



Application Instructions:

To apply for funding through the **Home Health Worker Supports Program**, please complete this Subaward Agreement Application below.

Applicants must sign this Application to confirm Applicant’s information is correct and that the Applicant agrees to comply with terms and conditions of the Agreement. The signed Subaward Agreement Application should be returned to the Executive Office of Health and Human Services (EOHHS) by emailing it to OHHS.LTSSResiliency@ohhs.ri.gov with “Application for Home Health Worker Supports Program” and Applicant name in the subject line.

SUBAWARD AGREEMENT

This **SUBAWARD AGREEMENT** (Agreement) is entered into as of the date last signed below (“Effective Date”), by and between the State of Rhode Island acting by and through its Executive Office of Health and Human Services located at 3 West Road, Cranston, RI 02920 (“State Agency”), and **[ENTITY NAME]**, an entity authorized to do business in Rhode Island with its principal place of business located at **[ENTER ENTITY ADDRESS]** (“Subrecipient”). State Agency and Subrecipient are individually referred to herein as a “Party” and are collectively referred to herein as the “Parties”.

SUBAWARD IDENTIFICATION INFORMATION

State Agency Contacts	Programmatic	Fiscal
<i>Contact Name</i>	Sarah Harrigan	Kayleigh Fischer
<i>Contact Email</i>	OHHS.LTSSResiliency@ohhs.ri.gov	Kayleigh.Fischer@ohhs.ri.gov

Subrecipient Contacts	Business Contact
<i>Contact Name</i>	[ENTER]
<i>Contact Phone</i>	[ENTER]
<i>Contact Email</i>	[ENTER]

<i>Subrecipient DUNS</i>	[ENTER]	
<i>Subaward Identification Number</i>	[state to fill in after application submission]	
<i>Subaward Start Date</i>	August 31, 2020	<i>Subaward End Date</i> December 30, 2020
<i>Project Description</i> The Home Health Worker Supports Program is established to increase the capacity and immediate availability of home health services and to give agencies the flexibility to determine appropriate payroll supports required to sustain delivery of at home health care and attract new CNAs and homemakers to the workforce as an alternative to the use of higher risk congregate care settings to mitigate potential exposure to COVID-19 during the pandemic.		
<i>Amount Obligated this Action (“Award”)- Complete according to instructions at right</i>		
<i>Total Amount Obligated to Subrecipient</i>		Enter the amount shown in Attachment A for Agency completing this application.
<i>FEIN/Tax ID Number</i>	[ENTER]	
<i>Medicaid ID Number</i>	[ENTER]	

<i>RI State Vender Number</i>	[ENTER]		
<i>National Provider ID Number</i>	[ENTER]		
<i>Bank Name</i>	[ENTER]		
<i>Bank Account Type</i>	[ENTER]		
<i>Bank Account Number</i>	[ENTER]		
<i>Bank Routing Number</i>	[ENTER]		
<i>Indirect Rate</i>	Not applicable	<i>Match/Cost Share</i>	Not applicable
<i>Federal Awarding Agency</i>	U.S. Department of Treasury	<i>Federal Award Identification Number</i>	Not applicable
<i>Federal Award Date</i>	Not applicable	<i>Total Federal Award Amount</i>	\$1,250,000,000
<i>Indirect Rate</i>	Not applicable		
<i>R&D</i>	No	<i>CFDA Number</i>	21.019
<i>Project Description</i>	Coronavirus Relief Fund (“CRF”) for necessary expenditures incurred due to the public health emergency with respect to COVID-19		

By submitting this Application for the **Home Health Worker Supports Program**, I acknowledge that I am authorized to submit this request on behalf of the Subrecipient and that all of the information provided is accurate to the best of my knowledge and ability. Subrecipient acknowledges that the State of Rhode Island is relying upon the information as submitted in order to determine whether to issue a **Home Health Worker Supports Program** payment. Therefore, if Subrecipient becomes aware of any inaccuracies in the information provided, Subrecipient will immediately notify the State of Rhode Island through email at OHHS.LTSSResiliency@ohhs.ri.gov. Subrecipient acknowledges that any deliberate omission, misrepresentation, or falsification of any information may be punishable by criminal, civil or administrative penalties. Subrecipient acknowledges that if this Application is accepted by the State, the signatory is authorized to enter into this **Home Health Worker Supports Program, Financial Agreement and Attestation** (“Agreement”) with the State on behalf of the Subrecipient, the terms and conditions of which are detailed herein.

