

2022 Health Care Recruitment and Retention Program

1. Program Goals

Recruitment and Retention funding will be deployed to stabilize health and human services employers in Vermont during the COVID-19 PHE and “Great Resignation.” Funding will be allocated in a manner that:

- Ensures the most critical providers are available to meet the needs of Vermonters;
- Yields an immediate impact (e.g. reduce current waitlists, expand occupancy); and
- Supports employers with the highest need (e.g. vacancy rates).

2. Proposed Funding Amount

The proposed funding amount is \$33M gross total package which includes:

- \$3M targeted towards training for HCBS providers;
- \$15M will be restricted to HCBS providers as defined by the Centers for Medicare and Medicaid Services (CMS) within SMDL #21-003.
- \$15M towards health and human services providers including non HCBS providers of which \$1M will be targeted to supporting qualifying employers with hiring international nurses and to support qualifying employers in starting transition-to-practice programs to support new nurse graduates.

3. Funding Source

The program will be funded through two sources:

- HCBS FMAP funding which uses federal funding and is also matched through federal financial participation.
- General funds that may be eligible for Medicaid match via investments. Any Global Commitment Investment expenditures would be subject to the overall budget neutrality of the Waiver and the Investment Cap.

4. Eligible providers

Only providers delivering HCBS as defined within SMDL #21-003 are eligible for HCBS FMAP funds. Health and Human Services providers who do not deliver HCBS could receive General Funds under the grant program. Allowable providers include:

- Hospitals
- Nursing Homes
- Other facility-based providers
- Designated Agencies/Specialized Services Agencies
- Home Health Agencies
- Substance Use Treatment Preferred Providers
- Independent Direct Support Providers
- Adult Family Care/Shared Living Providers
- Adult Day Providers
- Therapeutic Community Residence Providers
- Enhanced Residential Care
- Vermont Assistive Community Care Services
- Assisted Living Residences
- High Tech Nursing Providers
- School Based Service Providers
- Family Supportive Housing Providers

5. Funding Distribution Strategy

Funds will be distributed through a provider grant program. Providers will complete an application during a defined period. AHS will analyze all submitted applications and allocate funds based on need and that furthers the programmatic goals of:

- Ensures the most critical providers are available to meet the needs of Vermonters;
- Yields an immediate impact (e.g. reduce current waitlists, expand occupancy); and
- Supports employers with the highest need (e.g. vacancy rates).

Funds for independent providers may require a different approach. For example, in operationalizing the Hazard Pay program, ARIS Solutions partnered with the Agency to distribute funding to these providers.

6. Criteria for Determining Allocation

AHS will distribute funding based on need and in a manner that minimizes the potential to create a financial incentive for staff movement between organizations. The Agency may establish a per person cap (e.g. 15% of base pay) or limit the opportunity to staff who have a base annual salary less than a certain threshold (i.e. \$75,000). AHS may require providers to distribute the funding in intervals (e.g. quarterly) to promote retention or require a service commitment of 12 or 24 months. AHS may also require an employer match.

2022 COVID Response Funding Program

1. Funding Purpose

With the expiration of CRF effective December 31st, 2021, alternative funding is necessary to adapt to emergent needs relative to AHS's COVID response efforts while also addressing commitments that are either at high risk for FEMA eligibility, or that present an innovative response that FEMA may not yet have put into practice as an allowable use.

2. Proposed Funding Amount and Funding Source

\$25M of General Fund is proposed to support this effort. The use of General Fund allows for the speed and flexibility to address these needs. Current obligations, or known "knowns" include:

- Sub-acute bed capacity via Health and Rehabilitation providers in 7 different locations
- TLC-provided staffing support for residential care facilities
- ICU hospital bed support contracts

Anticipated known "unknowns" include financial support for providers to prevent closure and/or system disruption.

3. Funding Distribution Strategy

Funds will be expended and distributed through two primary mechanisms:

- Through AHS contracts to support COVID response efforts (such as ICU hospital bed supports);
- Through beneficiary agreements to provide emergency financial assistance to providers.

Funding will be prioritized to maintain critical services during the COVID-19 response.