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**MEMORANDUM**

To: Providers Delivering Homemaker, Personal Care, and Home Health Aide services through EOEAs Home Care, Mass Health State Plan Home Health, and MassHealth ABI/MFP Waiver programs

From: Lynn Vidler, Director of Home and Community Based Services, EOEAs  
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Date: February 7, 2020  
*Updated: February 14, 2020*

RE: FY19 Supplemental Budget Implementation

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## Summary of Changes

February 14, 2020

This memorandum was initially posted on February 7, 2020. On February 14, 2020, the Executive Office of Elder Affairs (EOEA) and MassHealth updated this document to reflect the following:

- Clarified the total aggregate add-on for Home Health Aide services from \$0.63 to \$0.84 per 15 minute unit (page 2).
- Clarified the total aggregate add-on for Homemaker services for Individual Provider/Self Directed for PT98 in the ABI/MFP Waiver program (page 3).
- Clarified the definition of fringe benefits (page 3).
- Updated the status of the Provider Unit Lookup Tool to reflect its availability in the web-based spending plan (page 4, Attachment B, and Attachment C).
- Clarified the subcontracting section to reference providers' ability to subcontract for Homemaker and Personal Care services in the ABI/MFP Waiver program (page 5).
- Updated Attachments B and C to reflect new fields for providers to report on subcontracted Homemaker and Personal Care services for ABI/MFP Waiver program.

## Purpose

EOEA received an appropriation in the Commonwealth of Massachusetts Fiscal Year 2019 (FY19) Supplemental Budget (Chapter 142 of the Acts of 2019) for \$10M to increase wages, compensation, and salary-related costs for direct care workers providing Homemaker, Personal Care, and Home Health Aide services. Of the total funding amount, \$4.1M is dedicated to direct care workers providing Homemaker or Personal Care services, and \$5.9M is dedicated to direct care workers providing Home Health Aide services.

In accordance with this appropriation, this memorandum outlines the implementation steps for provider compliance. In addition to this memorandum, please see *Attachment A: MassHealth Agency Bulletins* for more information.

## Funding Distribution

The appropriation will be distributed through an add-on process, above current contracted rates (note that this is not a rate change) for EOEA Home Care services and via an amendment to the rates established in regulation for applicable MassHealth services. The planned aggregate add-on amounts are:

- \$0.84 per 15 minute unit for Home Health Aide services for EOEA Home Care, MassHealth State Plan Home Health (PT60), and/or MassHealth ABI/MFP Waiver (PT98) programs
- \$0.56 per 15 minute unit for Homemaker and Personal Care services for EOEA Home Care and MassHealth ABI/MFP Waiver (agency rates only for PT98) programs

- \$0.50 per 15 minute unit for Homemaker (Individual Provider/Self-Directed for PT98, set at 89.75% of the agency rate)

This add-on amount will be added to current contracted rates for billable units incurred from **April 1, 2020 through June 30, 2020**. This add-on funding will no longer be applied to billable units incurred as of July 1, 2020.<sup>1</sup>

Providers are required to utilize this additional funding to increase wages, compensation, and salary-related costs for direct care workers providing Homemaker, Personal Care, and Home Health Aide services through EOEA Home Care, MassHealth State Plan Home Health, and/or MassHealth ABI/MFP Waiver programs. Providers may distribute this funding to its direct care workers through any of the following options:

- *Wage increases* - An increase to the rate the agency agrees to pay an employee per hour worked. An employee's hourly wage would not include any additional rate attached under special circumstances (e.g. overtime, holiday pay, etc.).
- *Bonuses* - Added compensation or supplemental wages that are over and above an hourly rate of pay. An employee may receive a bonus based on tenure, merit, etc. and is at the discretion of the employer.
- *Employee fringe benefits*: Provided to employees or on their behalf over and above salaries and other wages (e.g. medical insurance, vacation or paid-time-off, retirement, life insurance, payroll taxes incurred as a result of increased compensation, etc.).
- *Shift differentials* - Additional pay beyond the employee's standard hourly wage for working a specific shift (e.g. nights, weekends, holidays, etc.). The employer has discretion to set the shift differential pay.
- *Overtime* - Additional hours worked beyond the specified number of hours the employee is typically scheduled for. Most employees must be paid one and one-half times their regular hourly rate for all hours worked in excess of 40 hours in a given work week.
- The provider may use other methods not explicitly identified here that comply with Chapter 142 of the Acts of 2019.

Providers are encouraged to choose the most optimal distribution method for the benefit of their employees, and to note that this add-on amount is temporary in nature.

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<sup>1</sup> Providers providing MassHealth State Plan Home Health services (101 CMR 350.00) and/or applicable MassHealth ABI/MFP Waiver services (101 CMR 359.00) should reference the respective regulations to determine rates for billable units associated with dates of service on and after July 1, 2020.

## Spending Plan Requirement

The FY19 supplemental budget further specifies that providers receiving the add-on amount must submit a spending plan to EOEА that accounts for how they will utilize those funds across all specified services. The spending plan is a budget for how each provider plans to expend the add-on funding. To complete the spending plan, the total revenue estimate should be based on the prorated number of billable units for Homemaker, Personal Care, and Home Health Aide services incurred during Calendar Year 2019 for EOEА Home Care, MassHealth State Plan Home Health, and/or MassHealth ABI/MFP Waiver programs. All providers should reference the spending plan for a Provider Unit Lookup Tool to assist with obtaining their historical billable units for the programs that are within scope of this implementation. All providers must note that the actual revenue each provider receives will be based on the total billable units they incur for specified services from April 1, 2020 through June 30, 2020.

Individual Providers delivering Homemaker services through the ABI/MFP Waiver are not required to submit a spending plan in order to receive the add-on.

### Accessing and Submitting the Spending Plan

EOEA has developed a web-based tool to assist providers in drafting and submitting their spending plan, which can be accessed using any internet browser at:

<https://app.keysurvey.com/f/1468956/1463/>

All home care agencies providing Homemaker, Personal Care, and Home Health Aide services are directed to comply with the spending plan reporting requirement by submitting a completed plan through EOEА's web-based spending plan tool. Providers must submit their spending plan using the link above. The deadline for submitting a spending plan is: **5:00 PM on Friday March 6, 2020.**

*Attachment B: Spending Plan Completion Guide* provides additional instruction about how to complete the spending plan. All providers should review Attachment B prior to completing spending plans.

