



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

EOHHS
Resident Care Facility Bulletin 34
May 2020

TO: Resident Care Facilities Serving Publicly Aided Clients
FROM: Alda Rego, Assistant Secretary for Administration and Finance *Alda Rego*
RE: **COVID-19 Signing Bonuses for Resident Care Facility Staff**

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, EOHHS is implementing measures to address staffing shortages that resident care facilities are experiencing due to COVID-19. Specifically, EOHHS is funding qualifying signing bonuses that eligible resident care facilities pay to incentivize new direct care staff to work in resident care facilities during the public health emergency.

The Commonwealth also established the [COVID-19 Long Term Care Facility Staffing Team Intake](#) portal ("the portal") on April 8, 2020, to enable long-term-care facilities, including resident care facilities, to request staffing needs and to allow potential staff to apply for jobs. The Commonwealth uses the portal to match labor supply and demand, prioritizing requests in facilities that have the most urgent need for staffing. It will also be used as a tool to facilitate the implementation of this signing bonus policy, as further described herein.

This bulletin applies to resident care facilities serving publicly aided clients that meet the criteria described below and that attest to their eligibility through the form provided in Appendix A.

This bulletin will remain effective for the duration of the state of emergency declared via [Executive Order No. 591](#).

Criteria for Qualified Signing Bonus Payments

In order for a resident care facility to be eligible for a supplemental payment for signing bonus payments by EOHHS, the facility must meet the criteria described herein and the facility must attest to its compliance with those criteria via the form attached as Appendix A of this bulletin. The facilities that submit an attestation regarding their compliance with the criteria set forth in this bulletin, and whose attestation is accepted by EOHHS, will be eligible for supplemental payments from EOHHS. The payment methodology for eligible resident care facilities will be described in a forthcoming administrative bulletin issued by EOHHS.

In order for signing bonus payments to qualify, and for the resident care facility to become eligible for the associated supplemental payments from EOHHS, the facility must meet the following criteria:

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1. The resident care facility is licensed by the Department of Public Health. As such, the facility is subject to all statutory and regulatory requirements, including those established under 105 CMR 150.000: *Standards for Long Term Care Facilities*, as well as any contract the facility entered into regarding payment and recoupment through the Massachusetts Medicaid Management Information System (MMIS), and as such requirements are applicable and in effect during the COVID-19 public health crisis.
2. The facility directly hired each employee or contractor claimed as an eligible hire under this bulletin on or after April 8, 2020, and on or before June 12, 2020. Each employee or contractor claimed as an eligible hire under this bulletin must be listed in in Table A of this bulletin and submitted to EOHHS in the manner described herein in order for their signing bonus to be considered qualifying. An employee or contractor hired via a temporary staffing service or agency will not be considered directly hired by the provider and should not be listed in Table A.
3. The employees or contractors listed in Table A must be one of the following employment types: certified nursing assistant (CNA)/patient care tech, resident care aide (RCA) registered nurse (RN), licensed practical nurse (LPN), occupational therapist assistant (OTA), physical therapist assistant (PTA), activities assistant/recreational therapist, occupational therapist (OT), physical therapist (PT), or licensed independent social worker (LICSW).
4. The facility hired the employees or contractors listed in Table A through the portal or registered their employment with the facility through the portal by June 19, 2020.
5. The employees and contractors listed in Table A worked for at least 128 hours at the facility within 30 days of the employee or contractor's start date, or if they did not reach such 30 day hourly requirement, worked for at least 64 hours at the facility within 15 days of the employee or contractor's start date. The facility must indicate on Table A if the employee or contractor met the 128 hours within 30 days criteria or, if not, the 64 hours within 15 days criteria. An employee or contractor listed in Table A whose employment would otherwise be eligible for a qualifying signing bonus based on the qualifying criteria, but who became COVID-19 positive during the 15-day or 30-day duration and could not complete the requisite number of hours due to such diagnosis, will be deemed to have met the hour eligibility criteria.
6. The facility disbursed to each of the eligible employees and contractors listed in Table A payments of \$500 or greater to those who worked at least 64 hours within 15 days and payments of \$1,000 or greater to those who worked at least 128 hours within 30 days on or before 37 days after the employee or contractor's start date, such that all signing bonuses are disbursed on or before July 19, 2020. The provider must be able to produce documentation upon request demonstrating that the signing bonus was paid on top of the employee or contractor's base wages and benefits.
7. The facility must submit a scanned copy of the executed attestation via email to Amar Parikh at amar.parikh@state.ma.us and Robert Logan at robert.logan@state.ma.us on or before July 24, 2020.

