

Attachment Q Claiming Protocol – Wavemaker Fellowship

Introduction

The Special Terms and Conditions (STCs) of Rhode Island’s Section 1115(a) Demonstration #11-W-00242/1 approved by the Centers for Medicare and Medicaid Services (CMS) on October 20, 2016, approved expenditure authority to Rhode Island (RI) Medicaid for Designated State Health Programs. Accordingly, Rhode Island Medicaid established Designated State Health Programs (DSHPs) to permit Federal Financial Participation claiming for DSHP expenditures that provide or support the provision of health services in Rhode Island.

Under this approval, the following Designated State Health Programs (also termed “Program Group(s)”, “Program” or “Agency”) were established and are listed below with their respective claiming protocol Attachment:

- Attachment Q
 - Wavemaker Fellowship
- Attachment P (“Other DSHPs”)
 - Tuberculosis Clinic
 - Center for Acute Infectious Disease Epidemiology
 - Rhode Island Child Audiology Center at the RI School for the Deaf
 - Consumer Assistance Programs
 - Office of the Child Advocate
 - Commission on the Deaf and Hard of Hearing
- Attachment S
 - Health Workforce Development (RI Public Institutions of Higher Education*)
 - *Includes Community College of Rhode Island, Rhode Island College, University of Rhode Island*

Through these DSHPs, additional CNOM (Costs Not Otherwise Matchable) activities have been identified for which Federal Financial Participation (“FFP” or “match”) may be claimed. Allowable DSHP claims for each Program are limited to the allowable DSHP costs (“Allowable Costs” or expenditures) incurred for the months of the time period defined by the STCs. Under the STCs, the state cannot begin to claim FFP for any of the DSHPs until the corresponding protocols are approved. Upon CMS approval of each DSHP claiming protocol, the state may claim FFP for the corresponding approved DSHP expenditures beginning with the date the STCs were approved, October 20, 2016.

This document, Attachment Q to those STCs, addresses the “Wavemaker Fellowship” sponsored by the Rhode Island Commerce Corporation (Commerce, Corporation or Agency) and established under RI General Law 42.64.26. As a quasi-public organization, the Rhode Island Commerce Corporation is a component unit of the State of Rhode Island and funded through an

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appropriation from the Rhode Island General Assembly as well as through bonds issued by the Corporation, donations and fees for services. Separate Protocols are established for the Other DSHPs, Attachment P, and the Health Workforce Development DSHP, Attachment S. This document along with Attachments P and S are attachments to those STCs and articulate the protocol for determination of DSHP expenditures eligible for FFP, describe the claiming and reporting methods and identify the records required to be maintained to support the STCs relating to the DSHPs.

All claimable DSHP expenditures will be made from the State's general funds and do not include any expenditures that are used to meet any federal maintenance of effort requirements nor to provide match for any other federal purpose or grant.

Rhode Island Medicaid will enter into an Interagency Service Agreements (ISA) with the Commerce Corporation. The Agreement will specify what can count as a DSHP expenditure, documentation requirements for the expenditure, and an assurance that the DSHP gives RI Medicaid authority to submit the claim based on their documented, eligible DSHP expenditures. In accordance with the ISA, the Agency will provide verification that the DSHP eligible expenses are accurate and complete and are based on the instructions provided in this claiming protocol.

DSHP Authority

The relevant authorizing language in the STCs (STC 84) states that Rhode Island “may claim FFP for expenditures under the Wavemaker Program. The Wavemaker Fellowship is a state-funded loan repayment program. The Wavemaker Fellowship will allow for graduates working in the healthcare settings to serve and make an impact on the health care of Medicaid beneficiaries”.

The following describes the Wavemaker Fellowship program included in this claiming protocol.

Program Background

The Wavemaker Fellowship provides a financial incentive for recent college graduates to work in RI by defraying student loan payments for up to four years for graduates pursuing careers and employed in positions in Rhode Island in areas of health care, medicine, medical device technology, natural or environmental sciences, computer, information or software technology; advanced mathematics, finance; engineering, industrial or other commercial design fields.

To be eligible, an applicant for the Fellowship must have incurred student loan debt during the completion of an associate's, bachelor's, or graduate degree and must work in Rhode Island in a designated field. A fellowship committee convened by the Corporation selects fellowship recipients from among the qualified applicants using a competitive, merit-based process.

