

# Premium Pay for Workforce Recruitment and Retention Grant Program

## *Grantee Webinar*

Evaluation Reporting

December 13, 2022

# 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	<i>90 days from the date on your grant award payment (check or ACH)</i>	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.

# 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.

# 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.

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

# 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:
  - For awardees who elected to receive quarterly payments, please submit evaluation reporting with your financial reconciliation reports and attestations through the online portal by 1/16/23 and 7/15/23.
  - For awardees who elected to receive a single lump sum payment, please submit evaluation reporting by email to [ahs.workforcegrant@vermont.gov](mailto:ahs.workforcegrant@vermont.gov) by 1/16/23 and 7/15/23

# Evaluation Reporting – Step 1

A. Applicant 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
Contact Name	Jane Smith	sample: Home Health Visits to Homes in Vermont - Franklin and Lamoille Counties		Administrative Staff		Yes
Title	Business Manager	Main Street Nursing Home - Burlington		Community Support Staff/Non-licensed Direct Service Providers		No
Email	jane.smith@mainstreetvt.com			Crisis Bed Direct Support Staff		No
Phone Number	802-555-5555			Dental Hygenists		No
<b>B. Counties of Work</b>				Dental Therapists		No
Primary County	Chittenden			Emergency Service Clinicians (including 988)		No
Secondary County				Master's Level Clinician Providing Direct Service		No
Additional counties?	no			Medical Assistants		No
<b>Instructions for this tab</b>				MD/DO/ND/DMD		No
1. In Table A, enter your contact information.				Nurse-CNA		Yes
2. In Table B, for 'primary county' use the pull-down to select the county where your organization does the largest amount of work. For 'secondary county' use the pull-down to select the county where your organization				Nurse-LPN		Yes
				Nurse-RN		Yes
				Nurse-APRN (incl. NP, PA, and midwife)		Yes
				Shared Living Providers		No
				<b>E. Reference Period(s)</b>		
				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.

# Evaluation Reporting – Step 1 continued

	A	B	C	D	F	G	H	
18	<p>2. In Table B, for 'primary county' use the pull-down to select the county where your organization does the largest amount of work. For 'secondary county' use the pull-down to select the county where your organization does the largest amount of work. If your organization only works in one county, leave 'secondary county' blank. If your organization works in more than two counties, select 'yes' for additional counties. If not, select 'no.'</p> <p>3. In Table C, enter the facility name and Vermont town following the format used in the sample. As with the grant application, only enter each of the company's Vermont locations where individual(s) are employed in relation to the operations listed under 'Eligible Employers' to the right. If a company conducts home visits, enter the work area following the format used in the second sample.</p> <p>4. In Table D, enter 'yes' or 'no' to whether your company employs each type of staff.</p> <p>5. Eligible employees are given premium pay for work performed during a reference period(s). In Table E, enter the start and end dates of the period. Then report your total premium pay expenditure for employees' work performed during this period. Finally, select 'yes' if you plan to make additional payments (either with your current grant disbursement or using later quarterly payments, if applicable) or 'no' if you are done spending your grant.</p> <p>6. In Table F, describe the rate of premium pay the organization decided to pay to whom. For example, you might enter: "\$2/hr for all eligible employees who worked at least 40 hours."</p>							
19								
20							<b>E. Reference Period(s)</b>	
21							Start Date (first period)	7/1/2022
22							End Date (first period)	8/31/2022
23							Total amount expended for work performed during this period:	\$7,000.00
24							Start Date (second period, if applicable)	
25							End Date (second period, if applicable)	
26							Total amount expended for work performed during this period:	
27							Start Date (third period, if applicable)	
28							End Date (third period, if applicable)	
29							Total amount expended for work performed during this period:	
30							Additional payments planned?	<a href="#">no</a>
31								
32							<b>F. Approach to Distributing Premium Pay</b>	
33							\$2/hr for all eligible employees who worked at least 40 hours.	
34								
35								
36								
37								
38								
39								
40								

