



HCBS Workforce Recruitment and Retention – SFY 2024 Supplemental Payment State of Rhode Island

Guidance Document

State Fiscal Year (SFY) 2024 Supplemental Payment for Adult Behavioral Health Providers

Section 1 -- Background and Purpose of Funds

The Executive Office of Health and Human Services (EOHHS) 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 support adult behavioral health by promoting and strengthening community-based alternatives. EOHHS is awarding one-time funding to Opioid Treatment Providers, SUD Residential Providers, and MHPRRs providing adult behavioral health services to Medicaid patients. The purpose of this one-time funding is to support these adult behavioral health providers with staff recruitment and retention efforts, as described in Section 3, to help with timely access to these services.

The disbursement of this one-time payment is contingent upon the agency's ongoing compliance with the terms of this Guidance Document, including submission of Workforce and Expenditure Reports.

Section 2 -- Calculation of funding per agency

Each Adult Behavioral Health Provider with eligible paid claims in SFY 2023 (Q1 & Q2) that completes the Attestation and Initial Workforce Report is eligible to receive a minimum payment of \$50,000.

The funding will be distributed using the following methodology:

- EOHHS reviewed SFY 2023 Adult Behavioral Health Providers' Medicaid and Department of Behavioral Health, Developmental Disabilities and Hospitals' (BHDDH) fee-for-service and managed care paid claims for Opioid Treatment Centers, Substance Use Disorder Providers, and Mental Health Psychiatric Rehabilitation Residences.
- Each agency's share of the available funding is based on the agency's share of paid claims for SFY 2023 (Q1 & Q2) as shown in the Medicaid Management Information System (MMIS) on 7/25/23.
 - If an agency's share of claims results in a payment of less than \$50,000, the agency will receive the minimum payment of \$50,000. The procedure codes used are listed below.
- Procedure codes included in claims review:
 - Opioid Treatment Provider: H0020, H0037, H0047.
 - Substance Use Disorder: H0001(UD), H0004(UD), H0005(UD), H0010, H0011, H0018.
 - Substance Use Disorder Revenue Codes: 116, 126, 136, 146, 156, 1002, 1003.
 - Mental Health Psychiatric Rehabilitative Residences' Procedure Codes: H0019(U1), H0019(U3), H0019(U4), H0019(U5).

Section 3 -- Permissible Uses of Funds

Eligible employees

The one-time payment for Adult Behavioral Health providers must be used for the specific purpose of recruitment, and/or retention of employees who spend (or in the case of recruitment, are expected to spend) at least fifty percent (50%) of their hours on behavioral health activities for Medicaid beneficiaries. Direct care staff are eligible as long as 50% of their time can be documented as spent on Adult Behavioral Health activities for Medicaid beneficiaries. Eligible employees may make up to \$100,000 a year.

Eligible expenditures

Provider agencies must spend at least 85% of the payment on staff recruitment and retention efforts. Due to the temporary nature of the funds and federal requirements, this supplemental **payment may not be used to supplement or increase base hourly wage rates.**



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- Staff recruitment includes time/money spent on activities to find new staff (for example, staff time to attend job fairs) and to offer sign-on bonuses.
- Staff retention includes retention bonuses as needed to complement sign-on bonuses offered to new staff, recognizing that inequity between current and new staff would likely hinder efforts to maintain staffing levels.

No more than 15% of the one-time supplemental payment may be spent on increased payroll costs (ie, payroll taxes and insurance) that are directly related to the additional compensation for eligible employees.

Section 4 – Program Participation Requirements

One-time payment received through this Program must be used in a manner consistent with the Permissible Use of Funds outlined above. Any unexpended funds as of December 1, 2024 must be returned to the State. Participating 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. The State recommends that participating Agencies maintain these funds in a separate account. In the event of an audit, if a participating Agency is found to have used funds for ineligible expenses, the Provider will be required to repay such funds to the State. Note, providers may be deemed ineligible if they have failed to appropriately comply with guidance for similar programs.

Participating Agencies shall submit the following documents to the State as required components of Program participation, following the schedule outlined below.

Signed Attestation Form: Due **September 1, 2023**. The attestation affirms the Agency’s understanding of, and commitment to, the requirements associated with the one-time supplemental payment.

Initial Workforce Report: Due **October 31, 2023**. See **Tab A** of **Excel** file named “Reporting_Adult BH_OneTimeSupplementalPayment.” Agencies that will submit a quarterly workforce report covering the period July 2023 – September 2023 pursuant to their participation in another eFMAP-funded or LTSS Rebalancing program are NOT required to submit this Initial Workforce Report. All other Agencies must submit this report. If an Agency does not submit this Initial Workforce Report and subsequently fails to submit a quarterly workforce report for July 1, 2023 – September 30, 2023, the Agency will be required to return any payment received under this funding source.

Quarterly Workforce and Expenditure Report: (See **Tab B & C** of **Excel** file named “Reporting_Adult BH_OneTimeSupplementalPayment.”) These reports show the impact of the one-time payment on workforce recruitment, retention, and capacity, and documenting the distribution of funds consistent with the requirements in this Program Guidance. The first report for SFY 24 Q1 end (September 30, 2023) is due October 31, 2023. A report for each SFY quarter end thereafter will be due approximately six weeks after the conclusion of each SFY 24 quarter end as shown in the schedule below.

Quarterly Reporting Period:

SFY 23 Q2 Date 10/01/23 - 12/31/23
 SFY 23 Q3 Date 01/01/24 - 03/31/24
 SFY 23 Q4 Date 04/01/24 - 06/30/24
 SFY 24 Q1 Date 07/01/24 - 09/30/24
 SFY 24 Q2 Date 10/01/24 - 12/01/24

Quarterly Reporting Due Date:

February 15, 2024
 May 15, 2024
 August 15, 2024
 November 15, 2024
 February 15, 2025

Agencies must submit two quarterly reports located in the **Excel** file named “Reporting_Adult BH_OneTimeSupplementalPayment.”



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- Workforce Report: See **Tab B**. Agencies can use their current eFMAP workforce data as their reports for these funds (with no need to duplicate the report). Any Agency not already submitting reports under eFMAP or Adult Behavioral Health Services will need to submit the report according to the quarterly schedule above.
- Expenditure Report: See **Tab C**. All agencies must submit this report according to the quarterly schedule above. This report shows the expenditures associated with this funding source.