Premium Pay for Workforce Recruitment and Retention Grant Program Round 1 and Round 2 Close-out

Financial and Program Evaluation Reporting

June 8, 2023



Agenda

- Overview
- Three components of close-out submissions:
 - 1) Financial Reporting
 - 2) Signed Attestations
 - 3) Program Evaluation Reporting
- Returning Unspent Grant Funds
- Your Questions



Overview - Program Website

- <u>https://humanservices.vermont.gov/recruitment-and-retention</u>
- Available documents
 - Program Guidance
 - FAQs
 - Reporting and Attestation Materials
 - Webinar slide decks and videos



1-Financial Reporting for All Grantees

- To ease administrative burden and be compatible with your payroll and/or accounting systems, there is no required template for the financial report.
- At a minimum, we expect the uploaded financial reports to include:
 - Names of employees or unique identifiers for each employee who received premium pay (Note: If you have more than one employee with the same name, please make sure you include additional unique identifiers for those individuals, such as employee number or birthdate)
 - Date(s) each employee was paid
 - How much each employee was paid
 - Grand total of how much premium pay was disbursed
- Ideally, the reports will also include:
 - Subtotals of how much was paid to each employee
 - Subtotals of how much was paid on each date
- Including all the information above in an easy-to-understand format will enable state staff to more quickly review and approve your documentation.



1-Financial Reporting Dates for Round 2 Grantees

Deadline to Spend Grant	Reporting Due Date
90 days from the date on your grant award payment (check or ACH) or the grant award end date, whichever is sooner	15 days after the deadline to spend grant

See materials on website for additional details.



2- Reporting Certifications

• Sign and scan the one-page document of <u>Reporting Certifications</u>.

Certifications related to grant expenditures:

- The Grant Awardee confirmed that Premium Pay from this grant program was only given to Eligible Employees who a) met eligible worker requirements and b) performed essential work, and c) Premium Pay responded to Eligible Employees performing essential work during the COVID-19 public health emergency (which ended April 9, 2023).
- 2. The Grant Awardee confirmed that Premium Pay from this grant program was only given to Eligible Employees who met at least one of the following criteria: i) The Eligible Employee's total wages and remuneration, including the Premium Pay, is less than or equal to 150 percent of the greater of such Eligible Employee's residing State's or county's average annual wage for all occupations as defined by the Bureau of Labor Statistics' Occupational Employment and Wage Statistics; OR ii) The Eligible Employee is not exempt from the Fair Labor Standards Act overtime provisions (29 U.S.C. 207); OR iii) The Eligible Employee meets employee classification criteria because they provide direct care and is one of the types of workers specified in the Program Guidance.
- 3. The Grant Awardee confirmed that Premium Pay for every Eligible Employee did not exceed \$13 per hour, in addition to wage or remuneration the Eligible Employee otherwise receives.
- The Grant Awardee confirmed that the Eligible Employer did not pay more than \$25,000 in combined Premium Pay grant funds (from this program, Hazard Pay, etc.) to any single Eligible Employee.
- The Grant Awardee confirmed that Premium Pay was only provided after work was performed and after the Eligible Employee committed to continuing employment with the Eligible Employer for at least one calendar quarter following receipt.

By signing below, I acknowledge that certifications above are true.

Signature:	Dat	e:
Printed Name:		

Title:

Organization Name:_____



3 - Evaluation Reporting – Timing and Method of Reporting

- Evaluation reporting will allow us to better understand the impact of the program such as the program's impact on vacancy rates.
- It must be submitted at end of the program with your financial reconciliation reports and attestations through the online portal.



