

Payments to Direct Care & Non-Direct Workers in Hospitals and Non-Direct Workers in LTSS Facilities

Frequently Asked Questions

Overview

On March 30, 2020, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Security (CARES) Act Steering Committee to “[m]ake recommendations to the Governor on the best uses of the CARES Act funding” available to the state under Section 601 of PL 116-136, the “Coronavirus Relief Fund.” On April 15, 2020, the Steering Committee approved expenditures up to \$80 million for three groups of workers:

- (1) direct care workers in inpatient hospital settings;
- (2) payments to non-direct care workers in hospitals; and
- (3) non-direct care workers in Long-Term Services and Supports (LTSS) institutional settings.

Direct care workers are workers who regularly come in physical contact with patients due to the nature of their responsibilities. Payments for direct care staff are limited to staff members who are providing patient care to hospital inpatient or emergency room patients. These include but are not limited to nurses, nurse aides, radiology technicians, and respiratory therapists (see instructions for full details).

Non-direct care workers are workers such as janitorial and laundry staff who regularly come into contact with environmental hazards (see instructions for full details). These individuals must work in locations in a hospital or LTSS where direct patient care is provided.

Administrative personnel are generally excluded. Intake specialists whose regular responsibilities require them to be in contact with patients in an inpatient setting or emergency department may qualify as non-direct care workers.

The following table describes the amount of payment by fulltime and part-time workers in hospitals with and without COVID-19 positive patients.

Table 1. Direct Care Workers in Hospitals

Weekly Hours Worked by Individual	COVID+ Patient Weekly Payment	No COVID+ Patients Weekly Payment
1-19 hrs	\$125.00	\$0
20-39 hrs	\$250.00	\$125.00
40+ hrs	\$500.00	\$250.00

Table 2. Non-Direct Care Workers in Hospitals and LTSS Facility

Weekly Hours Worked by Individual	COVID+ Patient Weekly Payment	No COVID+ Patients Weekly Payment
1-19 hrs	\$62.50	\$0
20-39 hrs	\$125.00	\$62.50
40+ hrs	\$250.00	\$125.00

Payments are reported through the hospital as the employer. Payments (net of FICA and other applicable taxes and retirement deductions) must be passed through to the employees.

On April 28, 2020, the Arkansas Department of Human Services (DHS) released guidance and the necessary reporting forms to employers. A link to those resources is here:

<https://humanservices.arkansas.gov/resources/response-covid-19>.

DHS will continue to respond to Frequently Asked Questions (FAQs) and update these periodically.

May 5, 2020

Q1: Are these payments to be used for additional wages paid to these direct workers or are they allowed to help reimburse the hospital for wages that are routinely paid to those workers?

Response: These payments are *in addition* to regular wages for direct care and non-direct care staff. Under this initiative, the additional wages (net of FICA and other applicable taxes and deductions for retirement) must pass through the hospital to such staff. Payments *are not allowed* to reimburse hospitals for regular wages paid to workers.

Q2: In our business office, we have an employee who goes on the floor, visiting patients daily to help them qualify for Medicaid or our in-house charity program – would she qualify?

Response: Administrative personnel are generally not eligible for a payment. However, an intake specialist whose regular job requires him/her to be in close physical contact with patients in an inpatient setting or emergency room patients will qualify for an indirect care worker payment.

Q3: The Business Office Director was assigned the duty of hiring the screeners, checking on them daily, making sure they have PPE, following guidelines and it in and out even at night following up with them and being exposed will she qualify? She must also fill in should someone call in sick.

Response: No. Such administrative staff do not qualify for direct or indirect care worker payments.

Q4: We have hired screeners to be at our only current entrance to take temperatures etc. Would they qualify? They wear gowns, gloves, masks, take temperatures, etc. They also place masks on the patients. Every patient and employee must go through them to enter the facility. These people fulfill hours of M-F 3pm to 7am and all day on Saturday and Sunday.

Response: No. Payments for direct care staff are limited to staff members who are providing patient care to hospital inpatient or emergency room patients.

Q5: ER-OP Admissions – We do not have a central admissions area – we have the ER, OP, Radiology, Lab they all do their own – Would the intake person qualify?

Response: An intake specialist whose regular responsibilities require them to have patient contact would qualify as an indirect care worker.

Q6: We have a Social Worker who is licensed who works on the floor with patients placing them? Does she qualify?

Response: An intake specialist whose regular responsibilities require them to have patient contact as described would qualify as an indirect care worker.

Q7: We have a home health department on the campus with RN's, LPN's and Aide who make home visits do they qualify?

Response: Such staff would not qualify under the Hospital Direct and Non-Direct Payment program, but would likely qualify under the LTSS Direct Care Payment program if it is licensed as a home health agency.

Q8: Pharmacy – our pharmacist is a contract employee who employs two techs. The pharmacy is located on the floor between patient rooms. How do they fall into this? Since he employees them can he file for them? Do they qualify – do we file for them? They are not on our payroll.

Response: Pharmacists are excluded from the payments. Pharmacy technicians may qualify as non-direct care workers if the other criteria are met. The contract agency would submit all necessary documentation to the hospital which is still responsible for the accuracy of the information. The hospital must file the claim.

Q9: Our payroll is made on a biweekly basis. Can we stick with this format?

Response: A hospital can submit a report to DHS on a weekly basis or choose a different period for administrative simplification (although not more frequently than weekly). To ensure program integrity, the employer should track reporting weekly.

Q10: Did Arkansas expand the extra nurse pay to hospitals or other facilities not related to LTSS?

Response: Arkansas expanded continuity of care payments to include hospitals. Thus, there are now payment programs for LTSS facilities and hospital. Hospital Direct and Non-Direct Care Worker guidance can be found on the DHS website.

https://humanservices.arkansas.gov/images/uploads/resources/Hospital_Direct_and_NonDirect_Care_Worker_Payment_Instructions_-_4.28.2020_final_.pdf

Q11: Governor Hutchinson mentioned DHS has been directed to develop a care continuity compensation package for non-physician direct care workers in hospital settings (press release from April 15). My wife is a nurse practitioner at a Little Rock hospital but works for a private practice. She is the only nurse in her practice eligible for these payments and she is concerned that her clinic management may forget to submit her claim. Have claim applications been issued to providers? Do you have a status update on this program?

Response: Employees and contractors of hospitals are eligible for direct or indirect care worker payments. All claims must be filed through the hospital. DHS cannot track claims on an individual basis.

Q12: Are radiation/x-ray techs included in the direct- care workers?

Response: Yes, radiology technicians, including radiation and X-ray technicians, do qualify as direct care workers.