In submitting this Application for a **Home Health Worker Supports Program** subaward the Subrecipient certifies, represents, acknowledges and agrees to the following:

ARTICLE 1: PROGRAM SPECIFIC TERMS & CONDITIONS

1. Subrecipient Application. Subrecipient certifies, represents, and warrants that all information provided as part of this Application for the Program, and all attachments and documents provided with the Application, as well as all information and reports relating to the Program that Subrecipient provides in the future are true, accurate and complete, to the best of its knowledge. Subrecipient acknowledges that any deliberate omission, misrepresentation, or falsification of any information may be punishable by criminal, civil, or administrative penalties.
2. Eligible Uses Subrecipient certifies that it will comply with all conditions as outlined below in Article 2 of this document.
3. Program Reporting. Subrecipient certifies that it will comply with all conditions outlined in Article 4 of this document.

4. Conditions of Funding (e.g. actions the subrecipient must take as a condition of receiving funds). Subrecipient certifies that it will comply with all conditions as outlined below in this document.

5. No Supplanting. Subrecipient certifies that it will not use the Award to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. The Subrecipient as a subaward recipient is required to meet reporting requirements outlined in Section 15011 of the CARES Act and any subsequent reporting requirements or guidance provided by the federal government.

6. The Subrecipient's financial management system must provide the following:

- a. **Identification of Federal Awards.** Identification of all federal awards and subawards received and expended. Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number (FAIN) and year, name of the Federal agency, and name of the pass-through entity such as EOHHS.
- b. **Financial Reporting.** Accurate, current, and complete financial reporting for each federal award, subaward or program.
- c. **Source of Funds.** Records must identify the source and application of funds for federally funded activities. These records must contain information pertaining to Federal awards and subaward, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
- d. **Internal Control.** Subrecipient must ensure effective control over, and accountability for, all funds, property, and other assets. Subrecipient must safeguard these assets and ensure they are used only for authorized purposes.

7. The Subrecipient certifies that it will not use the subaward to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

8. The Subrecipient certifies that it will not use proceeds of the subaward to reimburse or in any way financially compensate its ownership and/or management of the Service Advisor or Fiscal Intermediary through payment or distribution of subaward funds to executives, managers or owners.

ARTICLE 2: ELIGIBLE USES OF FUNDS

1. Applicants must submit a proposal with this Application detailing their proposed uses of funds awarded through this Program using the template provided in Attachment C. Funds received through this Program must be used in a manner consistent with the proposal submitted by the Applicant.
2. Funding may be used for the following purposes, as described in the Program Guidance and Attachment C:
 - a. Supplemental payroll support to newly hired direct care workers for taking on the risk of entering private homes during the pandemic
 - b. Supplemental payroll support for direct care workers for working nights and weekends, and for covering geographically underserved locations
 - c. Reimbursement for mileage and bridge tolls for direct care workers
 - d. Supplemental payroll support for direct care workers who work 32 hours or more per week at a single agency, with no more than 60% of funds in this purpose alone.
3. The proposal detailing the allowable use of funds must be prepared using the template provided in Attachment C Use of Funds Proposal ("Proposal"). The proposal must include details on the

specific formula to be utilized to calculate the support payments, how support payment amounts will be calculated for each worker, amounts that will be spent on increased payroll taxes and insurance, the timing of support payments, and the target number of workers who would be eligible for support payments.