Submission of Attestation of Compliance

In order for EOHHS to recognize qualifying signing bonus payments, a resident care facility administrator or other appropriate representative must attest to the criteria set forth above using the form included in this bulletin as Appendix A, and must submit the executed form via email to Amar Parikh at amar.parikh@state.ma.us and Robert Logan at robert.logan@state.ma.us. Upon notification from EOHHS that the facility's attestation has been accepted, the facility will be eligible for the supplemental payment to be established in the forthcoming EOHHS administrative bulletin as of the date the facility submitted the attestation to EOHHS.

Verification of Compliance

A resident care facility that attests to their compliance with the criteria established by this bulletin will be subject to audits, inspections, or requests for information or documentation by EOHHS and EOHHS regarding its compliance with the criteria established in this bulletin. If a resident care facility is determined to be out of compliance with the criteria established in this bulletin or any other state or federal requirements, as applying and in effect during the COVID-19 public health emergency, EOHHS may take appropriate administrative action under the contract the facility entered into regarding payment and recoupment through MMIS, and/or may refer the facility to law enforcement authorities for further investigation.

Additional Information

For the latest MA-specific information, visit the following link:
<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest CMS guidance is available at the following link: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

Questions

If you have any questions about the information in this bulletin, please email your inquiry to Amar Parikh at amar.parikh@state.ma.us and Robert Logan at robert.logan@state.ma.us.

MassHealth Website

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins. To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Appendix A

Resident Care Facility Attestation to Qualified Signing Bonus Payments

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____, (hereinafter “resident care facility”) and that this resident care facility directly hired nursing and other qualifying direct care staff and paid said staff qualifying signing bonus payments.

Specifically, I represent and warrant that:

I have actual knowledge that the following conditions are currently satisfied:

1. The resident care facility is licensed by the Department of Public Health. As such, the facility is subject to all statutory and regulatory requirements, including those established under 105 CMR 150.000: *Standards for Long Term Care Facilities*, as well as any contract the facility entered into regarding payment and recoupment through the Massachusetts Medicaid Management Information System (MMIS), and as such requirements are applicable and in effect during the COVID-19 public health crisis.
2. The facility directly hired each employee or contractor listed in the attached Table A on or after April 8, 2020, and on or before June 12, 2020, and that no employee or contractor listed in Table A was hired via a temporary staffing service or agency.
3. The employees or contractors listed in Table A are one of the following employment types: certified nursing assistant (CNA)/patient care tech, resident care aide (RCA), registered nurse (RN), licensed practical nurse (LPN), occupational therapist assistant (OTA), physical therapist assistant (PTA), activities assistant/recreational therapist, occupational therapist (OT), physical therapist (PT), or licensed independent social worker (LICSW).
4. The facility hired the employees or contractors listed in Table A through the portal or registered their employment with the facility through the portal by June 19, 2020.
5. Each of the employees and contractors listed in Table A worked for at least 128 hours at the facility within 30 days of the employee or contractor’s start date or, if not, at least 64 hours at the facility within 15 days of the employee or contractor’s start date, or was otherwise a qualifying hire but became a COVID-19 positive during the 30-day or 15-day duration and could not complete the requisite number of hours due to such diagnosis.
6. The provider accurately indicated on Table A whether each employee or contractor met the 128 hours within 30 days requirement or met the 64 hours within 15 days requirement, instead.
7. The facility disbursed to each of the eligible employees and contractors listed in Table A payments of \$500 or greater to those who worked at least 64 hours within 15 days and payments of \$1,000 or greater to those who worked at least 128 hours within 30 days on or before 37 days after the employee or contractor’s start date, such that all signing bonuses are disbursed on or before July 19, 2020, and the facility is able to demonstrate that the signing bonus was paid on top of the employee or contractor’s base wages and benefits.

Further, I hereby acknowledge that the resident care facility will cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance this Bulletin.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please submit a scanned copy of the executed attestation via email to Amar Parikh at amar.parikh@state.ma.us and Robert Logan at robert.logan@state.ma.us.

The resident care facility should maintain the original executed copy of the attestation in its files.

