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CITY OF AMESBURY, MA

CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-TWO

SPONSORED BY: *Kassandra Gove* **BILL No. 2022-078**
Kassandra Gove, Mayor

An Order to authorize the Mayor to accept and expend a grant from the Massachusetts Association of Council on Aging, and Senior Center Directors, Inc. (MCOA) for FY22.

Summary: The Massachusetts Association of Council on Aging, and Senior Center Directors, Inc. ("MCOA") has allocated an ARPA Funds Grant from the Massachusetts Executive Office of Elder Affairs to the Amesbury Council on Aging in the amount of \$18,007.36.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a grant of \$18,007.36 from the Massachusetts Association of Council on Aging, and Senior Center Directors, Inc. (MCOA) for FY 2022.



MCOA Direct Service Agreement – ARPA Funds

This Direct Grant Agreement (this “Agreement”) is entered into by and between the Massachusetts Association of Council on Aging, and Senior Center Directors, Inc. (“MCOA”), and the **Amesbury Council on Aging** (the “GRANTEE”).

GRANTOR		GRANTEE	
Massachusetts Association of Council on Aging and Senior Center Directors, Inc. 116 Pleasant Street, Suite 306 Easthampton, MA 01027 413-527-6425 Primary Contact: Elizabeth Connell Email: elizabeth@mcoaonline.com		Entity: Amesbury Council on Aging Address: 68 Elm Street, Amesbury, MA 01913 Phone: 978-388-8138 Primary Contact: Doreen Arnfield Email: arnfieldd@amesburyma.gov	
GRANT PERIOD	April 4, 2022 – September 30, 2022		
Maximum Funds Awarded for Period: America Rescue Plan Act. (ARPA) funds to be used for EMHQT. See attached Exhibit #2 that defines allowable uses for these funds.		\$18,007.36	
Project: Elder Mental Health Outreach Teams			
Funding Source:	ARPA Funds Grant from Massachusetts Executive Office of Elder Affairs: \$18,007.36		
Method of Payment	<input checked="" type="checkbox"/> Cost Reimbursement	<input type="checkbox"/> Advance Payment and periodic cost reimbursement payments. See schedule details in Section III C.	
Approved for MCOA by:		Approved for GRANTEE by AUTHORIZING AGENT:	
Name: Doria P. Stevens		Name: Doreen Arnfield	
Title: Executive Director		Title: Director	
Signature: Sign on page 2.		Signature: Sign on page 2.	



IN WITNESS HEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

**MASSACHUSETTS ASSOCIATION OF
COUNCIL ON AGING AND SENIOR
CENTER DIRECTORS, INC.**

GRANTEE

By: David P. Stevens
Name: David P. Stevens
Title: Executive Director
Date: 14 April 2022

By: Doreen Anfield
Authorizing Agent Name:
Title: Director
Date: 4.6.22

By: Courtesy H. Turner
Primary Contact (Implementation Manager)
Name:
Title: Program Manager
Date: 4.6.22

EMHOT ARPA Funds Budget

April 4, 2022 – September 30, 2022

Category	Amount	In Kind	Details
Salaries & Wages EMHOT Program Manager	\$5,000.00		April 4, 2022
Salaries & Wages COA Director	\$2003.68		April 4, 2022
Salaries & Wages Administrative Assistant	\$2,000.00		April 4, 2022
Salaries & Wages EMHOT Program Manager	\$5,000.00		July 2022
Salaries & Wages COA Director	\$2003.68		July 2022
Salaries & Wages Administrative Assistant	\$2,000.00		July 2022
Total	18007.36		

Exhibit 2: Elder Mental Health Outreach Team (EMHOT) Amendment to Project Description and Requirements

EMHOT Project Description

In addition to the project description, reporting and other requirements of Exhibit 1 in the original contract, the GRANTOR and the GRANTEE hereby agree that the additional \$18,007.36 of American Rescue Plan Act funds shall be used in accordance with the guidance issued by the Massachusetts Executive Office of Elder Affairs for the purposes of Workforce Stabilization, which is as follows:

EOHHS Workforce Stabilization Funding – Non-HCBS ARPA Eligible – FAQs

1. What are the allowable uses for these funds?

- *Providers may utilize this funding for the specific purposes of recruiting, building, and retaining their direct care and support workforce. Examples of allowable uses include:*
 - “Recruitment” defined as offering of incentives and/or onboarding/training.
 - “Bonuses” defined as added compensation that is over and above an hourly rate of pay and are not part of an employee’s standard wages. An employee may receive a retention or recruitment bonus.
 - “Overtime” defined as compensation for additional hours worked beyond the employer’s standard work week.
 - “Shift differential” defined as additional pay beyond the employee’s standard hourly wage for working a specific shift (e.g. nights, weekends, holidays, etc.) or working for special populations (e.g., dementia, autism spectrum disorder, etc.).
 - “Hourly wage increase” defined as an increase to the wage the provider agrees to pay an employee per hour worked. *(please note that if providers intend to continue the hourly wage increase past the eligible grant period they would be responsible for bearing the differential costs)*
 - “Wraparound benefits” defined as employer provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or grants for childcare or elder care assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention of staff moving up in the career ladder.