- a. The Proposal may include a budget for employer taxes payable on any worker supports utilizing applicable rates.
 - b. The Proposal may include a budget for direct costs incurred by the agency for support payment distribution, tracking workers, and the reporting of support payments. No more than five percent (5%) of the awarded funds may be used for such costs.
4. Applicants will have until December 30, 2020 to distribute funds to direct care workers and document how such funds have been distributed. If funds have not been distributed to direct care workers in a manner consistent with Proposal submitted with this Application by December 30, 2020, any unexpended funds shall be returned to the State.
 5. Upon the disbursement of funds, the Subrecipient shall keep detailed and complete financial records demonstrating that Award funds received through this Program are spent in accordance with CARES Act requirements.
 6. Award recipients of these funds shall be subject to a full financial and/or compliance audit. If after an audit the Award recipient is found to have used funds for ineligible expenses, the Award recipient shall be considered in violation of the Award Agreement and the State may initiate recoupment of all or a portion of the Grant Award.

ARTICLE 3: ADDITIONAL ATTESTATIONS

1. The Subrecipient attests that they are a Rhode Island corporation and/or a legal entity authorized to do business with the State of Rhode Island.
2. The Subrecipient attests that they are:
 - o Not on federal do not pay list,
 - o Are current on all state tax or other liabilities,
 - o Do not have any pending legal actions with State.
3. Subrecipient agrees to use this funding in accordance with the proposed Program structure as listed in the Program Guidance.
4. Subrecipient agrees that the information listed for Subrecipient Agency in Attachment A for “average monthly Non-Skilled Medicaid Billed Hours” is accurate for the purposes of determining funding amounts for this Award.
5. Subrecipient commits to the intention to build capacity for home health services.
6. Subrecipient agrees to submit the information requested in the reporting template shown in Attachment B as of September 1, 2020, with this Application, and to submit updated information by December 30, 2020.

ARTICLE 4: REQUIRED REPORTING

1. Subrecipient must submit to EOHHS the information requested in the reporting template shown in Attachment B as of September 1, 2020, with this Application.
2. Subrecipient must submit to EOHHS a Final Report by December 30, 2020, including updated workforce information, as described in Attachment B.
3. Applicants will be required to report to EOHHS at the end of the grant period on the distribution of funds and their methods of tracking payments.

4. Subrecipient will email deliverables to OHHS.LTSSResiliency@ohhs.ri.gov. The subject of this email must follow this format: [Facility Name]: Deliverables. If Subrecipient fails to submit the deliverables by the deadline, Subrecipient will be considered in violation of the agreement at which point RI EOHHS may begin the process of recouping all or a portion of the funds awarded by reducing future a payment to the facility. The State will determine if the full award or a portion of the award must be recouped based on the State's assessment of the unique circumstances of each violation of the agreement

ARTICLE 5: GENERAL TERMS & CONDITIONS

1. Subrecipients whose applications are approved and funded may receive an IRS Form 1099 at tax year end.
2. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island State government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of State employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in State licensing and regulation.
3. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040).
4. Subrecipient must provide notification to EOHHS within thirty (30) days of any potential changes that may impact performance or represent material modifications to the Subrecipient in relation to the Application and associated approval for participation in the program (e.g. change in ownership; change in legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; change in facility “standing” with RIDOH, Medicaid or Medicare; or other material change). Upon notice and with reasonable opportunity for the Subrecipient to address identified deficiencies, EOHHS reserves the right to suspend or terminate facility participation in the program.
5. Subrecipient shall not assign or transfer any right, interest, or obligation under this program to any successor entity or other entity without the prior written consent of EOHHS.
6. EOHHS reserves the right to decide at any time not to move forward with this program, modify, or terminate the program if it is determined that it is not achieving the established principles and goals.
7. Governing Law. The construction and effect of this Agreement shall be governed and construed in accordance with the laws of the State of Rhode Island, without reference to its principles of conflict of laws, except where the federal supremacy clause requires otherwise. Any suit, action or proceeding brought in connection with this Agreement shall be brought solely in the Providence Superior Court, Providence, Rhode Island. The Parties irrevocably submit to the exclusive jurisdiction of said court and all courts of appeal from which an appeal may be taken from such court, waive any objection to the exclusive venue of said court and any claim that such suit, action or proceeding has been brought in an inconvenient forum. Nothing contained in this section shall be construed to waive any State immunity to suit or liability.

