Premium Pay for Workforce Recruitment and Retention Grant Program

Grantee Webinar

Evaluation Reporting

December 13, 2022

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AGENCY OF HUMAN SERVICES

Agenda

- Financial Reporting Check-in
- Evaluation Reporting
- Your Questions

Financial Reporting for Grantees that Elected to Receive a Single Lump Sum Payment

Time Period	Applicable Dates	Reporting Due Date
90 days	*90 days from the date on your grant award payment (check or ACH)*	10/14/22 or 104 days after your check date, whichever is later (Note: this is 14 days after the end of your 90-day period to spend the funds)

See materials on website for additional details.

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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.

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Financial Reporting for Grantees that Elected to Receive Quarterly Payments

- Data entered into the Quarterly Funding Spent data fields must only include amounts spent from the applicable quarter. Do not sum amounts spent across quarters.

- Failure to submit your quarterly reconciliation report on time may result in you not receiving your next quarterly payment until after the next quarterly reporting cycle.

Quarter #	Applicable Dates	Reporting Due Date	Additional Payment Following Report?
Quarter 1	*7/1/22 - 9/30/22*	10/14/22	Yes (if $ spent)
Quarter 2	*10/1/22 - 12/31/22*	1/16/23	Yes (if $ spent)
Quarter 3	*1/1/23 - 3/31/23*	4/15/23	No
Quarter 4	*4/1/23 -6/30/23*	7/15/23	Final $ reconciliation

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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 during the mid-point and end of the program.

- It should be submitted as follows:

  - <u>For awardees who elected to receive quarterly payments</u>, please submit evaluation reporting with your financial reconciliation reports and attestations through the online portal by 1/16/23 and 7/15/23.

  - <u>For awardees who elected to receive a single lump sum payment</u>, please submit evaluation reporting by email to **ahs.workforcegrant@vermont.gov** by 1/16/23 and 7/15/23
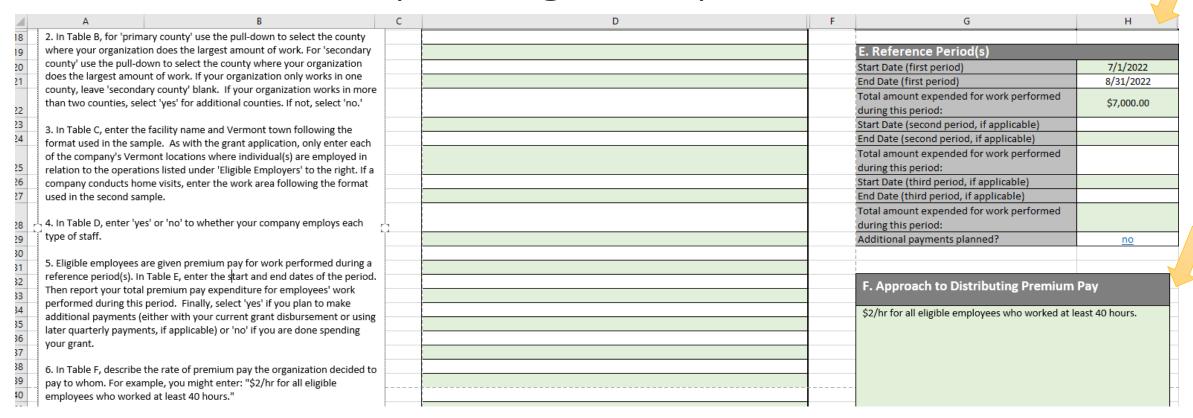
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Evaluation Reporting – Step 1

	A	B	C	D	F	G	H
1	**A. Applicant Contact Information**			**C. Work Location Name and Town**		**D. Employee Types**	Do you employ any of this type of staff?
2	Organization Name	Main Street Nursing Home		*sample:* Main Street Nursing Home - Burlington		24/7 Residential Direct Service Staff	Yes
3	Contact Name	Jane Smith		*sample:* Home Health Visits to Homes in Vermont - Franklin and Lamoille Counties		Administrative Staff	Yes
4	Title	Business Manager		Main Street Nursing Home - Burlington		Community Support Staff/Non-licensed Direct Service Providers	No
5	Email	jane.smith@mainstreetvt.com				Crisis Bed Direct Support Staff	No
6	Phone Number	802-555-5555				Dental Hygenists	No
7						Dental Therapists	No
8	**B. Counties of Work**					Emergency Service Clinicians (including 988)	No
9	Primary County	Chittenden				Master's Level Clinician Providing Direct Service	No
10	Secondary County					Medical Assistants	No
11	Additional counties?	no				MD/DO/ND/DMD	No
12						Nurse-CNA	Yes
13						Nurse-LPN	Yes
14	**Instructions for this tab**					Nurse-RN	Yes
15	1. In Table A, enter your contact information.					Nurse-APRN (incl. NP, PA, and midwife)	Yes
16						Shared Living Providers	No
18	2. In Table B, for 'primary county' use the pull-down to select the county						
19	where your organization does the largest amount of work. For 'secondary					**E. Reference Period(s)**	
20	county' use the pull-down to select the county where your organization					Start Date (first period)	7/1/2022

