

**Nursing Facility
Initial Financial Plan
Appendix A**

Accountability and Support Administrative Bulletin

Due Date: Thursday, May 21, 2020 @ 11:59pm

Submission to: CHIANursingFacilityData@state.ma.us

Instructions

Save your file using the following convention:

Provider Name_Provider ID_InitialFinancialPlan.xlsx (See right for auto-generated name)

File Name To Use:

#N/A

Tab A: Baseline Data

- **Facility Name:** Select the reporting facility's name using the drop down menu.
- **Provider ID:** This field will autopopulate based on the facility name entered above.
- **1st Supplemental Payment Amount:** Fill in the payment amount using the amount emailed to your facility.
- **Initial Financial Plan:** Indicate how you plan to spend the first supplemental payment 5/1-6/6 pursuant to the accountability and support administrative bulletin

Note:

- The supplemental payment amount that each facility receives will be calculated in accordance with Administrative Bulletin Administrative Bulletin. EOHHS will make best efforts to communicate an accurate first supplemental payment amount to each facility as it distributes this initial financial plan template, but such communication does not obligate EOHHS to pay a different amount than the amount the nursing facility should receive in accordance with the Administrative Bulletin.
- Facilities are required to submit an interim financial report June 30, 2020 to account for the way in which the first supplemental payments was spent. **Facilities are not obligated to spend their first supplemental payment in accordance with the plan described in their initial financial plan and will not be penalized if their actual spending differs.**

Requirement to submit an Initial Financial Plan

Section 7. Each facility will be required to submit an initial financial plan by May 21, 2020, listing the permissible use(s) on which it intends to spend the supplemental payment calculated under Section 3 of this administrative bulletin, along with the anticipated amount of expenditure for such permissible use(s). Nursing facilities must submit the initial financial plan, using the form designated as Appendix A of this administrative bulletin, to the CHIA submissions portal by May 21, 2020, in order to be eligible for supplemental payments under this bulletin.

Permissible use categories

- Increased wages or retention bonuses for existing employees, increased wages or signing bonuses for employees hired as eligible staff between May 1, 2020, and July 31, 2020. For purposes of this administrative bulletin, eligible staff are defined as certified nursing assistants (CNAs), licensed practical nurses (LPNs), registered nurses (RNs), dietary aides, housekeeping aides, laundry aides, activities staff, social workers, and directors of nursing who are hired as full-time, part-time employees, or per-diem employees;
- Temporary nurse services;
- Infection control measures, including, but not limited to, contract housekeeping and servicing of heating, air conditioning and ventilation;

- iv. Personal protective equipment and screening equipment, including coveralls, face shields, hand sanitizer, head covers, respirators, gloves, face masks, sanitizing wipes, shoe covers, surgical goggles, gowns, thermometers and pulse oximeters;
- v. Hotel stays or other temporary lodging that directly benefit staff by allowing them to temporarily reside closer to the facility or isolate themselves from family or others in their home;
and
- vi. Tablet computers or similar technology to enable residents in the facility to have regular live video communications with family members.

Facility Name	
Provider ID	#N/A
1st Supplemental Payment Amount	

Key: Yellow Cells = User Entered Data

Please provide below an initial financial plan listing the permissible uses the facility plans to spend its first supplemental payment on from May 1, :

1. Increased Staff Spending

Eligible staff types	Increased wages for existing employees	bonuses for existing employee	Increased wages for staff hired 5/1-7/31	Signing bonus for staff hired 5/1-7/31	Subtotal
Certified nursing assistants (CNAs)					\$ -
Licensed practical nurses (LPNs)					\$ -
Registered nurses (RNs)					\$ -
Dietary aides					\$ -
Housekeeping aides					\$ -
Laundry aides					\$ -
Activities staff					\$ -
Social workers					\$ -
Directors of nursing					\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -

2. Tempory Nurse Services

Staff types	Hours	Avg. Rate	Spend
Certified nursing assistants (CNAs)			\$ -
Licensed practical nurses (LPNs)			\$ -
Registered nurses (RNs)			\$ -
Other			\$ -
Subtotal	0	0	\$ -

3. Infection Control Measures

	Spend
Contract housekeeping	
Servicing of heating, air conditioning and ventilation	
Other	
Subtotal	\$ -

4. Additional Items

	Spend
PPE Spending	
Hotel stays or other temporary lodging	
Tablet Computers	
Subtotal	\$ -

Total initial financial plan spending \$ -
Planned spend less supplemental payment \$ -
Spent entire amount? Yes

Plan accounts for full Supplemental Payment Amount

2020 to June 6, 2020