8. Changes to This Agreement. Any changes to this Agreement may only be made pursuant to a written amendment signed by both Parties.
9. Suspension. EOHHS may suspend this Agreement, in whole or in part, if the Subrecipient fails to comply with any terms and conditions of this Agreement.
10. Public Records. All records possessed by EOHHS in connection with this Agreement are subject to the Rhode Island Access to Public Records Act (“APRA”), R.I. Gen. Law § 38-2-1, *et seq.* In no event shall State Agency be liable to Subrecipient for releasing to the public any records relating to this Agreement that State Agency determines may or must be released in accordance with APRA.
11. Whistleblower Protection. An employee of a Subrecipient, contractor, subcontractor, or personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing to a person or body information that the employee reasonably believes is evidence of gross mismanagement of a Federal award, a gross waste of Federal funds, an abuse of authority relating to a Federal award, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to this Agreement.
12. Federal Funding.
 - a. This Agreement is contingent upon and subject to the availability of Federal funds for the purposes outlined in this Agreement. EOHHS may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if funds for this Agreement have not been appropriated or otherwise made available to EOHHS by the Federal funding source or if the Federal funding source issues guidance indicating that the award of funds under this Agreement is disallowed. EOHHS shall provide notice, in writing, to Subrecipient of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any termination pursuant to this Section will be effective upon the date of the written notice provided to Subrecipient unless otherwise indicated.
 - b. Subrecipient acknowledges and understands that the funding is subject to the requirements of the U.S. Department of Treasury. EOHHS is relying on guidance issued by U.S. Department of Treasury (“Treasury Guidance”), including future guidance that may issue after the date of this Agreement. If EOHHS, in its sole and reasonable determination, determines that any Treasury Guidance indicates that any funding awarded under this Agreement, or any use of such funding, are an impermissible use of CRF funding, EOHHS may seek further clarification from the U.S. Department of Treasury and/or will work in good faith with Subrecipient to modify this Agreement to conform this Agreement to the guidance, to the extent feasible. In the event of a disallowance, EOHHS may require the Subrecipient to repay to EOHHS an amount of money equal to the amount provided under this Agreement that corresponds to the disallowed use.
 - c. Subrecipient agrees to comply with all federal reporting requirements that may be specified by the U.S. Department of the Treasury.
13. Prohibited Uses. Funds provided pursuant to this Award must adhere to the Treasury Guidance issued or to be issued on what constitutes a necessary expenditure under Section 5001 of the CARES Act and the terms herein. Subrecipient agrees to promptly repay any funds that were used for unauthorized purposes or inappropriate expenditures to EOHHS not later than ten (10) days after a written request from EOHHS or its designated agent if EOHHS determines that any portion of this Award was expended for purposes other than those

authorized under this Agreement. If the Subrecipient does not repay such funds upon request, EOHHS may recoup such funds as soon as possible from any current or future payments of EOHHS to the Subrecipient under any program administered by EOHHS and may take any other actions that it deems necessary to recovery such funds.

