



# OFFICE OF MANAGEMENT & BUDGET

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## MEMORANDUM

To: The Honorable Marvin L. Abney  
Chairman, House Finance Committee

The Honorable William J. Conley, Jr.  
Chairman, Senate Finance Committee

From: Jonathan Womer  
Director, Office of Management & Budget

Date: November 12, 2020

Subject: Update for Task Force

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Thank you for the opportunity to continue to share the Administration's efforts to address the COVID-19 public health emergency. This memorandum provides an update to the previously submitted memorandum dated August 21, 2020, highlighting new initiatives, as well as updates to existing initiatives, that have been implemented since August as part of Rhode Island's ever evolving response to the public health emergency and subsequent economic downturn. As before, attached documents provide a detailed review of the Administration's COVID-19 response and spending targets.

Since August, the Administration's dedicated COVID response funding has increased to \$1,657.2M from \$881.3M in alignment with available Federal funding sources including current estimates on likely reimbursement from the Federal Emergency Management Agency (FEMA). Key drivers of this increase include the following, offset by decreases in Human Services Relief and other areas:

- \$37.5M for the Vaccine Campaign
- \$20.0M for Alternative Hospital Site Operating
- \$125.0M for additional Hospital Assistance Partnership Grants
- \$47.3M for additional Contract Tracing and Case Investigation Initiatives
- \$87.0M for additional Business and Workforce Readiness Initiatives
- \$46.2M for additional K-12 and Higher Education Reopening Initiatives
- \$420.5M for additional Coronavirus Relief Fund (CRF) Eligible Personnel Expenses and other expenses

The Administration's strategy for using Federal funds for COVID response has consistently prioritized the targeted use of all available resources to marshal the most impactful response to this public health emergency and economic downturn. Throughout this process we have adapted to new health and economic data, modifications to Federal spending guidelines and FEMA reimbursement policies, and the ever-changing likelihood of receiving future Federal stimulus, or an extension of the current December 30, 2020 spending deadline for CRF spending. Federal resources have been budgeted to critical COVID response activities past the current December 30<sup>th</sup> CRF spending deadline. If the deadline is not extended, additional decisions will need to be made regarding how best to fund Rhode Island's response to this on-going public health pandemic in the second half of FY21. Notwithstanding, the Administration will continue to base its

response on the best data available and will make additional modifications when necessary to ensure the health, safety, and economic well-being of all Rhode Islanders.

### **Public Health Response**

The Administration rapidly scaled up a comprehensive emergency and public health response system by standing up alternate hospital sites, increasing testing capacity, implementing contact tracing procedures, and procuring personal protective equipment and ventilators.

- *Surge.* The Administration worked to increase the healthcare sector's capacity to handle an influx of COVID-19 positive patients through the construction and operation of alternate hospital sites. Following the spring surge and the dissipation of infection rates, the Administration initially paused construction and then commenced the deconstruction of two of the three alternative hospital sites. One site currently remains in a cold state and is ready to be reactivated if necessary. The Administration is closely monitoring the threat of a second surge and will respond accordingly to expand capacity. *Funding Update: The Administration has set aside \$20.0M in additional funding to support at least two months of Alternate Hospital Site operations.*
- *Testing.* The Rhode Island Department of Health (RIDOH) established relationships with multiple laboratory vendors to ensure that testing is widely available and results are provided in a reasonable timeframe. Rhode Island continues to meet and exceed testing guidelines and to date over 1.1 million tests have been completed across the State, with a significant portion conducted through the State's testing infrastructure. As case levels have started to rise this fall, the State is actively working on expanding both symptomatic and asymptomatic (sentinel) testing. Throughout the response, the State has also worked aggressively to maximize insurance reimbursement for as many tests as possible. *Funding Update: The Administration has set aside additional funding to support on-going testing operations.*
- *Contact Tracing & Case Investigation.* To prevent the spread of COVID-19 in Rhode Island, RIDOH quickly enhanced the State's capacity to conduct case investigation, contact tracing, and epidemiology. *Funding Update: The Administration continues to prioritize this initiative, increasing its funding by \$47.3M since August to meet demand and is prepared to increase the budget further if the data indicates it is necessary.*
- *Supplies.* In response to a nationwide shortage and an acute in-state need, the Administration has managed the centralized procurement of the personal protective and medical equipment necessary for the operation of State government, public healthcare systems, first responders, institutional care settings, Health Equity Zone partners, and small businesses. Materials continue to be distributed to healthcare and other entities, as needed, and a sufficient stockpile to support response to a surge event this winter/spring continues to be maintained.
- *Vaccine Campaign.* Since August, the Administration has budgeted an additional \$37.5M to support the procurement and distribution of the vaccine as soon as it becomes available. The Administration is investing in planning efforts, and is working to secure storage, supplies, equipment, and additional personnel, and develop comprehensive information technology, communication and outreach programs to ensure Rhode Islanders are well informed and will be able to access the vaccine expeditiously.

### **Hospitals, Nursing Homes, and other Provider Relief**

The Administration has supported and bolstered hospitals and congregate care settings severely impacted by COVID-19 through a financial assistance initiative for hospitals, a supplementary wage program for

frontline workers in nursing homes, and initiatives aimed at building capacity to address COVID-19 in long-term settings, and additional provider relief.

- *Hospital Assistance Partnership Grants.* These grants deliver financial assistance to hospitals based on their lost revenue and additional COVID-19 expenses. *Update: Since August, the Administration has launched a second round of Hospital Assistance Partnership Grants, allocating an additional \$125M to this initiative.*
- *The Workforce Stabilization Loan Program.* This initiative provides forgivable loans to congregate care employers – including nursing homes, assisted living facilities, and other community residences – to administer weekly wage increases of \$100 to \$200 to their lowest paid frontline workers.
- *Long Term Services & Supports Resiliency.* A program which (1) supports facilities’ ongoing infection control practices and strengthens their ability to respond to the public health emergency, and (2) invests in a set of programs to enhance both capacity of and access to home and community based services for Rhode Islanders in need of long-term services and supports.
- *Provider Rate Increase.* To maintain provider capacity in the wake of lost revenue and increased COVID-related costs, the Administration implemented rate increases and retainer payments for multiple classes of providers, including providers of development disability services and Children, Youth, and Family (DCYF) services, as well as nursing homes and assisted living facilities. *Funding Update: The Administration ultimately provided \$25.2M in funding for provider rate increases by leveraging the enhanced Federal Medical Assistance Percentage (FMAP) for Medicaid reimbursement. Utilizing the enhanced FMAP not only resulted in an overall increase in funding compared to the \$15.6M in CRF funding previously budgeted to this initiative, but also allowed for the \$15.6M in CRF to be reallocated to other needs (the CRF funds cannot be used as Medicaid match). DCYF providers still received a rate increase through CRF funding.*
- *Provider Relief:* To address the impacts of COVID on the health care system, the administration has provided relief to various provider groups impacted by COVID-19 to support the on-going provision of care across the State. This includes the Home and Community Based Services (HCBS) access program for individuals living with Intellectual/Developmental Disabilities.
- *Additional Mental Health and Domestic Violence Supports:* Given the increase in mental health issues and incidence of domestic violence as a result of the COVID-19 pandemic, impacts of COVID-19, the administration has allocated \$2.4M for mental health programs and support to address domestic violence, sexual assault, and human trafficking.

