The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary, Executive Office of Health and Human Services

ELIZABETH C. CHEN, PhD, MBA, MPH
Secretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD: 1-800-872-0166
www.mass.gov/elders

TO: Private Pay Assisted Living Residences, Rest Homes, and Skilled Nursing Facilities

FROM: Elizabeth Chen, Secretary of the Executive Office of Elder Affairs

DATE: July 15, 2020

*RE: Bonuses for Certain **Long-Term** Care Positions*

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, the Executive Office of Elder Affairs (EOEA) is implementing measures to address staffing shortages that certain long term care facilities have experienced. EOEA will provide supplemental funds to reimburse private pay Assisted Living Residences, Rest Homes, and Skilled Nursing Facilities ("Facility Providers") for bonuses paid to certain direct care workers hired as an employee or contractor ("Employees" and "Contractors") for the specific positions outlined below from April 8 through June 12, 2020, based on the criteria established in this memorandum.

The Executive Office of Health and Human Services (EOHHS) developed a web-based recruitment tool – the COVID-19 Long Term Care Facility Staffing Team Intake Portal ("Portal") – on April 8, 2020. The Portal assists long term care facilities with recruitment and hiring for in-demand positions during the COVID-19 Public Health Emergency. EOEA will provide reimbursement to facilities for bonuses paid under the criteria defined in this memorandum whether the Employees and/or Contractors were hired through the Portal or through other recruitment processes (e.g. Monster.com, LinkedIn, etc.).

In summary, EOEA will reimburse Facility Providers that meet all of the following criteria:

- The Facility Provider hired eligible Employees and/or Contractors between April 8 and June 12, 2020 that meet the criteria defined in this memorandum;

- Eligible positions are certified nursing assistant (CNA)/patient care tech, resident care assistant (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).

- The Employee or Contractor worked for at least 128 hours for the Facility Provider 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 for the Facility Provider within 15 days of the Employee or Contractor's start date (see exemption below if the Employee or Contractor did not complete these requirements due to becoming COVID positive);

- The Facility Provider paid a bonus, as defined in this memorandum, to eligible Employees and/or Contractors prior to seeking reimbursement through the process described in this memorandum;

- Facility Provider completed and submitted the Employer Attestation (see Attachment A); and

- The Employee or Contractor registered their employment through either 1) the Portal before the bonus registration function was decommissioned on June 19, 2020, or 2) the web-based registration site. Click here to access the web-based employee registration site.

- The Facility Provider notified all employees eligible for a bonus about the registration requirement and provided the URL to the web-based registration site.

The Facility Provider and Employee or Contractor must satisfy the requirements above to be eligible for reimbursement.

This memorandum will remain effective for the duration of the state of emergency declared via Executive Order No. 591.

Detailed Criteria for Qualified Bonus Payments

In order for a Facility Provider to be eligible for reimbursement by EOEA, the Facility Provider must meet the criteria described in this memorandum and the must attest to its compliance with those criteria via the form included in Attachment A of this memorandum. The Facility Providers that submit the attestation regarding their compliance with the criteria set forth in this memorandum, and whose attestation is accepted by EOEA, will be eligible for reimbursement from EOEA. The detailed eligibility criteria are as follows:

1. The Facility Provider is a private pay Assisted Living Residence, Rest Home, or Skilled Nursing Facility certified by EOEA or licensed by the Massachusetts Department of Public Health. The Facility Provider does not have a payment relationship with MassHealth.

2. The Facility Provider directly hired each Employee and/or Contractor claimed as an eligible hire

on or after April 8, 2020 and on or before June 12, 2020. Each Employee and/or Contractor claimed as an eligible hire must be listed in Table A of this memorandum and submitted to EOEA in the manner described herein in order to be reimbursed for any bonus expenditures. An Employee or Contractor hired via a temporary staffing service or agency will not be considered directly hired by the Facility Provider and should not be listed in Table A.