While spending plans must be submitted online, EOEА and MassHealth are providing a blank version of the spending plan (*see Attachment C: Blank Spending Plan Template*). This template should be used for planning purposes only. This template is intended to assist providers in assembling their approach in order to complete their online submission. This template includes all questions in the survey, but does not include the logic rules that would guide providers through the online survey. When using this template for planning purposes, please note the services to which each question relates (i.e. Homemaker, Personal Care, or Home Health Aide) and plan your responses accordingly.

As a reminder, providers should only provide information about the specified services and programs included in this implementation.

Providers are required to save or print a copy of their spending plan submission for their records.

For questions or assistance on completing the spending plan, please email:

[FY19SupplementalBudget@mass.gov](mailto:FY19SupplementalBudget@mass.gov).

### Subcontracting

Some providers may subcontract with another organization to deliver Home Health Aide services in the EOE Home Care, MassHealth State Plan Home Health, or ABI/MFP Waiver programs; in addition, providers may also subcontract Homemaker or Personal Care services under the ABI/MFP Waiver program. When this occurs, the organization that contracts directly with MassHealth or an ASAP is referred to as the “prime contractor” and the organization that delivers the service is referred to as the “subcontractor.” Providers are only required to submit a spending plan if they are a prime contractor.

There may be cases where providers are both a prime contractor and a subcontractor. In this case, only the prime contractor should report the units that were subcontracted during the referenced time period when completing in their spending plan; the subcontractor *should not* report those units in their spending plan. This will avoid duplicate unit reporting.

### Multiple Businesses

EOEA recognizes that some providers may deliver some of the specified services through two separate businesses. Providers in this situation must submit one (1) spending plan per Employer Identification Number (EIN) or Tax Identification Number (TIN).

*For example, a provider operates one business for its Homemaker and Personal Care services, and another business for its Home Health Aide services. The two businesses have two separate EINs. In this case, the provider should submit two (2) spending plans – a first spending plan for its Homemaker and Personal Care business, and a second spending plan for its Home Health Aide services.*

### Failure to Submit a Spending Plan

If a provider delivering services through a contract with an ASAP for Homemaker, Personal Care, or Home Health Aide does not submit a spending plan, the provider will not receive the add-on funding for billable units they deliver through their contract with the ASAP until a spending plan has been submitted. If a provider comes into compliance with this requirement any time between April 1, 2020 and June 30, 2020, the add-on will be applied retroactively to the first day of the service month in which the spending plan was submitted (as date stamped on the web-based survey response) and prospectively for the remainder of the implementation period.

For providers delivering services through a contract with MassHealth (including State Plan Home Health or ABI/MFP Waiver (agency only) programs), please see *Attachment A: MassHealth Agency Bulletins* for more information about failure to submit a spending plan.

## Communication from EOE and MassHealth

EOEA and MassHealth will post documents and information related to this implementation on the EOE website that can be accessed here: <https://www.mass.gov/lists/eoea-and-masshealth-fy19-supplemental-budget-implementation>.

Providers are directed to check this site regularly for updated information.

EOEA and MassHealth will be hosting a webinar for providers on **Friday February 14, 2020 from 1:00 – 2:30 PM**. This webinar will include a review of the implementation information discussed in this memorandum, including the pending plan. The webinar access information is posted on the website.

## Provider Contracting and Billing

### Contracting

Providers that deliver Homemaking, Personal Care, and/or Home Health Aide services through a contract with an ASAP for EOE Home Care programs may need to amend their Provider Agreements. Contact your contracted ASAP(s) for more information about their required contract amendment process.

For the MassHealth programs, applicable rates will be updated in MMIS.

### Billing

All existing provider billing processes and procedures will remain in effect during this implementation period.

There are two exceptions, which only apply to providers who deliver Homemaker, Personal Care, and/or Home Health Aide services through a contract with an ASAP. These include:

- Providers will need to implement specific data management procedures during the billing process. EOE will be issuing additional communication about the required procedures. Per the previous section, providers are directed to continuously monitor the website for additional information.
- Providers must ensure that all billing for units incurred from April 1, 2020 – June 30, 2020 is posted and fully remediated by **August 15, 2020**. This is critical to ensure that EOE can issue payment to ASAPs using the FY19 Supplemental Budget funding. Providers must plan ahead for this deadline, and ensure that they can comply with this deadline. No exceptions will be made. ASAPs may establish their own deadlines with providers in order to meet this milestone.

All Homemaker, Personal Care, and Home Health Aide services funded through EOEAs must be delivered in accordance with EOEAs requirements (e.g. authorizations, deliveries, timesheets, etc.). All services provided through MassHealth must be delivered in accordance with applicable MassHealth regulations.

## **Attachment A: MassHealth Agency Bulletins**

MassHealth Home Health Agency Bulletin 55 is available at the link below:

<https://www.mass.gov/lists/2020-masshealth-provider-bulletins>

MassHealth will be issuing an additional forthcoming bulletin for the ABI/MFP Waiver program.



**Attachment B: Provider Spending Plan Completion Guide**

## Attachment B: Provider Spending Plan Completion Guide

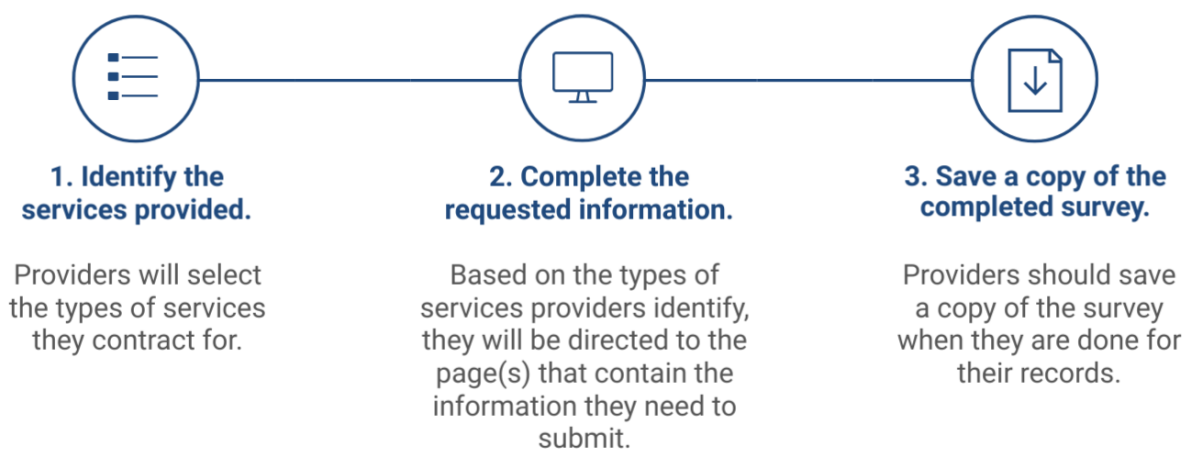
This guide is intended to assist providers with completing the spending plan. The information in this guide is a suggested approach to completing the spending plan. If providers have any questions about the spending plan requirements or need help completing it, please email us at [FY19SupplementalBudget@mass.gov](mailto:FY19SupplementalBudget@mass.gov).