## **Housing Assistance**

The Administration worked to reduce the impact of the economic downturn associated with COVID-19 on Rhode Islanders, including the implementation of programs designed to minimize evictions, reduce homelessness, and mitigate the risks of COVID-19 in congregate shelter settings. The Administration remains committed to helping Rhode Islanders remain in their homes during this pandemic by continuing to support previously shared programs and investing additional funding in new housing related initiatives.

- *Rental Assistance.* This program provides substantial rental assistance to eligible households to support past due rent payments, late fees, or moving costs associated with relocation.
- *Eviction Diversion.* The eviction diversion program is as an alternative to the court-based eviction process: Third-party mediators will facilitate settlement agreements between tenants and landlords, forestalling judicial action and giving tenants more time to self-stabilize.

- *Landlord Incentives.* The Landlord Incentives program provides financial incentives to property owners, encouraging them to make units available to persons experiencing homelessness.

### **Business and Workforce Readiness**

The economic downturn has also caused substantial hardship for small businesses and non-profit organizations, anchors of the Rhode Island economy. In response, the Executive Office of Commerce, Commerce Corporation, and Department of Labor and Training have developed business support and workforce programs that provide assistance and relief to struggling businesses and workers. *Funding Update: Since August, the Administration has launched a second phase of relief grants to Rhode Island Business among other economic relief and workforce readiness programs.*

- *Relief Grants.* These grants are assisting businesses in covering expenses necessary for reopening and operating in a substantially changed business environment. Eligible expenses include personal protective equipment, physical alterations, and fixed costs such as rent and utilities.
- *Other Business and Non-Profit Relief.* These programs are helping small businesses and non-profits by providing support for businesses repositioning efforts in a post-COVID-19 business climate, financial planning assistance, receivership assistance, training and technical assistance, remote work capabilities, and relief for non-profit organizations.
- *Workforce Training.* These programs support training, upskilling, and other wraparound supportive services for workers and businesses who have experienced a business or employment interruption due to COVID-19.
- *Hospitality, Arts, and Tourism Supports.* The Administration is providing an additional \$26M for economic relief for industries that have been continuously suppressed by the pandemic, most notably hospitality, arts and culture, and tourism.
- *Business Interruption Supports.* The Administration has budgeted an additional \$58M to support businesses experiencing disruptions as a result of the COVID-19 pandemic.

### **Childcare & Education**

Childcare providers and schools have been particularly hard hit by COVID-19, as new health and safety requirements have necessitated sweeping changes to their day-to-day operations. The Administration has implemented several programs to ensure that childcare providers and school districts can safely reopen and successfully operate during the pandemic.

- *Childcare Rate Increases for Reopened Childcare Centers.* This program incentivizes childcare providers to reopen by seeking to cover the cost of the implementation of the new emergency regulation safety standards, including operating at a lower capacity due to social distancing requirements. This program was funded through the existing Child Care Development Block Grant and not CRF dollars.
- *Education: Summer 2020.* To ensure continued learning for children during the summer of 2020, the Administration supported high-quality distance learning classes for the extended school year, grants for municipal and non-profit in-person summer camps, and a summer jobs program aimed at providing youth aged 16-24 with employment opportunities related to the COVID-19 recovery.
- *Education: K-12 Support For Reopening.* As appropriated, \$47.7M in CRF dollars has been dedicated for direct distribution to LEAs, under the Federal Title I, Part A formula, to mitigate the extraordinary costs associated with COVID-19 pandemic and its impact on education. In addition, the Administration has also funded a multitude of initiatives aimed at reopening K-12 education across the State. After initially using funds to develop state-level guidance, engage with

stakeholders and provide technical assistance to school districts developing reopening plans, funding has also been used to secure classroom air purifiers, recruit and train additional substitute teachers, assist with additional facility expenses, provide an interim assessment tool, increase broadband access, create an on-line learning platform, and provide additional support to at-risk students and districts.

- *Education: Higher Education Support.* CARES Act funding has similarly been reserved for the Community College of Rhode Island and the Rhode Island College and is being used to ensure these institutions of higher education are able to safely reopen so that their students may continue to attain the education and skills they will need to contribute to Rhode Island's future success.

### **Other Expenses including CRF Eligible Personnel Expenses**

As the crisis has evolved the Administrations has worked to identify other expenses and CRF eligible personnel expenses incurred across agencies in response to the COVID-19 pandemic and in alignment with Federal Guidance. *Since August, the Administration has budgeted \$420.5M to this purpose.*

- *ESSERF and HERF.* \$51.2M dollars was allocated as part of the Elementary and Secondary School Relief Fund (ESSERF) and the Higher Education Relief Fund (HERF).
- *FY20 Public Health & Public Safety Personnel Expenses.* \$123.8M in CRF dollars have been allocated to cover CRF eligible personnel expenses incurred in FY20 by public health and public safety personnel dedicated to Rhode Island's COVID-19 response.
- *FY21 Public Health & Public Safety Personnel.* Utilizing the same methodology identified for CRF eligible personnel expenses in FY20, the Administration has budgeted an additional \$140.0M to cover eligible personnel expenses incurred between July 1 and December 30, 2020.
- *Other CRF Eligible Expenses.* The Administration has budgeted an additional \$80.5M to cover other CRF eligible expenses, including public health personnel who are funded through other sources such as Medicaid as well as a contingency for CRF eligible expense not originally budgeted in other areas of the pandemic response. This funding may be used to cover such expenses as CRF eligible costs associated with rejected FEMA applications.
- *Additional CRF Eligible Municipal Support.* Finally, the Administration has reserved \$25.0 million of CRF for municipalities with eligible expenses incurred due to COVID-19. The mechanism for distributing funds to municipalities is under development and would be based on eligible CRF expenditures. The Governor's Office and the Department of Administration expect to take into consideration ongoing discussions with cities and towns, expenses reported by municipalities to the Municipal Resilience Task Force, and the Municipal Resilience Task Force's recommendations.

As always, if you require more information or need any clarification about what has been presented above, please reach out to my team.

Thank you.

cc: Members of the Joint Legislative COVID-19 Emergency Spending Task Force  
Sharon Reynolds Ferland, House Fiscal Advisor  
Stephen Whitney, Senate Fiscal Advisor  
Brett Smiley, Director of Administration

### Appendix A. Spending Target Detail

The amounts in the table below are inclusive of both the spending targets for FY 2020 and FY 2021 including planned expenditures for on-going response efforts beyond the December 30, 2020 CRF deadline. Several federal funding sources will be dedicated to these budget targets, the most significant of which is the \$1.25 billion CARES Act Coronavirus Relief Fund. Additionally, grants that have more flexibility on spending timelines will be leveraged where possible for costs beyond December 30<sup>th</sup>. Furthermore, the Administration is actively pursuing additional federal funding sources, including Federal Emergency Management Agency (FEMA) reimbursement for direct response costs, as well as various direct award grants.