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Fellowship awardees receive an annual award for up to four years in the form of a cash payment or a redeemable tax credit against their Rhode Island income tax to defray the cost of student loan repayments. The award will equal the fellow's annual loan repayment expenses subject to the following caps: \$6,000 for a fellow with a graduate degree, \$4,000 for a fellow with a bachelor's degree, and \$1,000 for a fellow with an associate's degree. "Eligible Expenses" means annual higher education loan repayment expenses, including, without limitation, principal, interest and fees, as may be applicable, incurred by an eligible graduate and which the eligible graduate is obligated to repay for attendance at a postsecondary institution of higher learning. Notwithstanding the foregoing, late fees or other penalties for late payment shall not constitute Eligible Expenses". The Fellowship is awarded and paid by the Rhode Island Commerce Corporation.

The application period is typically in the second quarter of the calendar year, with awardees named in the third quarter, and award payments made only after a 12-month qualifying service period is demonstrated. These award payments are typically made in the fourth quarter of the following calendar year. For example, an awardee named in June 2017 receives the payment/credit in October 2018. That is, the award is realized (paid) only after an individual actually works for a full year in a qualifying position in RI.

The full text of the Wavemaker Fellowship regulations and the enacted governing legislation can be found at <http://commerceri.com/finance-business/taxes-incentives/wavemaker-fellowship/>.

Expenditures Claimable for FFP

Using the Corporation's accounting system, the Corporation will identify the payments made to the certified awardees (the "Allowable Expenditures") as described above, incurred in a year commencing with the date of CMS approval of the STCs (October 20, 2016) and will complete and submit the "Wavemaker Allowable Expenditure Report" template in **Exhibit B** to EOHHS no later than 40 calendar days after the end of the quarter in which the payment occurs.

In the "Wavemaker Allowable Expenditure Report", the Corporation will submit a list of those Fellows receiving the award for which FFP will be claimed utilizing the Corporation's database which tracks Fellowship awards, job, and employer information.

The Commerce Corporation validates and authorizes the payment/credit of an award by identifying the number of participating graduates and loan repayment amounts as follows:

- A. Within six (6) months after the end of each Award year, a Fellowship Recipient submits a certification to the Commerce Corporation certifying:
 - (1) The amount the Fellowship Recipient has actually incurred and paid in Eligible Expenses;

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- (2) The Fellowship Recipient continues to meet the eligibility requirements of employment with an “eligible Rhode Island based employer”, as defined in the Wavemaker regulations, throughout the year of employment;
 - (3) The amount sought in Fellowship Award does not exceed the original loan amount; and,
 - (4) The Fellowship Recipient is current on his or her student loan repayment obligations.
- B. Upon a review of the submission and determination that the Fellowship Recipient has met the requirements specified in the Award Letter, the Corporation will issue an Annual Certification to the Fellowship Recipient providing entitlement to the issuance of a Tax Credit Certificate for a specified year in an amount determined pursuant to the Award Letter;
- C. The Awardee must make a one-time election to receive the award in cash or as a tax credit.

Expenditure Verification

Along with the completed “Wavemaker Allowable Expenditure Report” the Corporation will provide an Expenditure Verification form (**Exhibit A** to this Claiming Protocol) attesting that the reported expenditures are accurate in accordance with this Claiming Protocol, include only Allowable Expenditures, are not used as match or MOE (Maintenance of Effort) for any federal grants, and are funded by the State’s annual appropriation for the Wavemaker program permitted by this Claiming Protocol.

Expenditure Substantiation

The Agency will provide reports of expenditures made as required by this claiming protocol and provide reports, procedure narratives and such other documentation as requested by EOHHS as needed for audit or such other compliance or documentation purposes as arise from time to time.

If EOHHS requests it, the Agency shall provide detailed records supporting the expenditure statement including records that document verified expenditures, and to the extent any personally identifiable records are relevant, provision of such records is subject to and shall be in conformity with applicable provisions of the Family Educational Rights and Privacy Act (FERPA) and/or the Health Insurance Portability and Accountability Act (HIPAA).

All expenditures to be claimed under this Protocol are included in the Corporation’s annual financial statements audited by an external public accounting firm which are included in the State’s Comprehensive Annual Financial Report (CAFR) audited annually by the Rhode Island Auditor General. Additionally as a State Agency, all transactions are recorded in the accordance with generally accepted accounting principles (GAAP) as promulgated by the Governmental Accounting Standards Board.

