



# Behavioral Health Training for HCBS Direct Care Workers: 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 Medicaid 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.<sup>1</sup> 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.<sup>2</sup> 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 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 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 pandemic is the increased need to provide long term care services in home and community-based settings 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 and community-based care alternatives require a large and flexible workforce, and that workforce needs to be supported in its ability to offer care after hours and in rural locations to be effective. Expanding access to these enhanced HCBS services is crucial for preventing another nursing facility crisis. As the impact of the pandemic in nursing facilities became more apparent, demand for HCBS alternatives began to grow.

**A major impediment to providing safe and appropriate home and communitybased long term care services is the lack of training of direct care workers to support patients and consumers with mental illness, substance use disorders, and dementia-related disorders.** Behavioral health stresses and symptoms have dramatically worsened during the pandemic, as patients and consumers face increasing isolation, loneliness, anxiety, and loss. This has, in turn, highlighted the critical importance of behavioral health training for direct care workers, particularly in home and community-based settings.

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<sup>1</sup> <https://www.nytimes.com/interactive/2020/us/coronavirus-nursing-homes.html>

<sup>2</sup> <https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/>



To address this second order effect of the pandemic, EOHHS, in partnership with RI College and the RI Department of Labor & Training, is offering a Behavioral Health Training program for direct care staff, to include Certified Nurse Assistants (CNAs), Homemakers, and Personal Care Aides who work at Home Health Agencies, Assisted Living Residences, Adult Day Care Centers, and in consumer-directed programs providing services to Medicaid beneficiaries. The goal of these supports is to increase capacity for home and community-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, by increasing the capacity of direct care workers to identify and respond appropriately to the behavioral health needs of patients and consumers.

## 2 Program Overview

### 2.1 Program Description

**Behavioral Health Training for HCBS Direct Care Workers** is established to increase the capacity and immediate availability of home and community-based services; to respond to the behavioral health needs of patients and clients that have resulted from and been exacerbated by the COVID-19 pandemic; and to support and stabilize the home and community-based direct care workforce. These funds are an additional measure to be used as secondary to other federal COVID-19 relief funding received by home and community-based workers, and other funding resources made available by the State over the duration of the COVID-19 response.

This Program will distribute up to \$100,000 in funding to Home Health agencies, Assisted Living Residences, Adult Day Care Centers, and/or consumer-directed programs to be used solely for the following purposes:

1. Each agency will be provided with payroll supports of \$500 per employee to be paid as compensation to employees who successfully complete the RI College Behavioral Health Certificate training program.
2. Each agency will be provided an additional 15.7% of the above payroll supports to cover associated payroll costs and other direct administrative expenses such as recruitment, funds distribution, and reporting of payments and outcomes related to the Behavioral Health Certificate Training program.

Behavioral Health Training will be offered by RI College, which has developed an online, thirty (30) hour program for direct care workers that covers the following core topics:

- Introduction to Behavioral Health & Integrated Care
- Disorders: Signs & Symptoms
- Alzheimer's and Dementia-Related Disorders
- Addiction
- SBIRT
- Professional Communications
- Culture & Context Awareness
- Final Presentations



## **2.2 Funding Allocation Methodology**

Funding for trainee compensation and related direct administrative expenses will be provided by EOHHS and will be allocated to eligible providers upon documentation of the number of employees who have enrolled in the RI College Behavioral Health Training Program. In the event that the demand for behavioral health training exceeds the capacity or funding to provide training, trainees will be selected on a first-come, first-served basis, with additional consideration given to equitable participation across HCBS sectors and providers.

Funding to RI College for instructional costs and related expenses will be provided by the RI Department of Labor & Training, contingent upon sufficient employer and employee interest and approval of the Department of Labor and Training Director.

## **3 Program Details**

### **3.1 Funding and Application Dates**

Key dates for the **Behavioral Health HCBS Direct Care Worker Training** are as follows:

- **September 1 - 30, 2020:** Outreach, recruitment, and enrollment of trainees
- **September 24, 2020:** Applications available online at EOHHS website
- **October 30, 2020:** Deadline for submission of applications
- **October - November, 2020:** Funds disbursed to agencies
- **October - December, 2020:** Provision of Behavioral Health Training.
- **December, 2020:** Payment by agencies to employees who complete Behavioral Health training; Related documentation submitted to EOHHS

### **3.2 Eligible Applicants**

Program funding and participation is restricted to Home Health Agencies, Assisted Living Residences, Adult Day Care Centers, and consumer-direct programs that are licensed to provide services to Medicaid beneficiaries in the State of Rhode Island.

### **3.3 Program Application Requirements**

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

1. A list of eligible employees enrolled in the Behavioral Health Training program.
2. Signed commitment to compensate employees who successfully complete the Behavioral Health Training program in accordance with the proposed Program structure, including tracking and reporting workers who receive payments through this Program.
3. Signed commitment to assist in evaluating the benefits of the Behavioral Health Training program for employees and/or patients and consumers.
4. Signed commitment of intention to build capacity for home health services.



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Applicants must agree and commit to all elements listed above in order to be eligible to receive this funding.

All questions regarding this Program should be directed to: [OHHS.LTSSResiliency@ohhs.ri.gov](mailto:OHHS.LTSSResiliency@ohhs.ri.gov).

### **3.4 Eligibility for Funding**

A Evaluation Committee shall be established by the Secretary of EOHHS. The Committee’s objective is to review applications to determine whether agencies submitting applications (Applicants) meet the eligibility criteria set forth by EOHHS and make recommendations to the Secretary as to eligible Applicants. Committee recommendations regarding eligibility may 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 determination, 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**

Applicants will be required to report to EOHHS about the distribution of funds and their methods of tracking payments and employees attending. Applicants will have until December 30, 2020 to distribute funds to direct care workers and document which pay period the funds have been distributed.

Applicants will also be required to submit a Final Report by December 30, 2020 which shall include a list of employees who enrolled in and completed the training, a record of compensation paid, and other information that may be requested by EOHHS, Rhode Island College, and/or DLT to assist in the evaluation of the training program and related outcomes.

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 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



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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 and community-based health workers and stakeholders to establish and carry out this program of support.