No.	Spending Category	August Report Total	November Report		Total	Delta
			Through 12/30	Beyond 12/30		
<b>1</b>	<b>Surge</b>	<b>\$77.0M</b>	<b>\$63.3M</b>	<b>\$20.0M</b>	<b>\$83.3M</b>	<b>\$6.3M</b>
1.1	Surge - Construction	\$26.6M	\$23.3M	-	\$23.3M	\$(3.3)M
1.2	Surge - Operating	\$26.8M	\$29.1M	\$17.7M	\$46.8M	\$20.0M
1.3	Surge - Demobilization	\$17.7M	\$6.4M	\$2.3M	\$8.7M	\$(9.0)M
1.4	Medical Examiner's Building/Vehicles	\$4.0M	\$3.4M	-	\$3.4M	\$(0.6)M
1.5	Other Surge Expenses	\$1.9M	\$1.1M	\$0.0M	\$1.1M	\$(0.8)M
<b>2</b>	<b>Hospital Assistance Partnership Program</b>	<b>\$95.5M</b>	<b>\$220.5M</b>	<b>-</b>	<b>\$220.5M</b>	<b>\$125.0M</b>
2.1	Hospital Partnership Grants - Phase 1	\$95.5M	\$95.5M	-	\$95.5M	\$(0.0)M
2.2	Hospital Partnership Grants - Phase 2 (NEW)		\$125.0M	-	\$125.0M	\$125.0M
<b>3</b>	<b>Human Services Relief: Congregate Care &amp; Child Care</b>	<b>\$73.3M</b>	<b>\$56.8M</b>	<b>-</b>	<b>\$56.8M</b>	<b>\$(16.5)M</b>
3.1	COVID-19 Specialty Nursing Home Contracts - through FY 2020	\$1.1M	\$1.1M	-	\$1.1M	\$(0.0)M
3.2	Provider Rate Increase - through FY 2020	\$15.6M	[25.2M]	-	[25.2M]	\$(15.6)M
3.3	Workforce Stabilization Program Phases 1-3	\$16.5M	\$16.8M	-	\$16.8M	\$0.3M
3.4	LTSS Resiliency	\$25.0M	\$23.2M	-	\$23.2M	\$(1.8)M
3.5	Pediatric Primary Care Relief & Immunizations Program	\$4.0M	\$3.1M	-	\$3.1M	\$(0.9)M
3.6	Pediatric Rate Supplement	\$3.0M	\$3.0M	-	\$3.0M	-
3.7	Early Intervention and Children's Services Provider Relief	\$5.0M	\$5.0M	-	\$5.0M	-

No.	Spending Category	August Report Total	November Report		Total	Delta
			Through 12/30	Beyond 12/30		
3.8	Primary Care Provider-Focused Technical Assistance	\$3.0M	\$1.1M	-	\$1.1M	\$(1.9)M
3.9	DCYF Stipend, Emergency Childcare, and VEC Extension (NEW)	-	\$0.5M	-	\$0.5M	\$0.5M
3.10	Consulting Support for Reopening and Response (NEW)	-	\$3.0M	-	\$3.0M	\$3.0M
<b>4</b>	<b>Human Services Relief: Other</b>	<b>\$2.6M</b>	<b>\$9.0M</b>	<b>\$0.3M</b>	<b>\$9.3M</b>	<b>\$6.7M</b>
4.1	Rhode Island Works Benefit Increase	\$1.7M	\$1.7M	-	\$1.7M	-
4.2	UHIP System Changes for COVID-19 Mitigation	\$0.9M	\$1.2M	-	\$1.2M	\$0.3M
4.3	HCBS Access Program for Individuals Living with I/DD (NEW)	-	\$3.0M	-	\$3.0M	\$3.0M
4.4.	Substance Use Disorder Nonhospital Provider Relief Grant Program (NEW)	-	\$1.0M	-	\$1.0M	\$1.0M
4.5.	Mental Health and Domestic Violence Initiatives (NEW)	-	\$2.1M	\$0.3M	\$2.4M	\$2.4M
<b>5</b>	<b>Child Care</b>	<b>\$8.9M</b>	<b>\$5.7M</b>	<b>-</b>	<b>\$5.7M</b>	<b>\$(3.2)M</b>
5.1	COVID CCAP Rate Increase	\$3.9M	[\$7.6M]-	-	[\$7.6M]-	\$(3.9)M
5.2	Childcare Recovery Fund	\$5.0M	\$5.0M	-	\$5.0M	-
5.3	DCYF COVID Childcare Rate Increase (NEW)	-	\$0.7M	-	\$0.7M	\$0.7M
<b>6</b>	<b>Supplies</b>	<b>\$98.1M</b>	<b>\$93.8M</b>	<b>\$0.7M</b>	<b>\$94.5M</b>	<b>\$(3.6)M</b>
6.1	PPE Procurement	\$81.5M	\$83.2M	-	\$83.2M	\$1.7M
6.2	Ventilators	\$11.5M	\$6.7M	-	\$6.7M	\$(4.8)M
6.3	Other Supplies	\$5.1M	\$1.4M	\$0.6M	\$2.0M	\$(3.1)M
6.3	Vaccine Campaign Supplies (NEW)	-	\$1.3M	-	\$1.3M	\$1.3M
6.4	PPE Warehousing (NEW)	-	\$1.2M	\$0.1M	\$1.3M	\$1.3M
<b>7</b>	<b>Testing</b>	<b>\$216.7M</b>	<b>\$104.4M</b>	<b>\$121.2M</b>	<b>\$225.6M</b>	<b>\$8.9M</b>
7.1	Testing Site Equipment	\$9.1M	\$5.3M	\$3.5M	\$8.8M	\$(0.3)M
7.2	Lab Processing Contracts	\$161.3M	\$82.7M	\$82.9M	\$165.6M	\$4.3M
7.3	Supplies and Equipment	\$16.8M	\$10.0M	\$6.3M	\$16.3M	\$(0.5)M