Evaluation Reporting – Step 1

А. Арр	licant Contact Information		C. Work Location Name and Town	D. Employee Types	Do you employ any of this type of staff?
Organization Name	Main Street Nursing Home		sample: Main Street Nursing Home - Burlington	24/7 Residential Direct Service Staff	Yes
Eligible Employer Type	nursing home		sample: Home Health Visits to Homes in Vermont - Franklin and Lamoille Counties	Administrative Staff	Yes
Contact Name	Jane Smith		Main Street Nursing Home - Burlington	Community Support Staff/Non-licensed Direct Service Providers	Yes
Title	Business Manager			Crisis Bed Direct Support Staff	Yes
Email	jane.smith@mainstreetvt.com	7		Dental Hygenists	Yes
Phone Number	802-555-5555			Dental Therapists	Yes
		\checkmark		Emergency Service Clinicians (including 988)	Yes
	B. Counties of Work			Master's Level Clinician Providing Direct Service	Yes
Primary County	Chittenden			Medical Assistants	Yes
Secondary County	Washington			MD/DO/ND/DMD	No
Additional counties?	no			Nurse-CNA	Yes
				Nurse-LPN	no
				Nurse-RN	No
Instructions for this ta	ıb			Nurse-APRN (incl. NP, PA, and midwife)	Yes
1. In Table A, enter you	ur contact information.			Shared Living Providers	Yes
2. In Table B, for 'prime	ary county' use the pull-down to select the county			E. Reference Period(s)	

- Step 1 will look familiar. It is similar to Step 1 of the FTE Summary Spreadsheet from your application.
- New Table B asks which counties your organization does most of its work.
- Table D asks which of 15 types of staff your organization employs. The list is not exhaustive, but you only have to enter 'yes' or 'no' here. You don't have to list other staff types.



Evaluation Reporting – Step 1 continued

E. Reference Period(s) in Calendar Ye	ar 2023			
Start Date (first period)	3/1/2023			
End Date (first period)	3/31/2023			
Total amount expended for work performed during this period:	\$17,500.00			
Start Date (second period, if applicable)	4/1/2023			
End Date (second period, if applicable)	4/9/2023			
Total amount expended for work performed during this period:	\$500.00			
Start Date (third period, if applicable)				
End Date (third period, if applicable)				
Total amount expended for work performed during this period:				
F. Approach to Distributing Premium	Pay			
	\$3/hr for all eligible employees who worked at least 40 hours during the first reference period; or \$0.80/hr for those who worked at least 10 hours during the second.			

• Tables E and F ask about how your organization distributed premium pay



Evaluation Reporting – Step 2 (everyone except DA/SSA)

E	F	G	Н	J	К	_ι	М	N	0	Р	Q	R	T	U	v	W
Table i. Full-time employees (<35 hr/week)							Та	ble ii. Part-time	e employees (<3	5 hr/week)			7			
Employee # or Name	Unique Identifier (if needed)	Primary work location		Type of employee	Received Premium Pay?	FTE (calculated)		Employee # or Name	Unique Identifier (if needed)	Primary work location	# of weeks on payroll	# of hours for quarter	Type of employee	Received Premium Pay?	FTE (calculated)	Po
45678		sample. Home Health Visits to Homes in Vermont - Franklin and sahipte: Wan	2	Other	No	0.00		89123		sample: Main Street Nursing Home - Burlington	4	40	Other	No	0.08	
Jane Johnson	8/4/1999	Street Nursing Home -	13	Nurse-CNA	Yes	0.00										
56789		sample: Main Street Nursing Home - Burlington	13	Other	Yes	0.00										
12345		Main Street Nursing Home Burlington	- 10	Nurse-CNA	Yes	0.77		Jane Smith	2/22/2000	Main Street Nursing Home Burlington	10	150	Nurse-RN	Yes	0.31	
23456		Main Street Nursing Home Burlington	- 13	Other	Yes	1.00		Jose Gomez	5/24/1981	Main Street Nursing Home Burlington	- 13	260	Other	Yes •	0.53	
						0.00									0.00	

- Step 2 is also very similar to the initial Round 2 application
- New columns K & U ask if any employees in that category received premium pay <u>from this</u> grant between January and June 2023.