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Claiming for DSHP Funds

Upon receipt of **Exhibit A** with **Exhibit B** from the Corporation, EOHHS will approve or reject any such Expenditure Verification statement, or request additional information within 10 business days after receipt by EOHHS. EOHHS shall provide the Corporation with a written explanation if any statement is rejected and, if the Corporation requests it, agrees to meet with Corporation personnel to provide a reasonable opportunity to understand the basis of the rejection and an opportunity to amend the statement of expenditures to resolve any questions EOHHS has and, if possible, remove any obstacles to inclusion of the expenditures in the State's expenditure report to CMS.

Provided that EOHHS determines that the Corporation's expenditures described herein and verified by the Corporation would qualify for FFP and satisfy the federal time limits for claiming, EOHHS shall include the amount of such expenditures in its Quarterly Medicaid Assistance Expenditures ("CMS 64") report for purposes of claiming FFP for those expenditures in the quarter in which the claim is made. In order to provide CMS with timely assurance and support for the DSHP payments, the State will document through the respective quarterly report to CMS the expenditure detail supporting the request for DSHP payments.

RI EOHHS reserves the right to submit DSHP qualifying and allowable expenditures received from the Corporation after 40 days for FFP claiming as long as the expenditures were incurred no more than 2 years prior to the date of FFP claim, in accordance with the federal regulation at 45 CFR Part 95, Subpart A.

Changes to Previously Claimed Amounts

EOHHS shall inform the Commerce Corporation of any communication and provide the Corporation with a copy of any letter or other communication from state or federal officials or staff relating to questions, audits, review, request for information, deferral, recoupment or disallowance of FFP for expenditures certified by the Corporation.

The Commerce Corporation shall inform EOHHS of any communication and provide EOHHS with a copy of any letter or other communication from state or federal officials or staff relating to questions, audits, review, request for information, deferral, recoupment or disallowance of FFP for expenditures certified by the Corporation pursuant to this Protocol.

Wavemaker Fellowship Workforce Methodology

The Wavemaker Fellowship promotes HSTP goals by providing a financial incentive for graduates to pursue a health care career in Rhode Island. The Wavemaker Fellowship promotes careers in health care by providing loan repayment for graduates working in a Rhode Island healthcare setting that serves Medicaid enrollees.

The work under the Wavemaker DSHP will be closely integrated and aligned with the goals and strategies of the larger Health Care Workforce Development effort (Attachment R to the STCs). In particular, funds from the Wavemaker DSHP will be used to support Workforce Development

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efforts, with a primary focus on recruiting graduates to work in RI by increasing enrollment of entry level health professional graduates into the Wavemaker Program. This will be combined with a broad effort to recruit and retain health professionals in RI through education and recruitment about Wavemaker at colleges and universities as well as Medicaid providers.

EOHHS and the Commerce Corporation, with the support of the overall Workforce Development effort (Attachment R), will work with the three state colleges/universities as well as private colleges/universities to assist in identifying graduates who may qualify for the Wavemaker opportunity and with provider organizations that serve Medicaid enrollees and employ healthcare graduates. This will maximize the Wavemaker loan repayment opportunity in order to attract new hires to RI's health care workforce, in particular to positions where there is an unmet staffing need.

The Wavemaker DSHP will assist in the accomplishment of the following goal and objectives of the larger Health Care Workforce Development effort as stated in Attachment R.

Goal: Healthcare Career Pathways: Skills That Matter For Jobs That Pay: Prepare Rhode Islanders from culturally and linguistically diverse backgrounds for existing and emerging good jobs and careers in healthcare through expanded career awareness, job training and education, and advancement opportunities.

- Support the Entry-Level Workforce through improving recruitment, retention, and career advancement: the increase in funding will allow the Corporation to expand recruiting efforts to those in the healthcare professions thereby increasing enrollment of health care professions graduates in the Wavemaker program;
- Increase the cultural, ethnic, and linguistic diversity of licensed health professionals by recruiting an increasingly diverse group of health care graduates into the Wavemaker Program through the targeted recruiting efforts;
- Address Provider Shortages: Remediate shortages among certain health professions through the targeted recruitment efforts into the Wavemaker Program targeting the newly graduating health professionals to work in areas of health care professional shortage.