3. The Employees and/or Contractors listed in Table A must have been hired into one of the following positions: certified nursing assistant (CNA)/patient care tech, resident care assistant (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 Employee or Contractor registered their employment either through 1) the Portal on or before the registration function was decommissioned on June 19, 2020, **or** 2) through the web-based registration site by August 15, 2020. Click here to access the web-based employee registration site. If the Employee or Contractor registered in the Portal, they are not required to resubmit a new registration in the web-based registration site. If any Employee or Contractor is unsure if they already completed the registration process, they should email HiringBonus@umassmed.edu for confirmation.

5. The Employees and/or Contractors listed in Table A worked for at least 128 hours for a Facility Provider 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 for the Facility Provider within 15 days of the Employee or Contractor's start date. The Facility Provider 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 bonus based on this 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 Provider disbursed the bonus payments described in this memorandum to each of the eligible Employees and/or Contractors listed in Table A prior to seeking reimbursement from the Commonwealth through this policy. The Facility Provider must be able to produce documentation upon request demonstrating that the bonus was paid in addition to the Employee or Contractor's base wages and benefits.

7. The Facility Provider must submit a scanned copy of the executed attestation via email to HiringBonus@umassmed.edu on or before August 15, 2020. Facility Providers are encouraged to submit a single attestation including all eligible Employees and Contractors; however, if more than one attestation is necessary to capture all eligible employees or other required information, the Facility Provider must identify each attestation by the sequence in which it is submitted (e.g. first, second, etc.) on the scanned attestation form and in narrative of the email in which the form is being submitted.

8. Commonwealth Medicine, an affiliate of the University of Massachusetts Medical School, is EOEA's contracted implementation partner. Commonwealth Medicine will contact each Facility Provider via email after the employer's attestation has been received to request the entity's *W-9 Request for Taxpayer Identification Number and Certification* form. This document will be submitted through secure and appropriate means (e.g. secure email, a secure

file transfer protocol site, etc.), and will be used solely for the purpose of distributing payment under this policy. Facility Providers should wait until asked for this form before providing it.

If an Employee or Contractor meets the policy and criteria described in this memorandum with multiple Facility Providers during the implementation period, the Employee or Contractor may receive one (1) payment from each Facility Provider for which the required criteria were met.

Detailed Calculation and Distribution of Reimbursement Payments

1. The reimbursement payment for each eligible Facility Provider will be calculated as follows:

    a. The number of qualifying bonus payments paid by the Facility Provider for Employees and/or Contractors who were hired into qualifying positions and worked for at least 64 hours for the Facility Provider within 15 days but who did not work 128 hours within 30 days multiplied by $500.

        i. The number of qualifying bonus payments paid by the Facility Provider for Employees and/or Contractors who were hired into qualifying positions and worked for at least 128 hours within 30 days multiplied by $1,000.

    b. The reimbursement payment for each eligible Facility Provider will be equal to the sum of the products calculated in 2.a and 2.b.

2. EOEA will disburse reimbursement payments to eligible Facility Provider in the form of a check within approximately 30 days of EOEA's acceptance of an attestation. Facility Providers are required to deposit the check within 6 months of the check issuance date.

Submission of Attestation of Compliance

In order for EOEA to recognize qualifying bonus payments, a Facility Provider administrator or other appropriate representative must attest to the criteria set forth above using the form included in this memorandum's Attachment A, and must provide the information requested in Table 1 for all eligible Employees and/or Contractors and must submit the executed forms via email to HiringBonus@umassmed.edu.

Verification of Compliance

A Facility Provider that attests to their compliance with the criteria established by this memorandum will be subject to audits, inspections, or requests for information or documentation by EOEA regarding its compliance. If a Facility Provider is determined to be out of compliance with the criteria established in this memorandum, as applying and in effect during the COVID-19 public health emergency, EOEA may take action, including but not limited to referral to the Office of the Attorney General for further investigation.

Questions

If you have any questions about the information in this memorandum, please email your inquiry to: HiringBonus@umassmed.edu.

If any Facility Provider has completed all of the requirements in this memorandum and does not received a check to the designated mailing address within 60 days, the individual listed on the submitted attestation should notify Commonwealth Medicine by email at HiringBonus@umassmed.edu.

