

Medicaid Payments to Direct Care Workers in Long-term Services and Supports (LTSS) Settings

Frequently Asked Questions

Overview

On April 15, 2020, Governor Asa Hutchinson announced that the Centers for Medicare and Medicaid Services (CMS) had approved Arkansas Medicaid's request due to the COVID-19 public health emergency to make additional payments to direct care workers who provide long-term services and supports (LTSS) in institutional and noninstitutional settings. These payments will be made through the worker's employer for the period April 5 through May 30, 2020. The employer must be a Medicaid-enrolled provider.

On April 16, the Department of Human Services (DHS) released guidance and the necessary reporting forms to employers. The link to those resources can be accessed at <https://humanservices.arkansas.gov/resources/response-covid-19>

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

Updated April 23, 2020

Q1. We have received a number of questions from individual workers who describe a situation and ask for a status on their payment.

Response: All payments must be submitted to DHS through the employer. We cannot know all of the circumstances of individual workers. Please work with your employer whose role is to correctly report the hours for individual workers, make appropriate adjustments for taxes, inform employees when payments will be made, etc.

Q2. We have received numerous questions about withholding taxes from the direct care worker's payments and concerns about the potential cost to employers for FICA taxes.

Response: In general, wages are taxable income for a worker and it is the worker's obligation to pay federal and state income taxes as well as Federal Insurance Contribution Act (FICA) taxes that are deposited into the Social Security and Medicare Trust Funds for a worker's future benefits. Typically, the employer "withholds" the amounts that the worker owes based on the worker's W-4 and the FICA schedule and makes payments on behalf of the worker. The employer therefore pays the worker a "net" amount.

These care continuity initiative payments to workers are also considered wages and the employer will withhold:

- Federal income taxes
- State income taxes
- Employee share of FICA taxes—7.65% of wages in 2020
- Other retirement contributions paid by the employee if applicable

The worker will then receive a “net payment” amount after withheld amounts are deducted. Any differences for an individual are reconciled when the worker files federal and state taxes the following year which also reconciles FICA taxes for the previous year.

Employer Share of FICA

The employer is also allowed to submit a claim for payment for the *employer* share of FICA which also equals 7.65% of the employee’s wages. We recognize some employers may also make contributions to employee retirement benefits. Therefore, an employer may request payment *up to* 23% of the employee’s wages which includes the 7.65% for FICA.

As a reminder to employers, the care continuity payments are to be reported separately to DHS using the reporting form specific to this initiative. Therefore, the tax withholds to be reported and claimed are *only* for the care continuity share of a worker’s wages, NOT the worker’s TOTAL wages for the applicable time period.

This does not constitute tax advice. Employers and individuals should seek their own legal counsel if they have further questions.

Q3. We have received a number of questions from providers about the services they provide. It is not sufficient to look only at a service.

Response: To receive payment under this direct care initiative, the employer must meet a definition of a LTSS provider type and the employer must be enrolled as a Medicaid provider and is accepting Medicaid beneficiaries as of April 5, 2020.

Q4. We have received a number of questions from employers about their caseload and payer mix (Medicare beneficiaries, private insurance, private pay).

Response: To receive payment under this Medicaid funded direct care initiative, the employer must meet a definition of a LTSS provider and must be enrolled as a Medicaid provider and is accepting Medicaid beneficiaries as of April 5, 2020. For a worker to receive payment, they must be available to care for Medicaid beneficiaries.

Q5: I work in an agency that provides services to patients that are covered by Medicaid and patients that are not covered by Medicaid. How are my hours calculated?

Response: We recognize that some LTSS facilities and community-based agencies contract with outside agencies for workers. The facility is responsible for payments to its contractors. Payments vary by the number of hours worked and whether the facility is treating COVID-19 positive patients. The table below summarizes the potential scenarios:

Weekly hours	COVID+ Patients	No COVID patients
1-19 hrs.	\$125.00	\$0
20-39 hrs.	\$250.00	\$125.00
40+	\$500.00	\$250.00

These payments are funded by the Medicaid program, so the facility must be a Medicaid enrolled provider treating Medicaid beneficiaries and workers must be available to care for Medicaid beneficiaries to receive payments.

Q6: In reviewing the Guidance on LTSS Direct Care Payment it states Eligible Service Providers. I did not see Adolescent Psych facilities. Are these considered LTSS?

