



HCBS Home Health Worker Supports: Program Guidance

September 15, 2020

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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, 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 40% of COVID-19 deaths in the US are linked to nursing facilities.¹ In Rhode Island, nursing facilities account for 13% of reported cases and 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 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 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 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.

The principal barriers to 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 pandemic has exacerbated these long-standing supply and demand issues – historically 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 elected to leave the workforce when 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 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.

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

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



To address these second order effects of the pandemic, the State is establishing a support program for direct care staff, to include Certified Nurse Assistants (CNAs) and homemakers who work at home health agencies³ providing services to Medicaid beneficiaries. 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: 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. These funds are an additional measure to be used as secondary to other federal COVID-19 relief funding received by home health workers, and other funding resources made available by the State over the duration of the COVID-19 response.

This Program will distribute up to \$3.25 million in funding to Home Health agencies to be used for one of the following four (4) purposes. Funding can be spread across more than one purpose listed.

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 for taking on the additional COVID exposure risk from working more hours and therefore seeing more clients. No more than sixty percent (60%) of funds may be used for this purpose alone.

2.2 Funding Allocation Methodology

The methodology outlined below is intended to define an equitable and fair means of allocating funds across Home Health Agencies.

Funding will be allocated to all Home Health Agencies who are licensed to provide services to Medicaid beneficiaries in the State of Rhode Island and have served Medicaid or Office of Healthy Aging @Home Cost-Share recipients in calendar year 2019. The state will allocate to each eligible agency a percentage of the \$3.25 million in direct proportion to the agency's share of the total average monthly billed hours⁴ for **non-skilled** services to the Medicaid and/ or Office of Healthy Aging (OHA) @Home Cost Share program prior to the pandemic up to the amounts listed in in Attachment A. Allocated funding is equal to \$14 per average monthly

³ For the purposes of this guidance, "Home Health Agencies" refers to both Home Care Providers and Home Nursing Care Providers licensed by the RI Department of Health."

⁴ Including hours for both managed care and FFS clients.



hour of licensed nursing assistant and homemaker monthly billed hours by agency. This is equivalent to \$3.50 per hour of billed time for four months, to be used by the agencies across the four program purposes listed above in the way they believe will most effectively address capacity shortages.

Funds will be distributed to successful Applicants in a lump sum upon EOHHS approval of a written proposal for use of support funds, as described in Attachment C. The written proposal may include a budget of no more than 5% of total awarded funds for direct costs incurred by the agency to manage this Program, including funds distribution costs, tracking workers, and reporting of payments. The increased expenses agencies incur as a direct result of providing supplemental pay (i.e. increased payroll taxes and insurance) may be built into the full budget. Agencies must specify these calculations in their written proposal. The agencies will be responsible for distributing funds to direct care workers in line with their EOHHS-approved proposal for the supports program.

3 Program Details

3.1 Funding and Application Dates

Key dates for the **HCBS: Home Health Worker Supports** Program are as follows:

- **September 15, 2020:** Applications available online at EOHHS website.
- **October 2, 2020:** Applications due to the State.
- **October 2020:** Funds disbursed to agencies

3.2 Eligible Applicants

Funding through this Program is restricted to Home Health Agencies who are licensed to provide services to Medicaid beneficiaries in the state of Rhode Island and have served Medicaid or Office of Healthy Aging (OHA) @Home Cost-Share recipients in calendar year 2019. All eligible agencies are listed in Attachment A.

Home Health Agencies 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

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. Signed commitment to implement the payments in accordance with the proposed Program structure, including tracking qualified workers who receive payments through this Program.
2. Signed agreement to the agency's total average monthly billed hours for non-skilled services to the Medicaid and/or OHA@Home Cost Share Program as determined by the State and as contained in Attachment A.
3. Signed commitment of intention to build capacity for home health services.
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.



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5. Reporting template as shown in Attachment B, completed with information as of September 1, 2020.
6. Detailed proposal as to how funds will be used, in accordance with specifications provided by the State in Attachment C.

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 with “Home Health Worker Supports” in the subject line.

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 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 used in a manner consistent with the EOHHS-approved written proposal for uses of funds submitted with the application for funding, as outlined in Attachment C.

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. Applicants will have until December 30, 2020 to distribute funds to direct care workers and document how funds have been distributed. If funds have not been distributed to direct care workers in conjunction with the agency’s EOHHS-approved written proposal, as submitted in Attachment C, by that date, any unexpended funds must be returned to the State.

Applicants will also be required to submit a Final Report by December 30, 2020 including updated workforce information, as described in Attachment B.

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



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Attachment A - Potential Eligible Support Funding Amounts

Average Monthly Licensed Nursing Assistant and Homemaker 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 HEALTHSERVICES 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	COWSETT 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 RIGL § 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 32 hours or more per week at a single agency, with no more than 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 policy⁵ to determine eligible direct costs.

⁵ The policy is available at this link: https://rigov-policies.s3.amazonaws.com/PRO_CRF_Indirect_and_Administrative_Costs_7.28.20.pdf