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### Spending Plan Overview

The survey is designed to collect general information from all providers, and then to only ask questions that are relevant for you based on the services that you provide.

The spending plan will guide providers through required questions.



Before you begin completing the spending plan online, we encourage you to:

- Attend our webinar on Friday February 14<sup>th</sup> from 1:00 – 2:30.** This webinar will include a review of this memorandum and a demonstration of how to complete the spending plan. Information about how to access this webinar is on our website.
- Closely review the body of the FY19 Supplemental Budget Implementation Memorandum.** This explains how the add-on will be distributed to your provider organization and which workers need to receive the funding. If you have questions on the requirements, please email us as soon as possible before the deadline.
- Review the fields on the spending plan to make sure you understand the questions, and how you can spend the funding you receive.** If you have questions on the requirements, please email us as soon as possible. We encourage you to collaborate early with your internal stakeholders to leave as much time as possible to complete the spending plan.

- Open the online spending plan to access the Provider Unit Lookup Tool.** The spending plan’s landing page provides a link to a resource you can use to estimate the number of billable units you may incur from April 1, 2020 – June 30, 2020, based on your Calendar Year 2019 units for specified services and programs. This resource is for planning purposes only. The actual amount providers receive from the add-on will be based on the actual number of billable units incurred during the implementation period.
  
- Confirm if you need to submit more than one spending plan.** As a reminder, we are asking providers to submit one (1) spending plan per Employer Identification Number (EIN) or Tax Identifier. You should report on the relevant information based on the services you deliver under each EIN.

### Definitions and Example Responses

The following information defines each field, and provides an example response. The following example responses are for a fictional provider agency, and assume the provider offers all services included in this implementation (including Homemaker and Personal Care through an ASAP and MassHealth ABI/MFP Waiver (agency rates only) programs, and Home Health Aide Services through an ASAP, MassHealth State Plan Home Health, and MassHealth ABI/MFP Waiver (agency rates only) programs. If you do not provide all of these services, disregard the fields that are not relevant for the services you offer.

Relevant Services	Field Name	Definition	Example Response	Response Required?
All	Official Provider Name	This is the name of your business that you use on official documents (e.g. tax forms, legal documents, etc.)	Acme Enterprises, Inc.	Yes
All	Doing Business As	This is the name your businesses you use in your day to day work. You may or may not have a “Doing Business As” name. If you don’t have one, leave this field blank.	Acme Home Care, Inc.	No
All	Provider EIN #	This is a 9 digit number provided by the IRS to identify your business for tax purposes. If you don’t have a federal EIN #, but do have a MA EIN #, enter that here.	123456789	No
All	Provider NPI #	The NPI is a 10 digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS). If you don’t have an NPI #, leave this field blank.	9876543210	No
All	MassHealth Provider ID #	This is a 10 digit number provided by MassHealth to identify your business. If	6789012345	No

Relevant Services	Field Name	Definition	Example Response	Response Required?
		you don't have a MassHealth ID #, leave this field blank.		
All	Contact Person's Name	Identify a representative of your business who is authorized to submit this spending plan and can respond to follow up questions if needed.	Jane Smith	Yes
All	Contact Person's Job Title	Identify the job title of the Contact Person.	Chief Financial Officer	Yes
All	Contact Person's Email Address	Identify the email address of the Contact Person. Please provide direct contact information for this person, and do not enter a general email address (such as "info@...").	jane@acme.com	Yes
All	Contact Person's Phone Number	Identify the direct phone number of the Contact Person.	617-555-1234	Yes
<p><b>*NOTE:</b> The next page asks for some basic information about your business. These questions ask you to report information across <b>all of the services you offer</b>. There are not separate fields for each service type. There is only one field for you to enter your combined information for all services.</p>				
All	Total # of Workers Providing Homemaker, Personal Care/Homemaker, or Home Health Aide services:	Identify how many workers you had on 12/31/2019 that were able to provide any of the services listed here. This should be an unduplicated count of employees, meaning that each employee should only be counted once (even if they provide all 3 services). Workers should be counted here <i>regardless</i> of whether they are Full Time Employees or not.	50	Yes
All	Total # (FTEs) of Workers Providing Homemaker, Personal Care/Homemaker, or Home Health Aide services:	Identify how many Full Time Employees (FTEs) you had on 12/31/2019 that were able to provide any of the specified services. Unlike the question above, we are only asking for FTEs, not the total number of workers. This should be an unduplicated count of employees, meaning that each employee should only be counted once (even if they provide all 3 services).	10	Yes
All	Average Wages (\$ per hour):	Calculate the average hourly wages you paid for workers providing any of the specified services. First, calculate how much you spent on wages for your employees who are able to provide any of the specified services in Calendar Year 2019. Wages includes the direct hourly wage for employees (including	\$14.25	Yes