Response: Yes.

Q7: Please give an example of a situation that falls into category "C" (150 hours monthly) We have staff that work different schedules based on the individuals' Person-Centered Service Plan (PCSP) or needs. will this fall into this category and if so when the end of the month is reached, and we did not pay the full time bonus each week how would we request the extra?

Response: The employer is not required to submit for payment on a weekly basis, so filing at the end of the month is allowable. If the employer chooses to file reports weekly and then make an additional request for funding, the employer may do so. Appropriate documentation of each worker's status as a fulltime worker must be maintained for audit purposes.

Q8: I have questions on seeing if we are a qualified Rural Health Clinic to get additional payment for the nurses during this COVID-19 crisis. Our clinic has been affected by all of this, as have most. We have been testing COVID-19 susceptible patients as well as some whom have come back positive. I mentioned this to my boss, and she was unsure if we qualified or not. If we do where would they go to apply for it?

Response: Clinics do not qualify under this initiative which is specific to LTSS.

Q9: On the form for providers to submit their employee information for reimbursement, the last paragraph on page 2 asks for proof of certification from DHS. For a private in-home provider, would this be their active Medicaid number (this is already listed once). These providers state they don't have another certification from DHS to list.

Response: Private in-home providers do not qualify.

Q10: On the reporting form under A to provide the Medicaid ID - does this refer to the home health or hospice agency's certification number or to a Medicaid recipient being treated?

Response: This applies to the home health or hospice agency's Medicaid provider ID number.

Q11: I'm reaching out because of the approved disaster relief funds/bonuses for caregivers supporting clients under Medicaid Waivers. As an AR-Choices in Home Care establishment, I want to make sure i am fulfilling my responsibilities to our care givers under the recent APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum dated April 15.

Should we expect someone to reach out to use from the Department of Health or is there something we need to be doing to start processing these bonuses and how this is going to work?

Response: You will need to go the DHS website to get the forms and guidance for applying for payments under this initiative. Please see the link at the top of the FAQ.

Q12: I have submitted a claim, but after I submitted it, I realized the week started on Sunday. How would I correct the claim or add staff in on that claim that were left off of the previous bill?

Response: You will need to submit an amended report and notate that the report is amended in the subject line with the week of the reporting period.

Q13: How will we know if we completed the application correctly?

Response: A DHS representative will reach out to you via email if an application has not been submitted correctly.

Q14: We were planning to submit for payment regarding COVID-19 Direct Care Workers. So, your form requests information about certification with DPSQA. I thought we only needed to be a qualifying Medicaid Provider. Please advise.

Response: If DPSQA certifies your business as a specific provider type, then a copy of that certification needs to be submitted. If your business is not certified, enter N/A.

Q15: Our work week starts on Saturday, which would be May 30. Would that mean for the week beginning May 30, no employees would receive the DCW payment, because no employees would have worked at least 20 hours on the day of May 30?

Response: That is correct. The payment period is on a weekly basis beginning the week of April 5 and ending on May 30.

Q16: Will a worker who receives the \$125.00 additional weekly payment need to report this money as additional income for things like SNAP benefits or ARKids First, possibly causing these benefits to be cut off? If so, can this money be refused, so that the worker's children can continue to receive ARKids First medical insurance, as that may be the more needed benefit?

Response: These payments are considered income that must be reported. This does not constitute advice regarding eligibility for any public benefit. You may wish to contact your local Department of County Operations.

Q17: I have three caregivers whom were receiving 25-30 hours per week at least with clients. One or both of their clients are in a Long-Term Care facility where they will no longer allow the caregivers to come in and out daily due to Covid-19. Thus, the caregivers hours were cut in half (due to know fault of their own but because of Covid-19). Because of these and because they can't get into the facility, it renders them ineligible for the Direct Care Payments. You can see how this would cause an issue because they are still working with other patients, however due to Nursing Home Shutdowns they cannot claim their weekly hours. Please advise if they would be applicable for payments.

Response: Correct, to be eligible a worker must meet the minimum hour requirement.

Updated April 22, 2020

Q1. For direct care workers who live in AR and pay AR taxes but work across the state line in a neighboring state, will they be eligible for payment?

Response: Yes, if the employer is an Arkansas Medicaid enrolled provider serving Arkansas Medicaid clients.