- 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 employ. The list is not exhaustive, but you only have to enter 'yes' or 'no' here. You don't have to list other staff types.

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Evaluation Reporting – Step 1 continued

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

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

- New columns J & T ask 'type of employee' and offer a dropdown with your selections from Step 1 as well as an 'other' option.

- New columns K & U ask if any employees in that category received premium pay.

Evaluation Reporting – Step 2 (DA/SSA)

- DAs and SSAs will also see columns I & S for primary category of work with four options.

Evaluation Reporting – Step 2 continued

	# of weeks on payroll	# of hours for quarter	Primary category of work	Type of employee	Received Premium Pay?	FTE (calculated)		Position name or #	Primary work location	# of hours budgeted and vacant this quarter	FTE (calculated)		Table iv. Out of all your vacant positions, how many total hours were covered by contract staff?	400	hours total over the quarter
								Table iii. Vacant positions (incl. those filled by contract staff)					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 October? If yes, how many people? If no, please enter '0.'	0	employees received premium pay and left employment before October 1
3	13	130	Developmental Disability Services	Nurse-CNA	Yes	0.27		0041	Main Street Nursing Home - Burlington	455	0.93				
4	4	40	Other (facilities, maintenance, admin)	Other	No	0.08		0042	sample: Home Health Visits to Homes in Vermont - Franklin and	480	1.00				
5								0056	sample: Main Street Nursing Home - Burlington	440	0.90				
6								0059	sample: Main Street Nursing Home - Burlington	320	0.66				
8	10	150	Developmental Disability Services	Nurse-RN	Yes	0.31		CNA 1 of 3	Main Street Nursing Home - Burlington	520	1.00				
9	13	260	Emergency Services	Other	Yes	0.53		CNA 2 of 3	Main Street Nursing Home - Burlington	520	1.00				
10						0.00		CNA 3 of 3	Main Street Nursing Home - Burlington	260	0.53				

- Tables iii and iv are the same as the application.
- Table v asks one new question. Please enter # of people (not FTE) who received premium pay and left before October (i.e. aren't listed in Table i or Table ii).

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Evaluation Reporting – Step 3

Wages for Particular Employee Types as of 12/31/2022			
	Average Hourly Wage - all filled staff positions	Highest Hourly Wage - all filled staff positions	Lowest Hourly Wage - all filled staff positions
24/7 Residential Direct Service Staff	18.00	26.00	16.00
Administrative Staff	19.00	29.00	17.00
Nurse-CNA	25.00	44.00	22.00
Nurse-LPN	33.00	49.00	25.00
Nurse-RN	40.00	76.00	33.00
Nurse-APRN (incl. NP, PA, and midwife)	50.00	90.00	40.00

- The employee types you selected in Step 1 will populate in the Step 3 table.
- For each employee type, enter the average hourly wage as of 12/31/22, as well as the highest and lowest.

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Evaluation Reporting – Step 4

	A	B	C	D	E	F	G	H	I	J	K
1	**Full-time employee # or name**	**Part-time employee # or name**									
2	12345	Jane Smith									
3	23456	Jose Gomez									
4	0	23456									
5	0	Jane Smith									
6	0	0									
7	0	0									
8	0	0									
9	0	0									
10	0	0									
11	0	0									
12	0	0									
13	0	0									
14	0	0									

[If any fields to the left are highlighted, there are duplicate values in your Step 2A Tables i and/or ii. Please check to make sure your entry is correct and no individual employee is counting for more than 1.0 FTE. If there is a reason for the duplicate, please type the reason into this box (e.g. "We have two Jane Smiths but we entered their birth dates into Table ii to provide a unique identifier" or "Employee #23456 changed from Part-time to Full-time in November; they are less than 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.

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Upcoming Webinars

- Thursday, January 5 at 12 noon – Office Hours

Your Questions?

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