Relevant Services	Field Name	Definition	Example Response	Response Required?
		<p>for time spent training and traveling during scheduled work time). This category <i>does not include</i> payroll taxes and other non-wage expenses. Second, calculate how many hours of work these employees delivered in Calendar Year 2019. Lastly, divide the total amount you paid for wages by the total number of hours.</p> <p><b>For example:</b>  <math>[Total\ Wages\ Cost] / [Total\ Hours] = [Average\ Wage\ Per\ Hour]</math></p>		
All	Average Fringe Benefits (\$ per hour):	<p>Calculate the average hourly amount you spent on fringe benefits for the workers providing any of the specified services. Fringe benefits include employee benefits such as health or dental insurance, disability, workers compensation, all paid time off, 401K or other retirement contributions, flexible savings programs, all payroll-related taxes (including base payroll, EMAC, and PFMLA), and other company-specific program available to all employees. First, calculate how much you spent on fringe benefits for the workers providing any of the specified services in Calendar Year 2019. Second, calculate how many hours of work these employees delivered in Calendar Year 2019. Lastly, divide the total amount you paid for fringe benefits by the total number of hours:</p> <p><b>For example:</b>  <math>[Total\ Fringe\ Benefit\ Cost] / [Total\ Hours] = [Average\ Fringe\ Benefits\ Per\ Hour]</math></p>	\$2.10	Yes
All	Average Overhead (\$ per hour):	<p>Calculate the average hourly overhead amount you spent for the workers providing any of the specified services. Overhead includes rent, utilities, IT, employee expense reimbursements, etc. First, calculate how much you spent on overhead costs for the workers</p>	\$1.75	Yes

Relevant Services	Field Name	Definition	Example Response	Response Required?
		<p>providing any of the specified services in Calendar Year 2019. Second, calculate how many hours of work these employees delivered in Calendar Year 2019. Lastly, divide the total amount you paid for overhead costs by the total number of hours:</p> <p><b>For example:</b>  <math>[Total\ Overhead\ Cost] / [Total\ Hours] = [Average\ Overhead\ Per\ Hour]</math></p>		
All	Wages (\$ total):	Calculate the total amount you spent on wages for the workers providing any of the specified services in Calendar Year 2019. You do not need to convert this to an hourly amount.	\$520,456	Yes
All	Employee Fringe Benefits (\$ total):	Calculate the total amount you spent on fringe benefits for the workers providing any of the specified services in Calendar Year 2019. You do not need to convert this to an hourly amount.	\$76,507	Yes
All	Overhead (\$ total):	Calculate the total amount you spent on overhead for the workers providing any of the specified services in Calendar Year 2019. You do not need to convert this to an hourly amount.	\$41,636	Yes
<p><b>*NOTE:</b> The remainder of the survey is designed to only ask you to answer questions that are relevant for your business. You will be asked whether you provide <i>Home Health Aide services</i>, and will be directed to relevant questions depending on your answer. You will have a chance to identify yourself as a provider that offers Homemaker and Personal Care later in the survey.</p> <p><b>Don't forget to save your response as you go.</b></p>				
Home Health Aide	<p>My organization provides Home Health Aide services through a contract with either:</p> <p><input type="checkbox"/> MassHealth State Plan Home Health or ABI/MFP Waiver (agency rates only) programs, or</p> <p><input type="checkbox"/> An ASAP.</p>	<p>Pay close attention here. If you provide Home Health Aide services through a contract with either MassHealth or an ASAP, select "Yes." If you do not, select "No." Your answer to this question will either take you to the Home Health Aide questions, or have you skip this section altogether. You will have a chance to identify yourself as a provider that offers Homemaker and Personal Care later in the survey.</p>	Yes	Yes
<p><b>*NOTE:</b> Pay attention to the service listed in the left most column (see arrow below). This explains which services</p>				

Relevant Services	Field Name	Definition	Example Response	Response Required?
the questions are relevant for. Depending on how you answered the previous question, the survey will automatically skip questions that aren't relevant for you.				
↓				
Home Health Aide	Agency MH PID/SL:	MassHealth assigns unique Provider IDs for each service location. This is important for us to be able to apply the add on to the correct service locations. If you have more than 1 PID/SL, enter additional numbers in the relevant fields. If you do not provide services through a contract with MassHealth, leave this field blank.	6789012345A	Yes (if MH HHA provider, not if ASAP only provider)
Home Health Aide	Total Estimated Units for Home Health Aide Service (#)	EOEA and MassHealth have created a Provider Unit Lookup Tool to help you figure out how many units you may incur from April 1 – June 30, based on your historical unit delivery. Click on the document link in this survey question, and an Excel file will open. Use your NPI, TIN, or EIN to lookup your total number of units for the relevant services. If you can't find your total units or you need help, please email us.  Once you have the total number of units for the Home Health Aide services, divide the number by 4 and enter it in this field.	20,000	Yes (if HHA provider)
Home Health Aide	Total Estimated Rate Add-On Funding for Home Health Aide Services (\$):	Multiply the total number of units entered in the field above by \$0.84. This will give you an estimate of how much funding you may receive through the add-on during the implementation period. As a reminder, your actual payments will be based on the number of delivered units during the implementation period.	\$12,600	Yes (if HHA provider)
Home Health Aide	Tell us how you plan to spend the rate add-on you'll be receiving for Home Health Aide services.			
Home Health Aide	<i>For each distribution method: Yes/No</i>	For each distribution method, select "Yes" if you plan to use it and "No" if you do not plan to use it.	Yes	Yes (if HHA provider)
Home Health Aide	<i>For each distribution method: If Yes, \$</i>	For each distribution method that you plan to use, enter the total amount of funding you plan to distribute through	\$12,600	Yes (if HHA provider)

Relevant Services	Field Name	Definition	Example Response	Response Required?
	increase	that method. If you plan to use multiple distribution methods, record the amount you plan to distribute through each method separately and enter in the relevant field. For any distribution method that you do not plan to use, leave this field blank.		
Home Health Aide	<i>For each distribution method: If Yes, # employees to be impacted</i>	For each distribution method that you plan to use, enter the number of employees that will be impacted. Note, this is asking for a total number of employees, not FTEs. For any distribution method that you do not plan to use, leave this field blank.	15	Yes (if HHA provider)
Home Health Aide	<i>For each distribution method: If Yes, identify planned restrictions</i>	For each distribution method that you plan to use, identify any restrictions or qualifications you plan to put in place about which employees can receive the add-on funding.	Any employee in good standing will receive the increase.	Yes (if HHA provider)
Home Health Aide	If you are increasing Benefits, explain 1) what type of benefits are being increased, and 2) why they are in the best interest of your workers providing this service.	Only complete this field if you are increasing Benefits. If you are not using this distribution method, leave this section blank.	We will be providing 1 additional day of paid time off to all employees. This is a valued benefit to our employees.	Yes (if HHA provider increasing benefits)
Home Health Aide	If you are offering a Shift Differential, which specific shifts will the increase be applied to? If you are not offering a Shift Differential, note that in the field below.	Only complete this field if you are offering a Shift Differential. If you are not using this distribution method, leave this section blank.	Employees will receive an additional \$2/hour for taking night or weekend shifts.	Yes (if HHA provider increasing shift diff'l.)
Home Health Aide	If you are offering Other increases, explain 1) what type of compensation is being increased, and 2) why it is in the best interest of your workers providing this service.	If you are going to use Other types of distribution methods to pass this funding down to your employees, describe it here. All other distribution methods must comply with Chapter 142 of the Acts of 2019. If you are not using this distribution method, leave this section blank.		Yes (if HHA provider increasing other.)
Home	If you have any	If you have anything else you want us to		No