14. Audit. Subrecipient acknowledges that this Award is subject to audit, agrees to cooperate fully with any audits, and that any funds not spent in accordance with this Agreement or Treasury Guidance are subject to recovery and recoupment.
15. Segregation of Funds. Subrecipient agrees that it shall segregate obligations and expenditures of this Award from other funding it receives from the State, federal and/or other sources. Subrecipient agrees that no part of funds made available under this Award may be commingled with any other funds or used for a purpose other than that of making payments in support of projects and activities expressly authorized in this Agreement.
16. Applicable Law and Regulations. Subrecipient acknowledges and agrees to be bound by all applicable State laws, regulations and requirements pertaining to the award of funds, and the applicable portions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, including 2 C.F.R. §§ 200.303 Internal controls, 200.330-332 Subrecipient Monitoring and Management.
17. Indemnification. Subrecipient shall indemnify, defend and hold the State of Rhode Island, its Executive Offices, agencies, branches and its officers, directors, agents or employees harmless against claims, demands, suits for judgements, losses or reasonable expenses (including attorney's fees) incurred by the State of Rhode Island, arising from the performance of this Agreement by the Subrecipient or its agents or employees.
18. Debarment and Suspension. By signing this Agreement, the duly authorized individual for the Subrecipient certifies that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federal assistance programs and activities including subawards, in accordance with 42 CFR part 180. Subrecipient is required to notify EOHHS of any changes to the status certified in this section.
19. Mandatory Disclosures. Subrecipient must disclose, within three (3) business days, in writing to EOHHS all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. Failure to make required disclosures can result in the imposition of any of the remedies described in 42 CFR 200.338.
20. Workers' Compensation. Subrecipient certifies that it is in compliance with the laws relating to workers' compensation and insurance coverage. Subrecipient's employees and agents shall not be considered employees of the State of Rhode Island. Any claims that may arise on behalf of these employees and any claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State of Rhode Island's obligation or responsibility.
21. Record Retention and Access. Subrecipient shall maintain all financial records, supporting documents, statistical records, and other records pertinent to this Agreement for a period of five (5) years from the date of this Agreement, or for the minimum amount of time required by federal or state law governing record retention, whichever period is greater ("Retention Period").
 - a. The U.S. Treasury and its Inspector General, the Pandemic Response Accountability Committee, any other federal agencies with jurisdiction over the subject matter of this

Agreement, the Office of Internal Audit within the Rhode Island Department of Administration, and the State Auditor General shall have the right to access any documents, papers or other records of Subrecipient which may be related to this Agreement in order to make audits, examinations, excerpts and transcripts. The right also includes timely and reasonable access to Subrecipient staff for the purpose of interview and discussion related to such documents.

- b. In addition to the foregoing, the following specific retention guidelines apply:
 - i. *Litigation*. If any litigation, claim or audit is started before the expiration of the Retention Period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action is taken.
 - ii. *Written Notification*. State Agency notifies Subrecipient of an extension of the Retention Period.
 - iii. *Records for Real Property*. Subrecipient is required to retain property records for three (3) years after final disposition.
 - iv. *Program Income Transactions after Period of Performance*. When required, the retention period for the program income records starts at the end of the Subrecipient's fiscal year in which the program income is earned.
22. FFATA Requirements. Subrecipient agrees to provide EOHHS the information required for Federal Funding Accountability and Transparency Act reporting including executive compensation information, where applicable.
23. Notice of Changes. Subrecipient shall notify EOHHS in writing if there is a change in Subrecipient's legal status, Federal employer identification number (FEIN), valid unique entity identifier (DUNS number), entity name or address within thirty (30) days of any change.
24. Lobbying. Subrecipient shall not use funds received under this Agreement to lobby federal, state or local officials or their staff to receive additional funding, to influence legislation or regulation, or on any other matter.
25. Conflicts of Interest. Subrecipient must maintain written standards of conduct, including a conflict of interest policy. Subrecipient shall notify EOHHS of any and all conflicts of interest, as defined under the Rhode Island Ethics Code and its implementing regulations, between the Subrecipient and a State employee or a State official which Subrecipient is aware of or should be aware of.
26. Litigation, Investigations. In the event Subrecipient becomes a party to any litigation, investigation or transaction that may reasonably be considered to have a material relationship to this Agreement, Subrecipient shall notify EOHHS, in writing, within five (5) business days of when it determined, or should have determined, that such litigation, investigation or transaction may reasonably be considered to have a material relationship to this Agreement.
27. Audits & Financial Statement Review. Subrecipient shall be subject to the audit requirements based on the amount of Federal funds expended in the Subrecipient's fiscal year. Guidance on determining Federal funds expended is provided in 2 CFR 200.502.
 - a. *Single and Program-Specific Audits*. If Subrecipient expends \$750,000 or more in Federal funds combined during its fiscal year, it must have a single audit or program-specific audit conducted for that year. 2 CFR 200.501(a)(b)(c), 2 CFR 200.507.
 - b. *Financial Statement Audit*. If Subrecipient expends between \$300,000 and \$749,999

in Federal funds combined, Subrecipient must have a financial statement audit conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS).