Q2: On the Provider Report for COVID-19 it is asking in Section 2 A. for a Medicaid ID (required) or NPI numbers (optional). Arkansas Medical Staffing, LLC does not bill Medicaid at all – we bill the facilities direct and not Medicaid, Medicare nor any other insurance companies, so therefore we do not have either of these numbers. However, we work in LTSS areas. Is our medical team eligible to receive these benefits without these numbers? Do we need to get one? Or do we contact the facilities to retrieve their Medicaid ID's for our claim? Please advise – we have never needed one.

Response: The facilities that are Medicaid enrolled providers must submit the request.

Q3: We also have a Home Delivered Meals program. Can we count the total time our driver spends delivering meals to clients?

Response: No. Home-delivered meals describe a service, not a LTSS facility or agency. Moreover, a home-delivered meal does not require direct contact between a worker and a beneficiary.

Q4: Do the providers have the discretion to elect not to provide these funds to some or all of their workforce depending on the number of hours worked?

Response: These payments are based on the actual number of hours worked. The worker should be paid according to the schedule of weekly hours that determine the payment amount. The table below summarizes the potential scenarios:

Weekly Hours	COVID+ Patient(s)	No COVID Patient(s)
1-19 hours	\$125.00	\$0
20-39 hours	\$250.00	\$125.00
40+	\$500.00	\$250.00

Q5: Would you please confirm that Parkway Village will be receiving this funding for our long-term care direct care workers? We do not currently admit Medicaid residents, however, we do pay the monthly quality assurance fee and are owned by Baptist Health, a large Medicaid provider in the state. Please let us know so that we can communicate appropriately with our LTC direct care workers.

Response: No. These payments are available to direct care workers delivering care to Medicaid beneficiaries served by providers which are enrolled in Arkansas Medicaid.

Q6: Will DMS provide a summary that provides a breakdown of the payments by employees?

Response: No. Providers will be responsible for tracking and maintaining their own detailed rosters for purpose of a future audit.

Q7: Our work week begins on Saturday and ends on Friday. But the DCW payments begin on Sunday. For the week of 4/4/20 through 4/10/20, do we subtract hours worked on 4/4/20 to determine the first week of reporting for DCW payments?

Response: Correct. Payments begin on Sunday, April 5, so the previous day must not be included.

Q8: I am working on the direct care payment request form and have a question. Can you explain exactly what is meant by: "Work a regularly planned split shift schedule that overlap weeks that equal or exceed 150 hours Per month, not including overtime"

Response: This is in regard to base and tiered payments: If one week they might work 15 hours and the next 40 plus hours. We recognize some workers are on split shift schedules. Therefore, those who work a regularly planned split shift schedule that overlaps weeks that equal or exceed 150 hours per month, not including overtime, are considered full-time workers and qualify for the highest amount.

Q9: We operate in the border cities of Texarkana, AR and Texarkana, TX, and have nurses and aides who live in and work in both Arkansas and Texas. Is this benefit only for those who are residents of the state of Arkansas? Or can Texas residents who work in Arkansas receive the benefit?

Response: Given the source of funding comes from the Arkansas Medicaid program, the facility/agency must be an enrolled Medicaid provider. Payments for direct care worker are for workers who are residents of Arkansas.

Q10: Also, do we make these payments through payroll, withholding applicable federal and state taxes?

Response: Yes. In the case of contracted staff, the contract agency would invoice the facility that is the Medicaid enrolled provider. After DMS pays the Medicaid enrolled provider based on hours, the provider would then pay the contract agency. The contract agency is the employer that is responsible for withholding applicable taxes on behalf of its employees.

Q11: I am attempting to fill out and submit the "Point of Contact/Statement of Intent" form for our facility and have a question. At the end, the sentence ends "along with your Provider Reporting" and stops there, and I am unsure what needs to be submitted. Also, there is no place on this form to put our Medicaid ID number or our NPI number, is that information needed somewhere on this form?

Response: Yes. Please refer to Direct Care Worker Payment guidance.

Q12: In regard to the COVID-19 Direct Care Worker Payment, are activity directors who provide face to face activities to residents for long-term service and support providers eligible to receive payments?

Response: No.

Q13: I have a question in reference to the COVID-19 Direct Care Worker Payment, are the employees that work in homes of patients NOT positive for COVID-19 between 1-19 hours qualified to receive the payment? I am completing the Direct Care Payment Request Form and there isn't an option for adding those employees.