Evaluation Reporting – Step 2 continued

Table iii. Vacant	positions (incl. t	hose filled by c	ontract staff)		 Table iv. Out of all your vacant positions, how many total hours were covered by contract staff?	520	hours total over the quarter
Position nam r #	Primary work location	Type of employee	# of hours budgeted and vacant this quarter	FTE (calculated)	Table v. Did anyone receive premium pay who is not listed in Table i. or ii.? In other words, did anyone get premium pay, then leave employment before April? If yes, how many FTE? If no, please enter '0.'	1.00	FTE received premium pay and left employment before April 1
	Downtown	Nurse-RN					
RN 1 of 2	Primary Care - St. Albans		520	1.00			
RN 2 of 2	Downtown Primary Care - St. Albans	Nurse-RN	520	1.00			
Receptionist	Downtown Primary Care - St. Albans	Administrative Staff	260	0.53			
				0.00			
				0.00			

- Table iii is similar to Table iii of the application. Please be sure to distinguish positions.
- Table iv is the same as the application
- Table v asks one new question. Please enter # of people (not FTE) who received premium pay and left before April (i.e. aren't listed in Table i or Table ii).



Evaluation Reporting – Step 3

Wages for Particular Employe	e Types as of 6/30/2	2023												
					Instructior	IS:								
	Highest Hourly Wage - all filled staff positions	Lowest Hourly Wage - all filled staff positions	Average Hourly Wage - all filled staff positions		All of the employee types you listed in Step 1 should be listed at the left, as well as "other."									
24/7 Residential Direct Service Staff				,	You don't need to report the wage for each employee listed in Step 2, just the									
Administrative Staff						;, and average wages ceived premium pay		oyee type, <u>r</u>	egardless (of whether				
Community Support Staff/Non- licensed Direct Service Providers						y you have three emp								
Crisis Bed Direct Support Staff					received premium pay and one did not. Their hourly wages are \$18, \$20, and \$28. In the 'Administrative Staff' row, you would enter \$28, \$18, and \$22 in columns B, C, and D respectively. For another example, say you have five employees listed in Step 2 that did not fall in one of									
Dental Hygenists														
Dental Therapists				1	the specified employee types. Their hourly wages are \$15, \$15, \$20, \$40, and \$50. In the									
Emergency Service Clinicians (including 988)														
Master's Level Clinician Providing Direct Service														
Medical Assistants														
MD/DO/ND/DMD														

- For each employee type, enter the highest and lowest hourly wage as of 6/30/23, as well as the average.
- If you do not have any employees of a particular type, simply leave that row blank.



Evaluation Reporting – Step 4

Full-time employee # or name	Part-time employee # or name								
12345	Jane Smith	Explanation of Duplicates (if applicable)							
34567	12345								
67890	56789	1. We have two Jane Smiths but we entered their birth dates into Step 2 Table ii to provide							
45678	Jane Smith	a unique identifier.							
0	0	2. Employee #12345 changed from Part-time to Full-time in November; they are less than							
0	0	1.0 FTE							

- Columns A and B automatically populate.
- If a cell turns red, it is a duplicate. Please check to make sure it is accurate and proper.
- If your report is accurate, please add a short explanatory note in the text box.



Evaluation Reporting – High-level Calculations

Subtotal Actual Employees	Subtotal Vacant (incl. Contract)	Total Filled and Vacant FTEs	Implied Vacancy Rate	Portion of Vacancy Filled by Contract Staff
4.1	1.0	5	19.4%	0.0%

- This table is auto-generated and not editable.
- Please check to make sure it aligns with your understanding of your staffing metrics.



Returning Unspent Grant Funds

• If you have unspent grant funds after completing the final reconciliation report, then you must return the unspent grant funds to the address below within 30 days of submitting your final reconciliation report:

State of Vermont Agency of Human Services Office of the Secretary Attn: AHS CO Accounts Payable 280 State Drive, Center Bldg Waterbury, VT 05671-1000

- Checks must be made out to: State of Vermont Agency of Human Services
- Please include the grant # on the memo line of the check.



Your Questions?

Additional information available at: <u>https://humanservices.vermont.gov/recruitment-and-retention</u>