Relevant Services	Field Name	Definition	Example Response	Response Required?
Health Aide	additional information you want to share about your Spending Plan, please enter it below.	know about your spending plan submission for Home Health Aide services, write it here. If not, leave this section blank.		
<p><b>*NOTE:</b> The next section of the survey is designed to only ask you to answer questions that are relevant for your business. You will be asked whether you are a prime contractor, who subcontracts any of its Home Health Aide business. Depending on how you answer the following question, you will either proceed to questions about your subcontracted business or skip these questions.</p>				
Home Health Aide	Do you sub-contract any of your Home Health Aide services to another organization?	Select "Yes" if you are a prime contractor, who subcontracted with another entity to provide Home Health Aide services in Calendar Year 2019. Select "No" if you either 1) are a prime contractor and do not subcontract, or 2) are only a subcontractor to another entity.	Yes	Yes
Home Health Aide	Total # of Sub-Contracted Organizations:	Enter the total number of other businesses you subcontracted to in Calendar Year.	1	Yes (if HHA provider who sub-contracts)
Home Health Aide	Name of Sub-Contractor #1:	Enter the name of the business(es) you subcontract to. If you subcontract with more than 1 business, enter additional business names in the relevant fields.	Quality Home Care, Inc.	Yes (if HHA provider who sub-contracts)
Home Health Aide	# Sub-Contracted Units:	Enter the total number of Home Health Aide units you subcontracted to any business in Calendar Year 2019. If you subcontracted with multiple businesses in Calendar Year 2019, enter the total number. You do not need to separate out the units by subcontractor.	5,000	Yes (if HHA provider who sub-contracts)
Home Health Aide	Total Sub-Contracted Spend (\$):	Enter the total amount you spent for subcontracted Home Health Aide services in Calendar Year 2019.	\$30,500	Yes (if HHA provider who sub-contracts)
<p><b>*NOTE:</b> This is the end of the questions about Home Health Aide services.</p> <p>The remainder of the survey is designed to only ask you to answer questions that are relevant for your business. You will be asked whether you provide <i>Homemaker and Personal Care services</i>, and will be directed to relevant questions depending on your answer.</p> <p><b>Don't forget to save your response as you go.</b></p>				

Relevant Services	Field Name	Definition	Example Response	Response Required?
Homemaker and Personal Care	My organization provides Homemaker and Personal Care services.	Pay close attention here. If you provide Homemaker or Personal Care services through a contract with either MassHealth ABI/MFP Waiver (agency rates only) program or an ASAP, select "Yes." If you do not, select "No." Your answer to this question will either take you to the Homemaker and Personal Care questions, or have you skip this section altogether. This is the last section of the survey.	Yes	Yes
Homemaker	Total Estimated Units for Homemaker Services (#):	EOEA and MassHealth have created a Provider Unit Lookup Tool to help you figure out how many units you may incur from April 1 – June 30, based on your historical unit delivery. Click on the document link in this survey question, and an Excel file will open. Use your NPI, TIN, or EIN to lookup your total number of units for the relevant services. If you can't find your total units or you need help, please email us.  Once you have the total number of units for the <i>Homemaker</i> service, divide the number by 4 and enter it in this field.	15,000	Yes (if provide HM/PC)
Personal Care	Total Estimated Units for Personal Care Services (#):	EOEA and MassHealth have created a Provider Unit Lookup Tool to help you figure out how many units you may incur from April 1 – June 30, based on your historical unit delivery. Click on the document link in this survey question, and an Excel file will open. Use your NPI, TIN, or EIN to lookup your total number of units for the relevant services. If you can't find your total units or you need help, please email us.  Once you have the total number of units for the <i>Personal Care</i> service, divide the number by 4 and enter it in this field.	20,000	Yes (if provide HM/PC)
Homemaker and Personal Care	Total Estimated Rate Add-On Funding for Homemaker and	Add together the total number of units for Homemaker and Personal Care services. Multiply the total number of	\$19,600	Yes (if provide HM/PC)

Relevant Services	Field Name	Definition	Example Response	Response Required?
	Personal Care Services (\$):	units by \$0.56. This will give you an estimate of how much funding you may receive through the add-on during the implementation period. As a reminder, your actual payments will be based on the number of delivered units during the implementation period.		
Homemaker and Personal Care	Tell us how you plan to spend the rate add-on you'll be receiving for Homemaker and Personal Care services.			
Homemaker and Personal Care	<i>For each distribution method: Yes/No</i>	For each distribution method, select "Yes" if you plan to use it and "No" if you do not plan to use it.	Yes	Yes (if provide HM/PC)
Homemaker and Personal Care	<i>For each distribution method: If Yes, \$ increase</i>	For each distribution method that you plan to use, enter the total amount of funding you plan to distribute through that method. If you plan to use multiple distribution methods, record the amount you plan to distribute through each method separately and enter in the relevant field. For any distribution method that you do not plan to use, leave this field blank.	\$19,600	Yes (if provide HM/PC)
Homemaker and Personal Care	<i>For each distribution method: If Yes, # employees to be impacted</i>	For each distribution method that you plan to use, enter the number of employees that will be impacted. Note, this is asking for a total number of employees, not FTEs. For any distribution method that you do not plan to use, leave this field blank.	10	Yes (if provide HM/PC)
Homemaker and Personal Care	<i>For each distribution method: If Yes, identify planned restrictions</i>	For each distribution method that you plan to use, identify any restrictions or qualifications you plan to put in place about which employees can receive the add-on funding.	Any employee in good standing will receive the increase.	Yes (if provide HM/PC)
Homemaker and Personal Care	If you are increasing Benefits, explain 1) what type of benefits are being increased, and 2) why they are in the best interest of your workers providing this service.	Only complete this field if you are increasing Benefits. If you are not using this distribution method, leave this section blank.	We will be providing 1 additional day of paid time off to all employees. This is a valued benefit to our employees.	Yes (if HM/PC provider increasing benefits)
Homemaker and Personal Care	If you are offering a Shift Differential, which specific shifts	Only complete this field if you are offering a Shift Differential. If you are not using this distribution method,	Employees will receive an additional	Yes (if HM/PC provider)