No.	Spending Category	August Report Total	November Report			Delta
			Through 12/30	Beyond 12/30	Total	
7.4	Testing Site Staffing	\$23.9M	-	\$23.2M	\$23.2M	\$(0.7)M
7.5	Mobile Testing/Collection Contracts	\$5.6M	\$2.8M	\$2.7M	\$5.4M	\$(0.2)M
7.6	Other Contracted Services (NEW)	-	\$2.6M	\$2.2M	\$4.8M	\$4.8M
7.7	Serology Surveillance/Research (NEW)	-	\$0.2M	\$0.0M	\$0.2M	\$0.2M
7.8	State Laboratory Staffing (RIDOH) (NEW)	-	\$0.8M	\$0.4M	\$1.2M	\$1.2M
<b>8</b>	<b>Contact Tracing and Case Investigation</b>	<b>\$27.2M</b>	<b>\$24.8M</b>	<b>\$53.3M</b>	<b>\$78.1M</b>	<b>\$50.9M</b>
8.1	Contracted Staffing	\$26.2M	\$22.7M	\$52.6M	\$75.3M	\$49.1M
8.2	Other Contact Tracing and Case Investigation Expenses	\$1.0M	\$2.1M	\$0.7M	\$2.8M	\$1.8M
<b>9</b>	<b>Quarantine and Isolation</b>	<b>\$20.0M</b>	<b>\$17.2M</b>	<b>\$4.6M</b>	<b>\$21.8M</b>	<b>\$1.8M</b>
9.1	Adult Q&I Facility (Wyndham, Shelter Reduction, Frontline Worker Housing, etc.)	\$10.1M	\$3.0M	\$2.7M	\$5.7M	\$(4.4)M
9.2	Other Q&I Expenses (Other Q&I facilities, Homelessness Response Efforts, Food Support, and other Q&I supports )	\$9.9M	\$8.5M	\$1.5M	\$10.0M	\$0.1M
9.3	OHA (NEW)	-	\$5.6M	\$0.5M	\$6.1M	\$6.1M
<b>10</b>	<b>Health Equity Zones, Community Mitigation &amp; High Density Communities</b>	<b>\$4.0M</b>	<b>\$3.5M</b>	<b>\$0.6M</b>	<b>\$4.2M</b>	<b>\$0.2M</b>
10.1	Health Equity Zones	\$4.0M	\$3.0M	-	\$3.0M	\$(1.0)M
10.2	Other Community Mitigation Efforts (NEW)	-	\$0.4M	\$0.4M	\$0.8M	\$0.8M
10.3	High Density Communities (NEW)	-	\$0.2M	\$0.3M	\$0.4M	\$0.4M
<b>11</b>	<b>Technical Enablement/Deployment</b>	<b>\$17.3M</b>	<b>\$10.7M</b>	<b>\$7.3M</b>	<b>\$18.0M</b>	<b>\$0.7M</b>
11.1	Dev./ Support: Salesforce	\$6.6M	\$4.9M	\$2.9M	\$7.8M	\$0.7M
11.2	CrushCovid RI App	\$1.4M	\$0.7M	\$0.5M	\$1.2M	\$(0.2)M
11.3	Other Expenses (includes existing IT system changes)	\$9.3M	\$5.1M	\$3.9M	\$9.0M	\$(0.3)M
<b>12</b>	<b>Housing</b>	<b>\$18.0M</b>	<b>\$17.3M</b>	<b>\$0.4M</b>	<b>\$17.7M</b>	<b>\$(0.3)M</b>



No.	Spending Category	August Report Total	November Report			Delta
			Through 12/30	Beyond 12/30	Total	
12.1	Housing and Rental Support	\$6.5M	\$7.9M	\$0.3M	\$8.2M	\$1.7M
12.2	Permanent Housing Investment	\$0.5M	\$0.4M	\$0.1M	\$0.5M	-
12.3	Eviction Diversion Program	\$7.0M	\$7.1M	-	\$7.1M	\$0.1M
12.4	Supportive Housing Acquisition	\$4.0M	\$1.6M	-	\$1.6M	\$(2.4)M
12.5	Navigation Assistance and Legal Services (NEW)	-	\$0.4M	-	\$0.4M	\$0.4M
<b>13</b>	<b>Business &amp; Workforce Readiness</b>	<b>\$121.0M</b>	<b>\$191.5M</b>	<b>\$16.5M</b>	<b>\$208.0M</b>	<b>\$87.0M</b>
13.1	Relief Grants and Other Business and Non-Profit Relief (e.g. Restore RI)	\$76.0M	\$76.0M	-	\$76.0M	-
13.2	Back to Work RI	\$45.0M	\$30.3M	\$14.7M	\$45.0M	-
13.3	DBR and RIDOH Enforcement/Inspection (NEW)	-	\$0.7M	\$1.8M	\$2.5M	\$2.5M
13.4	Hospitality, Arts, and Tourism Supports	-	\$26.5M	-	\$26.5M	\$26.5M
13.5	Business Interruption Supports	-	\$58.0M	-	\$58.0M	\$58.0M
<b>14</b>	<b>Education: Summer 2020</b>	<b>\$20.9M</b>	<b>\$9.6M</b>	<b>-</b>	<b>\$9.6M</b>	<b>\$(11.3)M</b>
14.1	In-Person Summer Programming	\$7.5M	\$2.5M	-	\$2.5M	\$(5.0)M
14.2	SAIL with PrepareRI (Menu of Courses) - RIDE Summer Learning and Enrichment Activities	\$10.0M	\$3.7M	-	\$3.7M	\$(6.3)M
14.3	Urban Summer Block Grant	\$1.0M	\$1.0M	-	\$1.0M	-
14.4	Youth Summer Job Project	\$2.3M	\$2.4M	-	\$2.4M	\$0.1M
14.5	Administrative Costs	\$0.1M	\$0.1M	-	\$0.1M	\$(0.0)M
<b>15</b>	<b>Education: K-12 &amp; Higher Ed Reopening</b>	<b>\$50.0M</b>	<b>\$96.2M</b>	<b>\$0.1M</b>	<b>\$96.2M</b>	<b>\$46.2M</b>
15.1	CRF Distribution	\$50.0M	\$47.7M	-	\$47.7M	\$(2.3)M
15.2	Other K-12 Reopening Initiatives (NEW)	-	\$39.4M	-	\$39.4M	\$39.4M
15.3	Public Higher Ed Reopening (NEW)	-	\$9.0M	\$0.1M	\$9.1M	\$9.1M
<b>16</b>	<b>Government Readiness</b>	<b>\$22.6M</b>	<b>\$29.6M</b>	<b>\$3.5M</b>	<b>\$33.1M</b>	<b>\$10.5M</b>

No.	Spending Category	August Report Total	November Report		Total	Delta
			Through 12/30	Beyond 12/30		
16.1	Employee Screening	\$0.5M	\$0.1M	\$0.0M	\$0.1M	\$(0.5)M
16.2	Training and Technology	\$0.9M	\$0.9M	\$0.0M	\$0.9M	\$0.0M
16.3	COVID-19 Janitorial Services	\$5.1M	\$3.1M	\$2.2M	\$5.3M	\$0.2M
16.4	DCAMM Facilities Modification	\$1.0M	\$1.2M	-	\$1.2M	\$0.2M
16.5	ReopeningRI.com	\$0.3M	\$0.3M	\$0.0M	\$0.3M	-
16.6	Parks and Recreation	\$2.7M	\$2.4M	\$0.3M	\$2.7M	-
16.7	Miscellaneous and Contingency Expenses	\$12.1M	\$15.3M	\$0.9M	\$16.2M	\$4.2M
16.8	Rhode Island National Guard (RING) (NEW)	-	\$6.5M	-	\$6.5M	\$6.5M
17	<b>Other Expenses</b>	<b>\$7.8M</b>	<b>\$10.0M</b>	<b>\$6.9M</b>	<b>\$16.9M</b>	<b>\$9.1M</b>
17.1	Public Health Communications	\$2.6M	\$2.7M	\$1.7M	\$4.5M	\$1.9M
17.2	Data, Modeling, and Analytics	\$5.2M	\$6.0M	\$4.8M	\$10.9M	\$5.7M
17.3	Legal	-	\$1.3M	\$0.3M	\$1.6M	\$1.6M
18	<b>Vaccine Campaign</b>	-	<b>\$10.9M</b>	<b>\$26.6M</b>	<b>\$37.5M</b>	<b>\$37.5M</b>
18.1	Vaccine Campaign (NEW)	-	\$10.9M	\$26.6M	\$37.5M	\$37.5M
19	<b>Other Expenses including CRF Eligible Personnel Expenses</b>	-	<b>\$420.5M</b>	-	<b>\$420.5M</b>	<b>\$420.5M</b>
19.1	ESSERF and HERF (NEW)	-	\$51.2M	-	\$51.2M	\$51.2M
19.2	FY 20 CRF Eligible Payroll, Including Public Health and Public Safety (NEW)	-	\$123.8M	-	\$123.8M	\$123.8M
19.3	FY21 CRF Eligible Payroll, Including Public Health and Public Safety (NEW)	-	\$140.0M	-	\$140.0M	\$140.0M
19.4	Other CRF Eligible Expenses (NEW)	-	\$80.5M	-	\$80.5M	\$80.5M
19.5	Additional CRF Eligible Municipal Support (NEW)	-	\$25.0M	-	\$25.0M	\$25.0M
<b>Total</b>		<b>\$881.3M</b>	<b>\$1395.2M</b>	<b>\$262.1M</b>	<b>\$1657.2M</b>	<b>\$776.3M</b>

