X \$0.39]

I, _____, hereby attest, to the best of my knowledge and belief, that all eligible employees received 100% of the Behavioral Health Rate Enhancement (\$1.56/hour) received by the Agency for all hours worked during the above reporting period, in addition to the hourly rate, and any shift differential or other compensation that they were receiving immediately prior to becoming eligible to receive the BH rate enhancement. I have maintained payroll records to support this attestation and acknowledge that such payroll records may be subject to audit by EOHHS.

Name/Title: _____ Agency: _____

Signature: _____ Date: _____

Attachment C

EOHHS Review and Approval Process for Behavioral Health Certification Training Providers

Per Rhode Island law, for a direct care worker to become BH-certified, s/he must successfully complete a behavioral health certificate training program offered by Rhode Island College, or an equivalent training program that has been prospectively approved by EOHHS. A training provider seeking approval by EOHHS to provide behavioral health certificate training must submit the following information to via email to rixixqualityassuranceteam@gainwelltechnologies.com with a copy to rick.brooks@ohhs.ri.gov.

Company/Organization _____

Contact Person _____ Phone _____ Email _____

Address _____

Years of experience providing behavioral health certificate training or equivalent training: _____

Description of qualifications and relevant experience of company/organization and/or instructors (attach additional page, if needed):

Description of behavioral health certificate training program content and methodology (course outline must be included with this application):

Cost of behavioral health certificate training program (per student and/or per class) _____

I, _____, hereby attest, to the best of my knowledge and belief, that the above information is accurate and complete.

Name/Title: _____

Organization/Company: _____

Signature: _____ Date: _____