Relevant Services	Field Name	Definition	Example Response	Response Required?
	will the increase be applied to? If you are not offering a Shift Differential, note that in the field below.	leave this section blank.	\$2/hour for taking night or weekend shifts.	increasing shift diff'l.)
Homemaker and Personal Care	If you are offering Other increases, explain 1) what type of compensation is being increased, and 2) why it is in the best interest of your workers providing this service.	If you are going to use Other types of distribution methods to pass this funding down to your employees, describe it here. All other distribution methods must comply with Chapter 142 of the Acts of 2019. If you are not using this distribution method, leave this section blank.		Yes (if HHA provider increasing other.)
Homemaker and Personal Care	If you have any additional information you want to share about your Spending Plan, please enter it below.	If you have anything else you want us to know about your spending plan submission for Homemaker and Personal Care services, write it here. If not, leave this section blank.		Yes
<p><b>*NOTE:</b> The next section of the survey is designed to only ask you to answer questions that are relevant for your business. You will be asked whether you are a prime contractor in the ABI/MFP Waiver program, who subcontracts any of its Homemaker or Personal Care business. Depending on how you answer the following question, you will either proceed to questions about your subcontracted business or skip these questions.</p>				
Homemaker or Personal Care (ABI/MFP Waiver Only)	Do you sub-contract any of your Home Health Aide services to another organization?	Select "Yes" if you are a prime contractor in the ABI/MFP Waiver program, who subcontracted with another entity to provide Homemaker or Personal Care services in Calendar Year 2019. Select "No" if you either 1) are a prime contractor and do not subcontract, or 2) are only a subcontractor to another entity.	Yes	Yes
Homemaker or Personal Care (ABI/MFP Waiver Only)	Total # of Sub-Contracted Organizations:	Enter the total number of other businesses you subcontracted to in Calendar Year.	1	Yes (if HM/PC provider who sub-contracts)
Homemaker or Personal Care (ABI/MFP Waiver Only)	Name of Sub-Contractor #1:	Enter the name of the business(es) you subcontract to. If you subcontract with more than 1 business, enter additional business names in the relevant fields.	Quality Home Care, Inc.	Yes (if HM/PC provider who sub-contracts)
Homemaker or Personal	# Sub-Contracted Units:	Enter the total number of Homemaker and Personal Care units you	1,000	Yes (if HM/PC

Relevant Services	Field Name	Definition	Example Response	Response Required?
Care (ABI/MFP Waiver Only)		subcontracted to any business in Calendar Year 2019. If you subcontracted with multiple businesses in Calendar Year 2019, enter the total number. You do not need to separate out the units by subcontractor.		provider who sub-contracts)
Homemaker or Personal Care (ABI/MFP Waiver Only)	Total Sub-Contracted Spend (\$):	Enter the total amount you spent for subcontracted Home Health Aide services in Calendar Year 2019.	\$6,000	Yes (if HM/PC provider who sub-contracts)
<p>This is the end of the survey. <b>Here are the final steps before you are finished:</b></p> <ul style="list-style-type: none"> <li>• <b>Before you submit</b>, review your answers and ensure they are correct. Once you submit, you can no longer edit your responses.</li> <li>• <b>After you submit</b>, save or print a copy of your submission for your records.</li> </ul>				

## **Attachment C: Blank Spending Plan Template**

This blank template is provided for planning purposes only. All spending plans must be submitted using the web-based tool.



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

### Welcome to the Provider Spending Plan Survey.

In December 2019, the Executive Office of Elder Affairs and MassHealth Office of Long Term Services and Supports received an appropriation to temporarily provide an add-on, in addition to current contracted rates, in order to improve compensation for direct care workers providing the following services:

- Homemaker
- Personal Care
- Home Health Aide

The add-on will be in effect from April 1 - June 30, 2020.

**Providers of these services are required to submit a spending plan explaining how the additional funds will be used in certain categories of worker compensation by 5:00 PM on March 6, 2020.** This survey tool is the process for providers to complete the required Spending Plan. Providers must complete this Spending Plan based on the EOEA and MassHealth issued guidance. Spending Plans submitted after March 6, 2020 may be subject to sanction and/or other penalties for failure to comply with this reporting requirement.

For help completing this Spending Plan, please review the guidance on our website. If you need additional support, please email us at [FY19SupplementalBudget@mass.gov](mailto:FY19SupplementalBudget@mass.gov).

### Before you begin this survey:

**1. Confirm that you meet at least one of the following conditions.** This Spending Plan is only required for providers who meet at least one of the following criteria:

- A provider who offers Homemaker and Personal Care/Homemaker through a contract with an ASAP;
- A provider who offers Homemaker and/or Personal Care through a contract with the MassHealth ABI/MFP Waiver program; or
- A provider who offers Home Health Aide services through a contract with an ASAP or MassHealth (State Plan Home Health or ABI/MFP Waiver, agency rates only).

**2. Click the link below to look up the number of units your organization was paid for during Calendar Year 2019.**

[Click here to access the Provider Unit Lookup Tool.](#)

Before starting the Spending Plan, click the link above. When the document opens, follow the instructions to obtain your total Calendar Year 2019 units for the specified services and programs. Write down your total units by service, because you will need this information later in the Spending Plan. If you need help using this tool, email us at [FY19SupplementalBudget@mass.gov](mailto:FY19SupplementalBudget@mass.gov).

### Disclaimer:

*This rate add-on is only reimbursable for Homemaker, Personal Care/Homemaker, and Home Health Aide services provided through EOEA's Home Care program (ASAP contracted services), MassHealth State Plan Home Health, and MassHealth's ABI/MFP Waiver (agency rates only) programs. If providers have questions about their contracts with Accountable Care Partnership plans, Managed Care Organizations, or Integrated Care plans, providers should contact the plans directly.*

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

### Tell us about your provider organization.

This information will help us to confirm which provider you are among our records. Since there is no single ID number assigned across EOEAs and MassHealth providers, **please enter as many of the identifying numbers as possible**. Failure to fully answer this question may result in data errors.