## **Appendix B.**

### **Spending Target Descriptions**

#### **1. Surge**

- 1.1 Surge – Construction. At the start of the pandemic Rhode Island established three alternate hospital sites to increase the healthcare system’s capacity for a COVID-19 surge by adding over 1,400 hospital beds. Surge construction includes all costs associated with standing up the sites from April through July, including the construction manager, the architect, and medical procurement expenses. Construction was paused on two of the three alternative hospital sites after the spring surge ended and infection rates subsided.
- 1.2 Surge – Operating. Of Rhode Island’s three alternate hospital sites, one is completely demobilized (Quonset), one started demobilization but was paused (RICC), and one is cold and on standby (Cranston), ready for a surge in COVID-19 cases. The cold costs associated with operating the sites include rent and other costs in the associated lease agreements (insurance, taxes, etc.), utilities (electricity, natural gas, water/sewer, phone/Internet, and Airgas), cleaning/security, costs incurred by the hospitals, and bathroom trailers/barrier rentals. These costs are currently budgeted through June 2021 and include an estimate for two months of operation at one site.
- 1.3 Surge – Demobilization. All three hospital sites must be returned to their former state at the end of the lease agreements. While the timeline for deconstruction evolves in response to the pandemic, this item includes costs for deconstruction of all three sites according to the National Guard/AECOM report analysis. The costs will increase if the sites are operated as hospitals with patients, as decontamination of each site will be required prior to demobilization. The Administration moved forward with the demobilization of two of the three alternative hospital sites. One of the hospital sites remains in a cold status but can be reactivated if additional capacity is needed.
- 1.4 Medical Examiner’s Building/Vehicles. To ensure that the Office of the State Medical Examiner (ME) can respond to scenes of deaths and maintain a safe working environment during the COVID-19 pandemic, the Department is procuring two new functional vehicles and a new building. The new ME building will be funded through the State’s CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases grant. These items are particularly critical as space at the current facility is being crowded out by efforts to expand COVID-19 related lab capacity. Furthermore, this item is necessary to respond to unattended home deaths due to COVID-19 as well as for overflow storage during the pandemic. Both purchases are anticipated by December 2020. Supplies for Medical Examiner added to this category.
- 1.5 Other Expenses. At the start of the COVID-19 pandemic, the Department of Health purchased additional supplies and contracted services to expand mortuary and livery services, as well as enhance its overall response. This included the purchase of refrigerated trailers and services from Russel Phillips & Associates to assist with catastrophic healthcare surge planning, as well as funding for the Federal Medical Station and surge workforce recruitment efforts.

## **2. Hospital Assistance Partnership Program**

- 2.1 Hospital Partnership Grants - Phase 1. In June 2020, the state provided financial grants to hospitals to support the response to COVID-19 and partially offset short-term financial pressures created by the pandemic. Recipients attested to advance four program goals centered around transformation and resiliency; improved system preparedness, maintenance and expansion of positive change accelerated by COVID-19, improved ability to address population health and equity impacts of COVID-19, and improved ability to sustain financially viable health systems through COVID-19.
- 2.2 Hospital Partnership Grants – Phase 2. As a supplement to Phase 1 Grants, Phase 2 Grants similarly provide financial assistance to hospitals to support Rhode Island’s response to COVID-19. Rhode Island began accepting applications for Phase 2 Grants in late October.

## **3. Human Services Relief: Congregate Care & Child Care**

- 3.1 COVID-19 Specialty Nursing Home Contracts - through FY 2020. The State contracted with two Nursing Homes to provide services to COVID-19 positive patients, particularly those that discharged from a hospital with active COVID-19 disease and no longer require acute hospital care. This program helped reduce spread amongst long-term care facilities by admitting these patients to specific sites.
- 3.2 Provider Rate Increase - through FY 2020. During the height of the pandemic and resulting shutdown of non-essential services, many providers experienced lost revenue and increased costs due to COVID-19. The State implemented rate increases and retainer payments for a number of providers during the last quarter of FY 2020, including developmental disability providers, nursing home and assisted living facilities, and Department of Children, Youth, and Family services providers. Provider Rate Increases were ultimately funded through enhanced Medicaid FMAP Funding (\$25.2M). As a result, providers not only received more funding than previously budgeted for in August (\$15.6M), but the savings in CRF funding could be reallocated to other COVID-19 response needs.
- 3.3 Workforce Stabilization Program Phases 1-3. To support the congregate setting workforce, this program provided nursing homes, assisted living facilities, group homes, and other congregate facilities with funds to provide a weekly payment support for direct care. Phase 1 was administered over a four-week period in May and phases two and three were each two-week periods covering the month of June. Minimal funds were allocated for subrecipient monitoring.
- 3.4 LTSS Resiliency. LTSS Resiliency is a funding program for congregate care facilities to mitigate workforce attrition and mitigate COVID-19 risk. The program goals are to 1) fund infection control, PPE, and plans for COVID response; and 2) competitive funding for advancing rebalancing and rightsizing efforts that reduce COVID/pandemic risks.
- 3.5 Pediatric Primary Care Relief & Immunizations Program. As the COVID-19 pandemic unfolded, primary care providers experienced significant reductions in utilization; preliminary estimates show reductions of about 50% in Medicaid claims. This program provides one-time financial relief payments (administered no later than 8/31/2020) to pediatric primary care providers for immediate cashflow to make up for lost revenue due to COVID-19, as well as to support system resiliency and response to secondary public health concerns brought on by COVID-19 (i.e., drastic reductions in immunization rates).

