Instructions to Claim Funds for Direct Care and Non-Direct Care Workers in Hospitals Due to COVID-19 Emergency

Summary

On March 30, 2020, Governor Asa Hutchinson created the Arkansas Coronavirus Aid, Relief, and Economic Steering Committee by Executive Order 20-11 to make recommendations to the Governor on the best uses of the $1.25 billion in federal funding made available to the state under Section 601 of PL 116-136, the “Coronavirus Relief Fund” of the Coronavirus Aid, Relief, and Economic Security Act (“CARES) Act.

On April 15, 2020, the Steering Committee approved a recommendation to spend up to $80 million to make payments to three groups: (1) direct care workers in hospital settings; (2) payments to non-healthcare personnel in hospitals; and 3) and non-healthcare personnel in LTSS institutional settings who were not eligible to receive payments. The Department of Human Services (DHS) will administer these payments.

Purpose of Payments

Given the source of funding is through an allotment to the state of Arkansas, payments will be structured to make payments to workers who live in Arkansas and are working in hospitals that predominantly serve the citizens of Arkansas. Although Medicaid funds are not used to make the payments, to ensure program integrity, the provider must be enrolled in the Arkansas Medicaid program. The purpose of these payments is specifically restricted to be payments to workers through their employers. Agencies providing contracted workers cannot bill DHS directly. They must submit costs through the hospital. These payments cannot be used for:

1. offsets against loss of revenues
2. equipment
3. training
4. environmental modifications
5. costs other than payments to workers and employer contributions to FICA and retirement accounts

What parts of a hospital qualify for the highest payment for workers?

The payments for direct care staff are limited to staff members who are providing patient care to hospital inpatient or emergency room patients.

These payments are restricted to workers for the days they are working at the hospital. Payments are not permissible for days on leave or working offsite.

Process

Payment will be made to the hospital which employs or contracts for the worker. The hospital will submit a roster count to the Division of Medical Services (DMS) for payment and must maintain documentation to be audited. Payments are taxable to the individual according to the applicable federal, state, and local laws and regulations.

4.28.2020

Payments are for an eight (8) week period beginning April 5, 2020 and ending May 30, 2020. Payments are retroactive to April 5. A hospital can submit a report to DHS on a weekly basis or chose a different period for administrative simplification (although not more frequently than weekly).

**Definition of Direct Care Workers in Hospitals**

Direct care workers in hospitals are workers who regularly come in physical contact with the patient population. However, physicians, dentists, and pharmacists are excluded due to their higher salary levels. These include but not limited to:

a. Registered nurses  
b. Licensed practical nurses  
c. Certified nurse aides  
d. Medical and dental residents and interns  
e. Nursing assistive personnel  
f. Radiology technicians  
g. Laboratory technicians  
h. Therapists (respiratory/PT/OT/SP)

**Non-Direct Care Workers for Hospitals and Long-term Care Services and Supports (LTSS)**

In addition, other hospital and LTSS personnel may qualify for payments which are structured to equal 50% of the payments to direct care workers. These non-direct care staff include but not limited to:

- pharmacy technicians  
- environmental service workers or janitorial staff  
- facilities services workers including dietary staff

These individuals must work in locations in a hospital or LTSS where direct patient care is provided.

Administrative personnel and costs are excluded.
Amount and Timing of Payments for Workers

DHS intends to make up to eight weekly payments between the week beginning April 5, 2020 (week one) and ending May 30, 2020 (end of week eight). The amount of payments per designated worker is contingent upon the number of hours worked in a week according to the following schedules:

Direct Care Workers Table:

<table>
<thead>
<tr>
<th>Weekly hours</th>
<th>COVID+ Patients</th>
<th>No COVID patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-19 hrs.</td>
<td>$125.00</td>
<td>$0</td>
</tr>
<tr>
<td>20-39 hrs.</td>
<td>$250.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>40+</td>
<td>$500.00</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

Non-Direct Care Workers Table:

<table>
<thead>
<tr>
<th>Weekly hours</th>
<th>COVID+ Patients</th>
<th>No COVID patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-19 hrs.</td>
<td>$62.50</td>
<td>$0</td>
</tr>
<tr>
<td>20-39 hrs.</td>
<td>$125.00</td>
<td>$62.50</td>
</tr>
<tr>
<td>40+</td>
<td>$250.00</td>
<td>$125.00</td>
</tr>
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</table>