2. What positions are eligible/ineligible to receive these funds?

- *Provider agencies must use at least 90% of the enhanced funds to support health and human services direct care, clinical, and support staff. Eligible direct care, clinical, and support staff include:*
 - Frontline workers who provide care, services, or support to families and individuals through the programs and services listed in 101 CMR 448.

- Workers in identical positions to those covered in the state contract programs and services listed in 101 CMR 448.
 - *The following workers are not considered direct care or support staff and would be considered ineligible toward meeting the 90% requirement:*
 - Executive management, administrators or individuals in positions that do not include the provision of health and human services or supports directly to the individual and/or their family.
- 3. Can providers establish their own criteria for distributing the funding?**
- Yes – the intent is for providers to use the funds to best mitigate the hiring/retention challenges as they see fit (within the guidelines laid out in the attestation form).
- 4. Should providers allocate the relief only to those funded from those contracts, or all of their direct care workers on state contracts, or all of their direct care workers regardless of how the bonus was calculated?**
- Providers may allocate funds across all identical positions to those covered under the state contract assuming the position meets the definition of direct care workforce outlined in eligible positions question above.
 - However, providers are not required to distribute the funding evenly across all identical positions if that is not in the best interest of addressing their workforce challenges.
- 5. If a provider has a subcontract, are staff in the subcontract eligible to receive funding?**
- Subcontractors who meet the same worker eligibility criteria are also eligible to receive funds but *please note* that providers are responsible for collecting and reporting the same information for subcontractors as for their direct staff. *Failure to provide sufficient reporting on subcontracting spend could result in forfeiture of funds.*
- 6. How will providers receive communication about the attestation and spending report forms? Will EOHHS be sending that information out, or will each agency distribute that information?**
- EOHHS will be using very similar attestation forms as the HCBS ARPA Round 1 workforce initiative. These will be made available for distribution by agencies, through trade organizations, and posted on the EOHHS website. Providers may also submit questions related to the enhanced funding and other questions related to this bulletin to EOHHSProviderCOVIDCost@mass.gov.
- 7. When will the attestation and spending report forms be due for the July 2021 through December 2021 funding?**
- July 31st, 2022 – aligned with HCBS ARPA Round 1
- 8. When are providers expected to expend the July 2021 through December 2021 funding by?**

- June 30th, 2022 – aligned with HCBS ARPA Round 1

9. What happens if providers are unable to expend all of the funding prior to the deadline?

- Any unexpended funds will be returned to EOHHS but no additional financial penalty will be incurred.

10. Do providers receiving funding have any kind of audit responsibility for this funding?

- Providers are only responsible for the accurate and timely reporting of how the funds were spent. Any additional federal compliance steps will be handled by EOHHS.

11. How does the guidance for these funds compare to the HCBS ARPA Round 1 Guidance?

- Guidance for these funds closely follows the HCBS ARPA Round 1 guidance with the intention of providing consistency across recipients and for recipients eligible for both funding sources.

12. How were the payment amounts calculated?

- Based on the reported May 2021 actual spend from agencies, the total monthly spend was multiplied by 10% and then by 6, representing the 10% increase across 6 months. A shortcut is to just multiply a given service's May spend by a factor of 0.6 to achieve the appropriate lump sum payment.

13. Do providers need to submit a budget plan for the funds?

- No budget plan is required – providers are required to submit the Attestation Form and complete all reporting requirements.

14. Why are there different funding sources for workforce relief?

- There is ARPA authorized enhanced match funding eligible to be spent on qualifying Home and Community Based Services (HCBS). Because some of the direct care workforce was ineligible for that funding under CMS guidelines, EOHHS decided to complement the funding using Coronavirus State Fiscal Relief Fund dollars, also authorized under ARPA, to ensure the non-HCBS-eligible direct care workforce is equally supported.

EMHOT ARPA Funds Budget: The grantee shall prepare and submit to MCOA with this signed contract, a budget for the use of these ARPA funds using the budget form provided. Allowable fringe must not exceed 30%, and travel reimbursement is at the rate allowed by the Executive Office of Elder Affairs which at this time is .585 per mile.