- 3.6 Pediatric Rate Supplement. The Pediatric Rate Supplement program provides payments to supplement pediatric primary care reimbursement rates to reflect added efforts and operating costs related to COVID-19 and promote system stability and resilience, while incentivizing recommencement of well-child care while adhering to preventive protocols. The funds are distributed to practices who submit an application, based on patient panel size in monthly allotments through MMIS payment system.
- 3.7 Early Intervention and Children's Services Provider Relief. Rhode Island Medicaid offers a range of home and community based therapeutic services that serve over 7,000 Rhode Island children on annual basis. This program provides grant payments to early intervention and children's services provider agencies to provide immediate cashflow for re-opening and direct costs due to COVID-19, as well as make up for lost revenue and other costs due to the business interruption during COVID-19. Distribution of these funds will be tied to expectations that providers develop concrete re-opening plans to provide in-person services, provide monthly data to on services provided, and apply for federal funding support made available to Medicaid providers.
- 3.8 Primary Care Provider-Focused Technical Assistance. This project provides technical assistance concerning telemedicine, financial support and infrastructure support to health care providers, with a focus on primary care providers and community health teams, to address the health care needs of Rhode Islanders vulnerable for COVID-19 and to ensure that providers can continue to meet critical health care needs during the public health emergency. .
- 3.9 DCYF Stipend, Emergency Childcare, and VEC Extension. The State provided supplemental stipends to support increases to the DCYF Foster Families Per Diem for COVID positive children and provide Emergency Child Care Assistance payments to foster families. There is also funding for the extension of VEC eligibility for youth aging out to the program during the pandemic so that they may continue to receive the necessary support during the COVID crisis.
- 3.10 Consulting Support for Reopening and Response. To support the development of the State's response and re-opening strategy, the State engaged external consulting support.

#### **4. Human Services Relief: Other**

- 4.1 Rhode Island Works Benefit Increase. The Department of Human Services paid all Rhode Island Works (RIW) recipients an extra Basic Assistance monthly payment in June 2020 through EBT cards. The program goal was to provide additional aid to the most disadvantaged Rhode Islanders, helping them to account for increased costs of living and to cover critical needs during the pandemic.
- 4.2 UHIP System Changes for COVID-19 Mitigation. The COVID-19 pandemic resulted in necessary changes to the UHIP RIBridges system and increased call center capacity to support existing and newly eligible Medicaid and SNAP beneficiaries. This agency braided funding streams to maximize federal participation, minimize the impact on the CARES Act relief funds and minimize GR requests over the current budget.
- 4.3 HCBS Access Program for Individuals Living with I/DD. This project will foster the workforce necessary to increase the availability of day hours within the DD system, and re-connect individuals living with I/DD to necessary community supports.

- 4.4 Substance Use Disorder Nonhospital Provider Relief Grant Program. The Substance Use Relief Grant Program provides financial assistance for substance use providers who offer detox and residential services to Rhode Islanders.
- 4.5 Mental Health and Domestic Violence Initiatives. There has been an increase in mental health issues and incidence of domestic violence since the start of the COVID-19 pandemic. As a result, the Administration has dedicated additional resources to support mental health programs and victims of domestic violence, sexual assault, and human trafficking.

## **5. Child Care**

- 5.1 COVID CCAP Rate Increase. To incentivize the re-opening of providers and to cover the cost of the implementation of the new emergency regulation safety standards, the Department of Human Services (DHS) has increased the CCAP reimbursement rates upon reopening on June 1, 2020. The rates would be increased to their highest BrightStar level from June 1st through August 31. Funding for the CCAP Rate Increase, with the exception of the DCYF COVID Childcare Rate increase described below in 5.3, has been provided through the Childcare Community Development Block Grant (CCDBG).
- 5.2 Childcare Recovery Fund. DHS is proposing one-time grants to improve and expand existing facilities for childcare providers that have reopened or will reopen on or before August 17, 2020 commit to remaining open beyond December 2020. Example improvements include: protective barriers to reduce airborne transmission (ie: sneeze guards/partition shields), improved indoor air quality (ie: improvements to HVAC systems, replacement/addition of window to increase natural ventilation and air flow), etc.
- 5.3 DCYF COVID Childcare Rate Increase. This rate increase is the DCYF portion of the COVID childcare rate increase described above in 5.1 COVID CCAP Rate Increase and is paid for using CRF funding.

## **6. Supplies**

- 6.1 PPE Procurement. Since the COVID-19 public health emergency began, the Rhode Island Emergency Management Agency (RIEMA) has managed the centralized procurement of personal protective equipment, including N-95 masks, gowns, and gloves, among others. The agency does not currently expect additional purchases beyond December 2020.
- 6.2 Ventilators. RIEMA has purchased ventilators and ventilator accessories required to treat patients with acute cases of COVID-19. These ventilators have already been ordered and/or received, and no further purchases are expected at this time.
- 6.3 Other Supplies. RIEMA has taken shipment of additional supplies beyond PPE and ventilators that include cleaning supplies, hand sanitizer, and supplies related to an eventual vaccination campaign.
- 6.4 Vaccine Campaign Supplies. Point of distribution equipment for pending vaccine distribution needs.
- 6.5 PPE Warehousing. Warehouse rent and operating for storing PPE supplies, Ventilators, Field Hospital equipment, and other various other supplies.

## 7. Testing

- 7.1 Testing Site Equipment. Tents and other infrastructure equipment to support testing sites. The Department of Health has also acquired laboratory printers for specimen labels, to support additional laboratory staff data entering COVID-19 test orders, and to assure accurate and efficient processing.
- 7.2 Lab Processing Contracts. RIDOH is partnering with four laboratories (in addition to capacity provided by the State Health Lab) capable of processing a portion of the state's anticipated daily COVID-19 test volume (in accordance with the State Testing Plan) with consistent results reporting within 48 hours. The partner laboratories have the capacity to bill the patient's insurance first (unless otherwise indicated by the RIDOH). All results are reported to the RIDOH and to the ordering provider to ensure proper patient follow-up.
- 7.3 Supplies and Equipment. DOH has purchased consumable testing supplies (swab kits), testing process equipment, and laboratory supplies necessary to conduct COVID-19 testing and antibody testing.
- 7.4 Testing Site Staffing. To date, COVID-19 testing sites throughout the state have been staffed (full or in-part) by Rhode Island National Guard (RING) service members. Currently RING personnel are supporting the state operated testing site located at the Rhode Island Convention Center and will continue to do so through the end of the calendar year after which this function will be contracted out.
- 7.5 Mobile Testing/Collection Contracts. RIDOH has implemented mobile testing for vulnerable populations at congregant residential settings and in their neighborhoods, which is critical to tracking and containing the spread of COVID-19, as well as to treat patients with the virus. The Mobile Health Unit Vehicle, appropriately staffed with medical providers and equipped with five Abbott ID Now machines, has been operating among the high-density communities and communities with the highest rates of COVID-19 infection. Additionally, this capacity supports K-12 testing.
- 7.6 Other Contracted Services. This funding supports consultant fees, temporary staffing for state health laboratories, and Rhode Island's testing communications campaign across multiple channels to ensure Rhode Islanders are informed to state's available testing resources and protocols as part of the Administration's proactive response to combatting COVID-19.
- 7.7 Serology Surveillance/Research. Serology-based antibody testing is important for COVID-19 surveillance and to inform modeling efforts. Per the State Testing Plan, antibody-based testing will be offered to select groups to understand seroprevalence in priority at-risk populations include healthcare workers (HCWs), first responders (fire/EMS/police), government workers, educational settings, and high-contact business and manufacturer settings. Contracts with outside laboratories are necessary to augment the serology testing capacity of the State Health Laboratories.
- 7.8 State Laboratory Staffing (RIDOH) – Additional State personnel funded to support the on-going response to the pandemic and on-going state health lab testing.