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



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

	A	B	C	D	E	F	G	H	J	K	L	M	N	O	P	Q	R	T	U	V	W
1	<p>Note: You only have to fill out <u>one</u> "Step 2" tab.</p> <p>Use this tab IF you choose to report on the full 13-week quarter of October-December 2022.</p>				Table i. Full-time employees (<35 hr/week)							Table ii. Part-time employees (<35 hr/week)									
2					Employee # or Name	Unique Identifier (if needed)	Primary work location	# of weeks on payroll	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)	Posi	
4	<p>Any employee who was compensated for an average of at least 35 hours per week (for however many weeks they were on payroll during the quarter) is considered full-time. Enter them on the first table to the right (Table i).</p> <p>For example, if employee #56789 was on payroll the whole quarter and paid for 37.5 hours per week, you would enter "56789" in column E, leave column F blank since the employee # is unique, select their location in column G, and enter "13" in column H.</p> <p>Any employee who averaged less than 35 hours per week of compensation during the portion of the quarter they were on payroll is considered part-time. Enter them on the second table to the right (Table ii).</p>				45678		sample: Home Health Visits to Homes in Vermont - Franklin and	2	Other	No	0.00	89123		sample: Main Street Nursing Home - Burlington	4	40	Other	No	0.08		
5					Jane Johnson	8/4/1999	sample: Main Street Nursing Home - Burlington	13	Nurse-CNA	Yes	0.00										
6					56789		sample: Main Street Nursing Home - Burlington	13	Other	Yes	0.00										
8					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		
9					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		
10											0.00								0.00		
11											0.00								0.00		

- 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)

Table i. Full-time employees (<35 hr/week)				Table ii. Part-time employees (<35 hr/week)												
Employee # or Name	Unique Identifier (if needed)	Primary work location	# of weeks on payroll	Primary category of work	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	Primary category of work	Type of employee	Received Premium Pay?	FTE (calculated)
34567		sample: Main Street Nursing Home - Burlington	13	Developmental Disability Services	Nurse-CNA	Yes	0.00	67891		sample: Main Street Nursing Home - Burlington	13	130	Developmental Disability Services	Nurse-CNA	Yes	0.27
45678		sample: Home Health Visits to Homes in Vermont - Franklin and Franklin	2	Other (facilities, maintenance, admin)	Other	No	0.00	89123		sample: Main Street Nursing Home - Burlington	4	40	Other (facilities, maintenance, admin)	Other	No	0.08
Jane Johnson	8/4/1999	sample: Main Street Nursing Home - Burlington	13	Developmental Disability Services	Nurse-CNA	Yes	0.00									
56789		sample: Main Street Nursing Home - Burlington	13	Other (facilities, maintenance, admin)	Other	Yes	0.00									
12345		Main Street Designated Agency - Burlington	10	Mental Health / Substance Use Disorder Services	Other	Yes	0.77	Jane Smith	2/22/2000	Main Street Designated Agency - Burlington	10	150	Developmental Disability Services	Nurse-RN	Yes	0.31
23456		Main Street Designated Agency - Burlington	13	Other (facilities, maintenance, admin)	Other	Yes	1.00	Jose Gomez	5/24/1981	Main Street Designated Agency - Burlington	13	260	Emergency Services	Other	Yes	0.53

Note: You only have to fill out one "Step 2" tab.  
Use this tab IF you choose to report on the full 13-week quarter of October-December 2022.

Instructions:  
Any employee who was compensated for an average of at least 35 hours per week (for however many weeks they were on payroll during the quarter) is considered full-time. Enter them on the first table to the right (Table i).  
For example, if employee #56789 was on payroll the whole quarter and paid for 37.5 hours per week, you would enter "56789" in column E, leave column F blank since the employee # is unique, select their location in column G, and enter "13" in column H.  
Any employee who averaged less than 35 hours per week of compensation during the portion of the quarter they were on payroll is considered part-time. Enter them on the

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

# Evaluation Reporting – Step 2 continued

	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE		
1	r/week)							Table iii. Vacant positions (incl. those filled by contract staff)						Table iv. Out of all your vacant positions, how many total hours were covered by contract staff?		400	hours total over the quarter
2	# 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 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).

# 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.

# Evaluation Reporting – Step 4

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Full-time employee # or name</b>	<b>Part-time employee # or name</b>										
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.

# Upcoming Webinars

- Thursday, January 5 at 12 noon – Office Hours

# Your Questions?

Additional information available at:

<https://humanservices.vermont.gov/recruitment-and-retention>