**\*Please Note:** It is the provider's responsibility to ensure that an authorized representative is noted as the Contact Person below and submits this Spending Plan on behalf of your organization.

Official Provider Name:

Doing Business As Provider Name (if applicable):

Provider EIN #:

Provider NPI # (if available):

MassHealth Provider ID # (if available):

Contact Person's Name:

Contact Person's Job Title:

Contact Person's Email Address:

Contact Person's Phone Number:

Completed:





## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

**Tell us about your workforce, counting any individual workers who are able to provide Homemaker, Personal Care/Homemaker, and/or Home Health Aide services as of 12/31/2019.**

Please only include employees who are directly employed by your agency (excluding subcontractor employees).

**Total #** of Workers Providing Homemaker, Personal Care/Homemaker, or Home Health Aide services:

**Total # (FTEs)** of Workers Providing Homemaker, Personal Care/Homemaker, or Home Health Aide services:

**Tell us about how much you spent operating your Homemaker, Personal Care/Homemaker, and/or Home Health Aide services in Calendar Year (CY) 2019, on a *per-employee-hour* basis.**

To calculate this, first add up all of your expenses for the following categories of expenses (Wages, Employee Fringe Benefits, & Overhead) for all three services. Then, add up the total hours worked for all three services. Lastly, divide the total expenses by the total hours worked.

**\*Please Note:** If your organization does not have final financial information available for CY 2019, provide an estimate of your total expenditures.

Average Wages (\$ per hour):

Average Employee Fringe Benefits (\$ per hour):

Average Overhead (\$ per hour):

**Tell us about how much you spent operating your Homemaker, Personal Care/Homemaker, and/or Home Health Aide services in Calendar Year (CY) 2019, in *Total*.**

To calculate this, add up all of your expenses for the following categories of expenses (Wages, Employee Fringe Benefits, & Overhead) for all three services.

**\*Please Note:** If your organization does not have final financial information available for CY 2019, provide an estimate of your total expenditures.

Wages (\$ total):

Employee Fringe Benefits (\$ total):

Overhead (\$ total):

Remember to save your responses as you go by selecting "**Save**" at the bottom of this screen.

The remainder of this survey is designed to only ask you to answer questions that are relevant for your business. You will be asked whether you provide certain services, and will be directed to relevant questions depending on your answer.

Completed: 



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

My organization provides **Home Health Aide** services through a contract with *either*:

- MassHealth State Plan Home Health or ABI/MFP Waiver (agency rates only) programs, *or*
- An ASAP.

Yes

No

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

You identified that you do provide Home Health Aide services.

If this is **correct**, select "Next" at the bottom of this screen to move ahead.

If this **does not describe you**, select "Back" at the bottom of this screen to go back to the previous page and change your selection.

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

The questions on this page are about your Home Health Aide services only.

### If you are a MassHealth provider, enter the PID/SL information for each site location.

Failure to include all MassHealth PID/SLs will hinder MassHealth's ability to apply the rate add-on to all relevant service locations.

**\*Please Note:** If you only offer Home Health Aide services through a contract with an ASAP, leave this section blank.

1. Agency MH PID/SL:
2. Agency MH PID/SL: (if applicable)
3. Agency MH PID/SL: (if applicable)
4. Agency MH PID/SL: (if applicable)
5. Agency MH PID/SL: (if applicable)

### Let's estimate your units from April 1 - June 30.

Click the link below to look up the number of units your organization was paid for this service during Calendar Year 2019. **Obtain the total number of units for this service, and divide that number by 4.**

[Click here to access the Provider Unit Lookup Tool.](#)

**\*Please Note:** Unit estimates should only include EOE Home Care, MassHealth State Plan Home Health, and MassHealth ABI/MFP Waiver programs. If you need help obtaining your total number of units for this service, email us at [FY19SupplementalBudget@mass.gov](mailto:FY19SupplementalBudget@mass.gov).

Total Estimated Units for Home Health Aide Service (#):

### Based on your estimated units, let's estimate the amount of additional funding you may receive.

**\*Remember, this is just an estimate.** The actual amount of funding will be based on the actual billable units your organization delivers from April 1 - June 30.

To answer the question below, multiply your total units from the previous question by \$0.84 (this is the projected amount of additional funding per 15 minute unit). The result is the estimated additional revenue you may receive from April 1 - June 30 for this service.

Total Estimated Rate Add-On Funding for Home Health Aide Services (\$):

**Tell us how you plan to spend the rate add-on you'll be receiving for Home Health Aide services.**

The legislation requires providers to submit a spending plan explaining how they plan to use the funds. To complete this, take the following steps:

- 1. Confirm the spending categories you plan to use to distribute your rate add-on for this service.** Confirm whether you plan to utilize each spending category by choosing "Yes" or "No" from the drop down menu.
- 2. For each spending category, determine how much (\$) of your estimated rate add you plan to use.** Enter the dollar amount you plan to use for each spending category. The numbers you enter should add up to your total estimated rate add-on funding for this service.
- 3. Identify how many employees will be impacted.** Identify the number of people you employ who will be impacted. This is a count of employees, not FTEs. If you are planning to use the rate add-on for subcontracted services, leave this field blank.
- 4. Identify any restrictions on how you plan to spend the rate-add on.** We want to know if you'll make this increase available to all employees, or if you will target the rate add-on in any way.

	1. Yes / No	2. If Yes, \$ Increase	3. If "Yes", # Employees to be Impacted	4. If "Yes", Identify Planned Restrictions
Hourly Wage Increase:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shift Differential (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub-Contracted Services:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are increasing **Benefits**, explain 1) what type of benefits are being increased, and 2) why they are in the best interest of your workers providing this service.

If you are offering a **Shift Differential**, which specific shifts will the increase be applied to? If you are not offering a Shift Differential, note that in the field below.

If you are offering **Other** increases, explain 1) what type of compensation is being increased, and 2) why it is in the best interest of your workers providing this service.

If you have any additional information you want to share about your Spending Plan, please enter it below.

**Do you sub-contract any of your Home Health Aide services to another organization?**

Yes

No

Completed: 



## **Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)**

**You identified that you do sub-contract for Home Health Aide services.**

If this is **correct**, select "Next" at the bottom of this screen to move ahead.

If this **does not describe you**, select "Back" at the bottom of this screen to go back to the previous page and change your selection.