Response: No. Employees working less than 20 hours are not eligible for payment UNLESS the patient is COVID-19 positive.

Q14: Does the Direct Care Worker Payment include the Director of Nursing, the Assistant Director of Nursing and the MDS Coordinator?

Response: Only applicable if hours are filled in for direct care.

Q15: We have Program Managers who are filling in for DCI's who may have not showed up for work or who were ill. They are asking if they will get these funds when filling in for DCI's.

Response: These types of workers will qualify for payments only for the hours spent providing direct, face-to-face care. Also, the worker, who is out ill, will have a decrease in hours noted which will could drop them to a lower pay category or out of the payment for the week.

Q16: Will there be a schedule on how payments will be distributed to the agencies? How will agencies know when payment has been made and will they be made via direct deposit?

Response: Payments will be paid every Friday, based off reports submitted prior to COB the previous Wednesday. Payments will go to the provider in the same manner that their claims are processed.

Q17: Do the direct care worker payments guidelines stipulate that the worker that is working in facilities with NO COVID 19 positive patients be in the facility/home setting at least 20 hours per week? Or is it calculated by hours paid per week regardless of hours in the direct care setting?

Response: Yes, they must be working a minimum of 20 hours per week if there if a facility or home is not actively treating patients with COVID-19.

Q18: Is each Direct Support Professional limited to 1 weekly payment, or, if a DSP works two full-time positions (day-time hourly and a shared living companionship position) will they be eligible for a payment for each full-time responsibility?

Response: Employees are limited to one 40-hour category per week.

Q19: Which certification needs to be submitted when applying for this payment?

Response: Facility Certification

Q20: Are there any parameters or a certain percentage to apply when determining total hours worked when a caregiver works some hours with a Medicaid beneficiary and some with a private pay client?

Response: The employer must be an enrolled Arkansas Medicaid provider serving Medicaid beneficiaries. The worker must be available to care for Medicaid beneficiaries and if so, the worker's time is not divided between caring for beneficiaries covered by Medicaid and others not covered by Medicaid.

Q21: The form also asks for a Provider ID. If a provider has multiple, do we just use one or do we need to list all (I think we have about 80)? And should there be any separation of caregiver numbers between the different Provider ID's or can we combine them together as a company whole? (Hopefully combining is acceptable for both those questions)

Response: List all Provider ID's.

Q22: We have 70 workers who don't provide care for Medicaid clients. Are they eligible for the bonus?

Response: No. This payment is for enrolled Arkansas Medicaid providers providing services to Medicaid beneficiaries. As the source of funding for these payments is the Medicaid program, the worker must be available to care for Medicaid beneficiaries.

Q23: Thank you for the hazard pay. Are providers required to send in weekly reports for the Covid-19 Direct Care Worker Payment? Is it possible to send the reports in Bi-Weekly as the payroll is processed? Sending the reports in Bi-Weekly would coincide with the process currently established with our accounting/payroll services. Again, thank you for this acknowledgement of the important work our DSP's provide

Response: Provider report form may be submitted bi-weekly with the provider's payroll schedule.

Q24: We have several licensed LPN, RN, CNAs in our facility who work in a department head capacity. Meaning, they are full time employees but aren't on the floor providing "direct care" for 40+ hours. So, do these licensed department heads/healthcare workers qualify for these bonuses?

Response: These payments are intended for workers who are providing direct care to patients/clients as their regular duty and therefore must be in close physical proximity of patients.

Q25: Will there be any type of incentive for the agency and office staff for allowing the funds to pass through and distributing the funds to proper aides?

Response: No. Administrative fees cannot come out of this payment.

Q26: We are working on submitting our provider report. In the section 2 there is a table, the first column header is Medicaid ID. Is this the Provider ID for payment or the Medicaid ID of each beneficiary receiving service?

Response: Provider ID

Q27: Do workers using leave time qualify for the Direct Care Worker Payment?

Response: No, payments are calculated on the number of hours working directly with patients.

Q28: If I have a caregiver who is working 24 hours per week. 12 hours with Respite and 12 hours with Attendant care how do I put this in the form correctly to identify them as working in the 20-39 hour category?

Response: Yes, if this person is working for a provider 24 hours per week and all of those hours are direct care hours. They have been placed in the correct category.