- c. *Financial Statement Review.* If, during its fiscal year, the Subrecipient expends less than \$300,000 in Federal funds, the Subrecipient must have a financial statement review completed by a licensed CPA conducted in accordance with standards established by the American Institute of Certified Public Accountants.
- d. *For-Profit Entities.* A for-profit entity that expends \$750,000 or more in Federal funds during its fiscal year is required to have a program-specific audit conducted in accordance with 2 CFR 200.507. A for-profit entity with expenditures less than \$750,000 shall follow the applicable standard outlined in sections (B) or (C) above.
- e. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm licensed with the State of Rhode Island. All audits shall be prepared following the Generally Accepted Auditing Standards. Subrecipient shall request and maintain a copy of the auditor's most recent audit opinion or peer review report and acceptance letter. Subrecipient shall follow procedures prescribed by EOHHS for the preparation and submission of audit reports and any related documents.

IN WITNESS THEREOF, the parties agree and intend to be legally bound by this Subaward Agreement as written above.

For Subrecipient:

By: _____

Name: _____

Title: _____

Date: _____

For the State of Rhode Island:

By: _____

Name: _____

Title: _____

Date: _____

Attachment A – Potential Eligible Support Funding Amounts

Eligible funding support amount based on average monthly Non-Skilled Medicaid Billed Hours – October 2019 thru March 2020 for S5125 and S5130.

Provider ID	Agency Name	Average Hours per Month	Eligible Support Funding Amount
1609955822	HOPE NURSING HOME CARE LLC	29,214	\$408,995
1710058904	NURSING PLACEMENT INC	26,327	\$368,579
1326250572	A CARING EXPERIENCE NURSING SERVICES INC	25,888	\$362,425
1912172974	INDEPENDENCE HEALTH SERVICES LLC	17,203	\$240,842
1053433730	HAIGH VENTURES INC	13,376	\$187,263
1609994763	OCEAN STATE NURSING SERVICES INC	10,555	\$147,771
1912946898	BAYADA HOME HEALTH CARE INC	9,760	\$136,633
1477610046	ELMWOOD HOME CARE INC	8,943	\$125,197
1023148004	LIFETIME FINANCIAL MANAGEMENT INC	8,352	\$116,928
1578843264	COMFORT HOME CARE SERVICES (COMFORT LLC)	8,205	\$114,875
1134119381	H & T MEDICALS INC	7,628	\$106,787
1104948439	HOME CARE ADVANTAGE INC	6,999	\$97,991
1205053048	MORNING STAR HOMECARE LLC	6,969	\$97,563
1427531359	JOY HOME CARE INC	5,054	\$70,760
1073837050	THE SUMMIT MANAGEMENT GROUP LLC	4,968	\$69,546
1598898108	ACCESS HEALTHCARE INC	4,523	\$63,327
1720237167	MAS HOME CARE	4,035	\$56,496
1881069607	OCEAN STATE HOME HEALTH CARE INC	2,984	\$41,777
1184073058	ELMWOOD HOME CARE INC	2,980	\$41,722
1073558680	SPECIALTY PERSONNEL SERVICES INC (CT)	2,723	\$38,118
1326145699	PHENIX HOME CARE	2,645	\$37,024
1558877951	RAISING HOPE INC	2,377	\$33,275
1649300526	SPECIALTY PERSONNEL SERVICES INC	2,122	\$29,707
1306947833	COWESSETT HOME CARE INC	1,989	\$27,845
1205842036	HOME CARE SERVICES OF RI INC	1,954	\$27,352
1538216635	HEALTHCARE CONNECTIONS NURSING SERVICES	1,786	\$25,003
1184743965	COMMUNITY CARE NURSES INC	1,711	\$23,953
1427155613	COVENTRY HOME CARE INC	1,128	\$15,797
1053807743	HOME CARE NETWORKS LLC	983	\$13,763
1366838500	NASH CORP	930	\$13,017
1316125453	SENIOR HELPERS	859	\$12,027
1821325366	DEPENDABLE HEALTHCARE SERVICE LLC	768	\$10,748
1649382151	MAXIM HEALTHCARE SERVICES INC	683	\$9,560
1831196955	ASSISTED DAILY LIVING INC	643	\$9,003
1003472747	CAREGIVERS RI LLC	643	\$8,996
1225029770	CONCORD HEALTH SERVICES INC	575	\$8,048
1992737738	BAYADA HOME HEALTH CARE INC	353	\$4,947
1265883318	CASA CURA INC	352	\$4,925
1528526001	STAFF SOLUTIONS INC	341	\$4,772
1326139023	CAPITOL HOME CARE NETWORK INC	255	\$3,567
1043454663	CEDAR HOME HEALTH LLC	218	\$3,047
1225434608	ONE SOLUTION HOME CARE	176	\$2,470
1386774289	GLEASON MEDICAL SERVICES INC	57	\$792
1124595806	CARE AT HOME LLC	29	\$411