## **8. Contact Tracing and Case Investigation**

- 8.1 Contracted Staffing. The State developed a comprehensive plan to respond to outbreaks of COVID-19 and limit spread by performing case investigations and contact tracing services. Part of this plan includes temporary staffing from various vendors, as well as retired nurses returning to work to serve in a clinical role to support illness monitoring of those who are COVID positive. Staff includes call center personnel, contact tracers, epidemiologists, nurses and staff to manage the overall process.
- 8.2 Other Contact Tracing and Case Investigation Expenses. This item covers other expenses that support the State's comprehensive case investigation and contact tracing plan, including space for staff to work, call center infrastructure (telecom lines, system, and interpreter services), and a vendor for staffing to rapidly ramp up services if needed during a surge.

## **9. Quarantine and Isolation**

- 9.1 Adult Q&I Facility. This program, which is administered through the Department of Administration, will provide quarantine and isolation space for individuals and families experiencing homelessness, the housing insecure, and others that cannot isolate in their own home. The Wyndham Hotel Facility initially served as the primary location for this initiative, but this role has since been transitioned to the 551 Putnam Pike facility over the summer, only recently returning to the Wyndham hotel. This program is expected to continue to provide support through the end of the fiscal year. This item also includes frontline worker housing and the shelter reduction program.
- 9.2 Other Q&I Expenses. This item will provide a variety of quarantine and isolation support services to a diverse array of individual and families impacted by COVID-19. Efforts include support for shelters to better enable appropriate quarantine and isolation best practices for those experiencing homelessness, and quarantine and isolation space for DCYF and BHDDH populations which may require additional resources. Additional funding has also been provided for food banks and to support needy individuals who are in quarantine or isolation.
- 9.3 OHA. The Office of Healthy Aging has launched additional programs to ensure quarantined and isolated seniors have access to the services they require. Funding has been used to surge delivery of meals to senior centers and congregate care centers and modify certain delivery services to facilitate curbside pickup and home delivery. Funding has also been used to expand the Family Service of RI's "Be Safe" boxes to include grocery and other essential items tailored to seniors' needs. Finally this funding has also been used to support specific respite programs and call center outreach.

## **10. Health Equity Zones, Community Mitigation, and High Density Communities**

- 10.1 Health Equity Zones (HEZ). RIDOH will provide enhanced resources to the HEZ collaborative to develop and/or expand a community-level response to the COVID-19 pandemic that focuses on increasing awareness and compliance with community mitigation guidelines and fostering community resilience.
- 10.2 Other Community Mitigation Efforts. Various staffing and projects to support community-based activities to reduce risks of COVID-19 infection and community spread.
- 10.3 High Density Communities. High Density Communities are primarily located in urban centers and are communities with disproportionate rates of COVID-19 prevalence and mortality. This funding



supports personnel and the High Density Support Team to engage with HDC stakeholders to help manage a coordinated response to COVID-19 in these communities.

## **11. Technical Enablement/Deployment**

- 11.1 Dev./ Support: Salesforce. The Department of Health has engaged vendors to support the deployment of Salesforce software in support of the State's emergency response to the COVID-19 pandemic. The software is being used to coordinate the tracking of demographic and health data related to individuals who are engaged by the State in relation to COVID-19, due to either identification during contact tracing, identification as requiring testing, identification as requiring test outcomes, identification as required to enter quarantine or isolation, or identification as requiring human services support.
- 11.2 CrushCovid RI App. RIDOH is utilizing a pandemic response app, the CrushCOVID RI app, to provide Rhode Islanders with easy access to all of the resources required during the public health crisis. The app includes information about the virus and its spread in Rhode Island, as well as a location diary feature that uses phone GPS location data to help Rhode Islanders track places they've visited over a 20-day timespan and a symptom diary feature that allows users to take a daily symptom survey to provide early indicators of potential COVID-19 spread in certain zip codes. The major cost associated with the app is vendor support.
- 11.3 Other Expenses (includes existing IT system changes). RIDOH and Division of Information Technology (DoIT) will incur a number of other costs for technology-related initiatives that have been developed as part of the pandemic response. These include personnel costs for contractors and staff managing workstream initiatives, contracts with organizations to implement a COVID-19 Triage software tool, a secure portal for sharing relevant data with public safety officials, and additional tool to assess COVID-19 risk and augment contact tracing efforts, and various small-dollar items including secure email service for transmission of HIPPA PHI data, integration of different COVID-19 response systems, and dispensing systems for vaccines.

## **12. Housing**

- 12.1 Housing and Rental Support. This program provides financial assistance with rental arrears and relocation costs to prevent households impacted by COVID-19 from becoming housing instable and experiencing homelessness.
- 12.2 Landlord Incentives. This program, which is also administered through the Office of Housing and Community Development, seeks to provide financial incentives to property owners to encourage them to make units available to persons experiencing homelessness. The program is expected to lead to over 100 placements and will provide support through the end of the summer.
- 12.3 Eviction Diversion Program. This program, which is also administered through the Office of Housing and Community Development in partnership with United Way, will be structured as an alternative to the traditional, court-based eviction process by providing eligible households with access to rental assistance resources to offset arrears accumulated after the COVID-19 emergency was declared. As part of the process, neutral, third-part mediators will help facilitate settlement agreements between tenants and their landlords, potentially mitigating the need for judicial action and giving tenant households more time to self-stabilize. The program will provide support through the end of the calendar year.

- 12.4 Supportive Housing Acquisition. This program, which is administered by Rhode Island Housing, seeks to acquire multifamily properties that can be used to temporarily house individuals and families experiencing homelessness, thereby creating new housing opportunities outside of congregate shelters. This will allow for the de-concentrating emergency shelters in line with public health recommendations for COVID-19 containment. Property acquisition and placement will occur by the end of the calendar year.
- 12.5 Navigation Assistance and Legal Services. Provides grants to nonprofits to help individuals navigate housing assistance applications and complete the application process successfully. Additional legal services have been funded through a contract with the United Way.

### **13. Business & Workforce Readiness**

- 13.1 Relief Grants and Other Business and Non-Profit Relief (e.g. Restore RI). This program, which is administered by Commerce Corporation, seeks to provide economic and financial relief to small businesses during the economic downturn. The program includes relief grants to assist business in covering reopening expenses as well as fixed expenses, including rent and utilities, and will also provide support for business repositioning efforts in a post-COVID-19 business climate, financial planning assistance, receivership assistance, training and technical assistance, and relief for non-profit organizations.
- 13.2 Back to Work RI. This program, which is administered through the Department of Labor and Training (DLT), seeks to provide critical services to employers, employees, and jobseekers across Rhode Island as the state addresses the impact of COVID-19 on the economy. The initiative will support training, upskilling, and other wraparound supportive services for workers and businesses who have experienced a business or employment interruption due to COVID-19.
- 13.3 DBR and RIDOH Enforcement/Inspection. This funding is used to conduct COVID compliance inspections of food and business establishments throughout the state (excluding Block Island)..
- 13.4 Hospitality, Arts, and Tourism Supports. The Administration has programmed economic relief for sectors hit especially hard by the COVID pandemic, including arts and culture, hospitality, tourism, and events.
- 13.5 Business Interruption Supports. The Administration has budgeted for support to businesses experiencing disruptions from the COVID-19 pandemic. Initial programs include restaurant and indoor sports facility supports.