The State will follow the methodology above which will ensure that funds generated as a result of Wavemaker DSHP claiming will improve access and quality of services to the Medicaid population.

Annual Reporting

Beginning January 31, 2018, and annually thereafter, to show reinvestment in Health Care workforce, the Corporation will provide historical comparative data for the most recent Fellowship awards from the Corporation's database which will include a:

- List of Fellowship awards with employer.

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- List of Fellowship awardees who have fulfilled their annual work commitment by working with a Health Care (Medicaid) provider serving Medicaid members and a description of the specific health care/medical job (job placement and employer information) in RI for each Health Care Fellowship awarded and paid.

Updates will be provided quarterly, as available.

Exhibit A: Expenditure Verification (EV) Form

(See next page for form; MS Word version imbedded here for use)



Exhibit A -
Wavemaker EV draft



Designated State Health Program EXPENDITURE VERIFICATION

The State of Rhode Island and Providence Plantations Medicaid Agency (EOHHS) requires certain information to enable EOHHS to recognize expenditures incurred for Designated State Health Program (DSHP) as allowable expenditures. The Expenditure Verification (EV) form provides EOHHS with verification of expenditures by the Agency which will allow EOHHS to draw federal matching funds.

This mandatory form will be retained as part of the fiscal documentation for EOHHS. The completed and signed EV form must be submitted to the attention of the HSTP Program Director by FAX to (401) 462-4652; by email to paul.loberti@ohhs.ri.gov or mailed to:

Paul G. Loberti, MPH
RI EOHHS Administrator for Medical Services & HSTP Program Director
Hazard Building
74 West Road
Cranston, RI 02920

SECTION I – AGENCY INFORMATION

Report Period	Federal Provider Identification Number
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Name and Address – Agency
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SECTION II - VERIFICATION

This is to verify that:

- I am authorized to review, sign, and submit this form on behalf of this Rhode Island Agency.
- This Agency recorded \$ _____ in Wavemaker Fellowship awards for this Rhode Island Designated State Health Programs (DSHP), as approved by CMS October 20, 2016 in the 11-W-00242/1 amendment to Rhode Island’s section 1115 Demonstration Waiver. Attached in Exhibit B, is the report showing the expenditures identified for the approved DSHP program.
- The report period for this verification is: _____ (mm-dd-yy), through _____ (mm-dd-yy).
- These expenditures do not include costs used to meet federal maintenance of effort requirements nor to provide match for any other federal purpose or grant.
- Records documenting these Fellowship awards are available for audit by EOHHS.
- I have reviewed the foregoing and verify that the information reported is true and correct to the best of my knowledge and belief.

SECTION III – SIGNATURE

SIGNATURE – Authorized Representative	Date Signed
Name – Authorized Representative (print)	Telephone Number – Authorized Representative
Title – Authorized Representative	Email Address – Authorized Representative

Exhibit B: Wavemaker Allowable Expenditure Report

(See below for example of form; MS Excel version imbedded here for use)



Exhibit B -
Wavemaker Expendi

Wavemaker Fellowship Expenditure Report

Complete the table below of totals of Wavemaker Fellowship expenditures for the period reported.

Expenditures for Period: _____

(a)	(b)	.(c)	(d)	(.e)
Line #	Awardee Name	Employer	Job Title	\$ Award Expenditure
1	<i>(First Name, Last Initial)</i>			
2	<i>(First Name, Last Initial)</i>			
3	<i>(First Name, Last Initial)</i>			
4	<i>(First Name, Last Initial)</i>			
5	<i>(First Name, Last Initial)</i>			
6	<i>(First Name, Last Initial)</i>			
7	<i>(First Name, Last Initial)</i>			
8	<i>(First Name, Last Initial)</i>			
9	<i>(First Name, Last Initial)</i>			
10	<i>Insert as many lines as needed</i>			
Total Fellowship Expenditure for the Period				\$ -

Column	Instructions
(b)	Insert the Awardee's name, for privacy purposes provide only First Name and Last Initial. Commerce will retain the detail by full name for audit purposes and if requested by EOHHS.
.(c)	Insert the name of the Awardee's Employer.
(d)	Insert the Awardee's Job Title.
(e)	Insert the total dollar amount of the Fellowship expenditure to the Awardee for the period.