Attachment B - Reporting Template

Agencies are required to submit the following information with the Application for Worker Supports (as of September 1, 2020) and upon completion of the Worker Supports Program (as of December 30, 2020).

Any financial information concerning the wages and/or salaries of home health workers included as part of the Home Health Worker Support Program application submission, is considered proprietary and confidential under R. I. Gen. Laws § 38-2-2(4)(B). Such financial information should not be publicly disclosed as the disclosure would lead to a competitive disadvantage in the marketplace.

	As of September 1, 2020	
	CNA	Homemaker
Total employed		
# regularly scheduled to work < 32 hours/week		
# regularly scheduled to work 32+ hours/week		
0 - 1 year of service		
1 - 5 years of service		
5+ years of service		
# who speak a language other than English		
Posted vacancies (total #)		
Posted vacancies (total FTEs)		
# posted vacancies (evenings, nights, or weekends only)		
# posted vacancies (per diems only)		
Starting wage		
Median wage		
Top wage		
Evening premium		
Nights premium		
Weekend premium		

Indicate your three greatest challenges to recruiting, retaining, and scheduling CNAs and homemakers?

Attachment C - Use of Funds Proposal Template

Funding may be used for the following purposes:

1. Supplemental payroll support to newly hired direct care workers for taking on the risk of entering private homes during the pandemic
2. Supplemental payroll support for direct care workers for working nights and weekends, and for covering geographically underserved locations
3. Reimbursement for mileage and bridge tolls for direct care workers
4. Supplemental payroll support for direct care workers who work thirty-two (32) hours or more per week at a single agency, with no more than sixty percent (60%) of funds in this purpose alone.

Please describe how your agency intends to utilize your allotted Worker Support funds

- Attach a detailed accounting of intended spending that sums to your total eligible support funding amount shown in Attachment A.
- Include in your budget an allowance for employer taxes payable on any worker supports using applicable rates.
- Proposal must include details on the specific formula for the support payments, how payment amounts will be calculated for each worker, amounts that will be spent on increased payroll taxes and insurance, timing of payments, and target number of workers to be eligible.
- Proposal may include a budget for direct costs incurred by the agency for funds distribution, tracking workers, and reporting of payments. No more than 5% of the awarded funds may be used for such costs. Please consult the State's Coronavirus Relief Fund Indirect and Administrative Costs policy¹ to determine eligible direct costs.

¹ The policy is available at this link: https://rigov-policies.s3.amazonaws.com/PRO_CRF_Indirect_and_Administrative_Costs_7.28.20.pdf