### **14. Education: Summer 2020**

- 14.1 In-Person Summer Programming. This competitive grant program, which is administered by the RI Department of Elementary and Secondary Education (RIDE) in conjunction with DHS, is awarded to support the enhanced costs associated with operating in-person summer camps during the COVID-19 pandemic. In order to receive this grants municipal and non-profit summer camps must comply with CDC and RIDOH regulations and guidelines. This program will conclude before the start of school year 2020-2021.
- 14.2 RIDE Summer Learning and Enrichment Activities. This funding, which is administered by RIDE, provides summer learning opportunities to students pre-K through 12<sup>th</sup> grade. Programming is designed to increase student performance and engagement and mitigate learning loss resulting from the disruption to the 2019-2020 school year caused by the pandemic. Providers range from local

education agencies (LEAs), nonprofits, institutions of higher education, among others. This program will conclude before the start of school year 2020-2021.

- 14.3 Urban Summer Block Grant. This grant program, distributed by RIDE, provides funding to urban communities, including Central Falls, Pawtucket, Providence, and Woonsocket. This grant is intended to support summer programming and credit recovery, focusing on populations that were not adequately served by distance learning, such as differently abled students and multilingual learners (MLLs). This program will conclude before the start of school year 2020-2021.
- 14.4 Youth Summer Job Project. This initiative, which is administered by DLT, creates a summer jobs program designed to hire youth and young adults into jobs that contribute to the COVID-19 recovery; allowing them to serve their community, build workplace skills, and earn money. Youths will be hired directly by various nonprofits, municipalities, and other organizations throughout the state. These entities will recruit and enroll youths, pay wages, supervise, and ensure their safety. This program will provide support through August 2020.
- 14.5 Administrative Costs. This contract, which is administered by DHS, is for the development of guidelines to administer safe summer programming. This contract was awarded to Public Consulting Group (PCG). This contract will conclude before the start of school year 2020-2021.

## **15. Education: K-12 and Higher Education Reopening**

- 15.1 CRF Distribution. Appropriated within the FY 2020 Enacted Budget, this grant to LEAs, totaling \$50.0 million, is meant to mitigate the extraordinary costs associated with COVID-19 pandemic and its impact on education. Funding will be distributed per the federal Title I, Part A formula. LEAs are to expend these funds prior to the close of the calendar year.
- 15.2 Other K-12 Reopening Initiatives. RIDE has funded a multitude of initiatives aimed at reopening K-12 education across the state to ensure Rhode Island's students have access to safe and productive learning environments. Funding was initially used to develop state-level guidance and provide technical assistance to school districts developing reopening plans and has since been used to secure classroom air purifiers, recruit and train additional, assist with additional facility expenses, and provide additional support to at-risk students and districts.
- 15.3 Public Higher Education Reopening. Dedicated funding to assist the Community College of Rhode Island (\$5M) and Rhode Island College (\$4M) reopen safely and to ensure Rhode Island's students of higher education have access to safe and productive learning environments.

## **16. Government Readiness**

- 16.1 Employee Screening. This supports a multi-phase approach to employee health screenings at State buildings. An initial component focused on in-person screeners has now been augmented by an online self-screening application.
- 16.2 Training and Technology. This consists of SharePoint enablement and support, migrating user share drives to Office 365 OneDrive for Business, and developing an online training module so all users can learn how to use these new tools.
- 16.3 COVID-19 Janitorial Services. This captures the cost of janitorial services – both enhanced daily cleanings and emergency deep-cleanings - as specific responses to the COVID-19 pandemic.

- 16.4 DCAMM Facilities Modification. This supports the reconfiguration and modernization of state buildings, such as the DMV, and other lobby and cubicle areas throughout government, in order to maintain social distancing as well as other DOH and CDC requirements.
- 16.5 ReopeningRI.com. This represents the cost of operating the ReopeningRI.com website designed to provide critical public health and safety information.
- 16.6 Parks and Recreation. This supports the additional expenses necessary to operate State beaches and parks in compliance with public health and social distancing guidelines.
- 16.7 Miscellaneous and Contingency Expenses. This bucket includes network and data security projects necessitated by the transition to widescale remote work, DoIT expenditures on laptops and other remote working solutions, DOT's enhanced cleaning services, DOT staffing and support of COVID testing sites, DOC personal protective equipment, and small miscellaneous expenditures by various agencies.
- 16.8 Rhode Island National Guard (RING). This has been used to the fund Rhode Island's contribution to the Rhode Island National Guards (RING) activation in response to the COVID-19 pandemic.

## **17. Other Expenses**

- 17.1 Public Health Communications: This contains the State's coordinated public health communications campaign, including the community mitigation campaign, school reopening messaging, CrushCovid app marketing, interpreters for press conferences, translation services, and contracted communications staffing.
- 17.2 Data, Modeling, and Analytics. The State's Data, Modeling, and Analytics workstream is responsible for collecting, aggregating, analyzing, and visualizing COVID-19 related data for the general public, health system administrators, and key policy makers. These activities inform critical pandemic related work, including personal protective equipment and supply acquisition and development of policy to reduce the spread of COVID-19. Expenses include dashboard development, data modeling, PowerBI licenses, and project management.
- 17.3 Legal. This project provides funding for outside legal counsel and legal case-management software to support the Executive Branch's actions to mitigate and respond to the COVID-19 pandemic and its second-order effects.

## **18. Vaccine Campaign.**

- 18.1 Vaccine Campaign. The Administration is in the process of planning for the successful procurement and distribution of a vaccine as soon as is approved, having already budgeted \$37.5M to this essential initiative. While the Federal government is expected to pay for the physical vaccine, the Administration is investing heavily in additional personnel to administer the vaccine, storage, supplies, and equipment to ensure the vaccine is securely stored and distributed, communication and outreach programs to inform Rhode Islanders how to access the vaccine to ensure expeditious uptake, and project management support to ensure a seamless campaign from start to finish.

## **19. Other Expenses Including CRF Eligible Personnel Expenses**

- 19.1 ESSERF and HERF. The Elementary and Secondary School Relief Fund and the Higher Education Relief Fund, was directly allocated to districts and institutes of higher education.

- 19.2 FY 20 CRF Eligible Payroll, Including Public Health and Public Safety. U.S. Department of the Treasury permitted certain state payroll and benefits expenses to be paid for using CRF dollars.
- 19.3 FY21 CRF Eligible Payroll, Including Public Health and Public Safety. This funding has been budgeted to cover CRF eligible public health & public safety FY21 payroll expenses through December 30, 2020.
- 19.4 Other CRF Eligible Expenses. The Administration has budget additional CRF dollars to cover other CRF eligible expenses, including public health personnel who are funded through other sources such as Medicaid as well as a contingency for CRF eligible expense not originally budgeted in other areas of the pandemic response. This funding may be used to cover such expenses as CRF eligible costs associated with rejected FEMA applications.
- 19.5 Additional CRF Eligible Municipal Support. The Administration has reserved CRF resources for municipalities with eligible expenses incurred due to COVID-19. The mechanism for distributing funds to municipalities is under development and would be based on eligible CRF expenditures. The Governor's Office and the Department of Administration expect to take into consideration ongoing discussions with cities and towns, expenses reported by municipalities to the Municipal Resilience Task Force, and the Municipal Resilience Task Force's recommendations.