Completed:





## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

The questions on this page are about your Home Health Aide services only.

### How many organizations do you sub-contract with?

Total # of Sub-Contracted Organizations:

### What organizations do you sub-contract with?

Only use the number of fields that are necessary to list all of your sub-contractors. Leave the remaining fields blank.

Name of Sub-Contractor #1:

Name of Sub-Contractor #2 (if applicable):

Name of Sub-Contractor #3 (if applicable):

Name of Sub-Contractor #4 (if applicable):

Name of Sub-Contractor #5 (if applicable):

### How many units did you sub-contract for in Calendar Year 2019?

# Sub-Contracted Units:

### How much did you spend on sub-contracted services in Calendar Year 2019?

Total Sub-Contracted Spend (\$):

Remember to save your responses as you go by selecting "Save" at the bottom of this screen.

This is the end of our questions about your Home Health Aide services.

Completed:





## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

My organization provides **Homemaker** and **Personal Care** services with *either*:

- The MassHealth ABI/MFP Waiver (agency rates only) program, *or*
- An ASAP.

Yes

No

Completed: 



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

You identified that you do provide Homemaker and Personal Care services.

If this is **correct**, select "Next" at the bottom of this screen to move ahead.

If this **does not describe you**, select "Back" at the bottom of this screen to go back to the previous page and change your selection.

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

The questions on this page are about your Homemaker and Personal Care services.

### Let's estimate your units from April 1 - June 30.

Click the link below to look up the number of units your organization was paid for each service during Calendar Year 2019. **Obtain the total number of units for each service, and divide that number by 4.**

[Click here to access the Provider Unit Lookup Tool.](#)

**\*Please Note:** Unit estimates should only include EOE Home Care and MassHealth ABI/MFP Waiver programs. If you need help obtaining your total number of units for each service, email us at FY19SupplementalBudget@mass.gov.

Total Estimated Units for Homemaker Services (#):

Total Estimated Units for Personal Care Services (#):

### Based on your estimated units, let's estimate the amount of additional funding you may receive.

**\*Remember, this is just an estimate.** The actual amount of funding will be based on the actual billable units your organization delivers from April 1 - June 30.

To answer the question below, add together your estimated units from the previous question for both Homemaker and Personal Care. Then, multiply your total units by \$0.56 (this is the projected amount of additional funding per 15 minute unit). The result is the estimated additional revenue you may receive from April 1 - June 30 for these services.

Total Estimated Rate Add-On Funding for Homemaker and Personal Care Services (\$):

### Tell us how you plan to spend the rate add-on you'll be receiving for Homemaker and Personal Care services.

The legislation requires providers to submit a spending plan explaining how they plan to use the funds. To complete this, take the following steps:

- 1. Confirm the spending categories you plan to use to distribute your rate add-on for these services.** Confirm whether you plan to utilize each spending category by choosing "Yes" or "No" from the drop down menu.
- 2. For each spending category, determine how much (\$) of your estimated rate add on funding for these services.** Enter the dollar amount you plan to use for each spending category. The numbers you enter should add up to your total estimated rate add on funding for the services above.
- 3. Identify how many employees will be impacted.** Identify the number of people you employ who will be impacted. This is a count of employees, not FTEs.
- 4. Identify any restrictions on how you plan to spend the rate-add on.** We want to know if you'll make this increase available to all employees, or if you will target the rate add-on in any way.

	1. Yes / No	2. If Yes, \$ Increase	3. If "Yes", # Employees to be Impacted	4. If "Yes", Identify Planned Restrictions
Hourly Wage Increase:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonus:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overtime:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shift Differential (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (*also see question below):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are increasing **Benefits**, explain 1) what type of benefits are being increased, and 2) why they are in the best interest of the workers who provide these services.

If you are offering a **Shift Differential**, which specific shifts will the increase be applied to?

If you are offering **Other** increases, explain 1) what type of compensation is being increased, and 2) why it is in the best interest of your workers providing this service.

If you have any additional information you want to share about your Spending Plan, please enter it below.

**If you are a provider in the MassHealth ABI/MFP Waiver program, do you sub-contract any of your Homemaker or Personal Care services to another organization?**

**\*Please Note:** Providers are not permitted to sub-contract Homemaker or Personal Care services under ASAP contracts.

- Yes
- No

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

You identified that you do sub-contract for Homemaker or Personal Care services in the MassHealth ABI/MFP Waiver program.

If this is **correct**, select "Next" at the bottom of this screen to move ahead.

If this **does not describe you**, select "Back" at the bottom of this screen to go back to the previous page and change your selection.

Completed:



## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

The questions on this page are about your Homemaker and Personal Care services in the MassHealth ABI/MFP Waiver program only.

### How many organizations do you sub-contract with?

Total # of Sub-Contracted Organizations:

### What organizations do you sub-contract with?

Only use the number of fields that are necessary to list all of your sub-contractors. Leave the remaining fields blank.

Name of Sub-Contractor #1:

Name of Sub-Contractor #2 (if applicable):

Name of Sub-Contractor #3 (if applicable):

Name of Sub-Contractor #4 (if applicable):

Name of Sub-Contractor #5 (if applicable):

### How many units did you sub-contract for in Calendar Year 2019?

# Sub-Contracted Units:

### How much did you spend on sub-contracted services in Calendar Year 2019?

Total Sub-Contracted Spend (\$):

Remember to save your responses as you go by selecting "Save" at the bottom of this screen.

This is the end of our questions about your Homemaker and Personal Care services.







## Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)

**Overall, please rate your experience utilizing this web-based survey tool.**

- Very Positive
- Positive
- Neutral
- Negative
- Very Negative

**Would you recommend using this type of web-based survey tool again?**

- Definitely Yes
- Yes
- Maybe
- No
- Definitely No

Completed: 



## **Provider Spending Plan Survey for the FY19 Supplemental Budget (Final 2.14.20)**

**You've completed all required questions, and are almost ready to submit.**

This is your last chance to make any changes to the information you've entered before you submit. If you need to **update any of the information you entered**, select "Back" at the bottom of this screen to return to the relevant page.

If you're **ready to submit your response**, select "Submit" at the bottom of this screen. Once select "Submit" you will no longer be able to edit your response.

**On the next page, there will be an option to download a copy of your completed Spending Plan. Make sure you save a copy of your response for your records.**

Completed: 