Attachment A

Long Term Care Facility Provider Attestation to Qualified Bonus Payments

I, _____ (first and last name), hereby certify on behalf of my employer, under the pains and penalties of perjury, that I am the administrator or other duly authorized officer or representative of _____ (legal business name), which does business as _____ (doing business as name), and is headquartered at _____ (street, city, state, zip code), (hereinafter "Facility Provider") and that the Facility Provider directly hired nursing and other qualifying direct care staff and paid said staff qualifying bonus payments.

Specifically, I represent and warrant that:

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

1. The Facility Provider operates a facility or residence that is either certified by the Executive Office of Elder Affairs or licensed by the Department of Public Health.

2. The Facility Provider directly hired each Employee and/or Contractor listed in the attached Table A on or after April 8, 2020 and on or before June 12, 2020, and no Employee or Contractor listed in Table A was hired via a temporary staffing service or agency.

3. The Employees and/or Contractors listed in Table A were hired into one of the following positions: certified nursing assistant (CNA)/patient care tech, resident care assistant (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. Each of the Employees and/or Contractors listed in Table A worked for at least 128 hours for the Facility Provider within 30 days of the Employee or Contractor's start date or, if not, at least 64 hours for the Facility Provider 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.

5. The Facility Provider accurately indicated on Table A whether each Employee and/or Contractor met the 128 hours within 30 days requirement or met the 64 hours within 15 days requirement.

6. Each of the Employees and/or Contractors listed in Table A received written notification and the URL to register their employment on the web-based registration site. Written notification may be in the form of an email, text message, letter, or other reasonable means of communication.

7. The Facility Provider disbursed to each of the eligible Employees and/or Contractors listed in Table A, payments of $500 or greater for those who worked at least 64 hours within 15 days and payments of $1,000 or greater for those who worked at least 128 hours within 30 days, prior to seeking reimbursement from the Commonwealth through this policy. The Facility Provider is able to demonstrate that the bonus was paid in addition to the Employee or Contractor's base wages and benefits.

8. The Facility Provider affirms that reimbursement check should be sent via mail to (select one of the following options):

☐ The address provided above, which is authorized to accept payments distributed under this policy; OR

☐ The following address, which is an approved location of the Facility Provider's business operations and is authorized to accept payment:

Name: _____
Attention: _____
Street: _____
City: _____
State: _____
Zip Code: _____

Further, I hereby acknowledge that the Facility Provider will cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with this policy.

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

Printed Name: _____
Title: _____
Signature: _____
Date: _____
Email Address: _____
Phone Number: _____

Please submit a scanned copy of the executed attestation via email to HiringBonus@umassmed.edu.

The Facility Provider should maintain the original executed copy of the attestation in its files.

Table A

List of Employees and/or Contractors Who Received Qualified Bonus Payments

Facility Legal Name	Facility DBA Name	Facility Operational Address	Facility Type (ALR, Rest Home, SNF)	Employee/ Contractor Name	Employee/ Contractor Hire Date	Job Type (CNA/patient care tech, RCA, RN, LPN, OTA, PTA, activities assistant/recreational therapist, OT, PT, LICSW)	Date(s) Bonus Disbursed	Hours Criteria Satisfied (64 Hours, 128 Hours, or COVID + Exemption)
Example 1: Acme Assisted Living	*Acme Orchard Assisted Living Community*	*123 Main Street, Boston, MA 00000*	*ALR*	*Jane Smith*	*April 10, 2020*	*RN*	*June 30, 2020*	*64*
Example 2: Acme Assisted Living	*Seabreeze Assisted Living Residence*	*456 Commercial Street, Falmouth, MA 11111*	*ALR*	*John Davis*	*April 12, 2020*	*CNA*	*July 20, 2020*	*128*

Facility Legal Name	Facility DBA Name	Facility Operational Address	Facility Type (ALR, Rest Home, SNF)	Employee/ Contractor Name	Employee/ Contractor Hire Date	Job Type (CNA/patient care tech, RCA, RN, LPN, OTA, PTA, activities assistant/recreational therapist, OT, PT, LICSW)	Date(s) Bonus Disbursed	Hours Criteria Satisfied (64 Hours, 128 Hours, or COVID + Exemption)

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