Q29. Are activity directors eligible for these payments?

Response: These payments are intended for workers who are providing direct care to patients/clients as their regular duty and must be in close physical proximity to patients due to the nature of their work.

FAQs 4/21/2020

Q1: Will caregivers under the PALCO contract receive the LTSS direct care worker payments?

Response: No. Caregivers under the PALCO contract have a different employer-employee relationship than through a facility or agency model. The Medicaid beneficiary “self-directs” the caregiver who is frequently a family member.

Q2: Will social workers whose primary role is to perform administrative functions (discharge planning, case management, referrals) receive the LTSS direct care worker payment?

Response: No. These payments are intended for workers who are providing direct care to patients/clients as their regular duty. An important consideration in structuring the COVID-19 payments is the ability of the worker to avoid exposure and therefore mitigate risk in the performance of his/her duties. These administrative functions can be conducted in a variety of manners that can maintain separation from the beneficiary. The employer must consider how an individual who is in an administrative role will be accounted for in an audit.

Q3: Are licensed social workers providing direct care as clinicians be eligible for the LTSS payments?

Response: Yes.

Q4: How will individuals or facilities be notified if they qualify for the LTSS payments?

Response: The employer will submit its report to the Division of Medical Services (DMS) which will make payment to the employer which will pass the payment to the worker less applicable taxes/deductions.

Q5: How do you calculate direct care?

Response: These payments are intended for workers who are providing direct care to patients/clients as their regular duty. We recognize that during the course of the day, there must be time for documentation, charting, taking orders, etc. in which a worker is not in the same room as a patient. We do not distinguish the amount of time *during a day* for a direct care worker. The determination of a full-time or part-time worker is based on the documentation provided by the employer which will be audited.

Q6: What is considered “administrative time” --is this specifically referring to clinicians that only provide administrative support, etc.?

Response: These payments are intended for workers who are providing direct care to patients/clients as their regular duty. The employer must consider how an individual who is in an administrative role will be accounted for in an audit.

Q7: Per COVID guidance we have encouraged our clinicians not to spend much time in the homes but to document outside of their residence, etc.... to reduce exposures. How is their time calculated?

Response: We recognize that during the course of the day, there must be time for documentation, charting, taking orders, etc. in which a worker is not physically in the same room as a patient. And we certainly recognize that minimizing direct contact by maintaining some distance is vital at this time. We do not distinguish the amount of time *during a day* for a direct care worker in which a worker is physically present with the client. The determination of a full-time or part-time worker is based on the documentation provided by the employer which will be audited.

Q8: If individuals or facilities disagree with payment amount, who do they contact?

Response: An individual worker would resolve any disagreement with his/her employer. DMS will make payment to an employer based on the information submitted by the employer. DMS has access to data through the Arkansas Department of Health (ADH) on the number of facilities with COVID-19 positive patients. Any employer requesting the higher payment for treating a COVID-19 patient will be immediately checked against DHS data. All information is subject to audit. Therefore, a disagreement between the employer and DMS will follow normal procedures for resolution, including review by the Office of the Medicaid Inspector General (OMIG) which include a variety of penalties for submitting inaccurate information.

Q10: I read that on April 15, the Governor's request for the healthcare bonus for nursing home workers, among other facilities, was approved. Is the Arkansas State Hospital included?

Response: Workers in public LTSS facilities (nursing facilities, intermediate care facilities, Human Development Centers) are included in these payments. However, ASH is a hospital rather than a LTSS facility, so it is not included in these direct care worker payments. Therefore, ASH employees will be included in the hospital payments.

Q11: Regarding Hospices – Are you only referring to In-Patient Hospice facilities or Hospice Agencies that provide care in the patient's homes?

Response: Both are included.

Q12: As the Director of Nursing of a private assisted living in Arkansas, I ask that you consider including bonuses for front-line direct care workers in non-Medicaid facilities in Arkansas. I respectfully ask that you prioritize direct care staff in private pay Long Term Care facilities when the CARES Act funds are being allocated. They are a very deserving group who are putting themselves at risk every day as we are caring for our residents.

Response: The source of funding for these direct care workers is Medicaid so the facility must be a Medicaid-enrolled provider serving Medicaid beneficiaries.

The CARES Act is not funded by Medicaid, however, private pay facilities are not restricted by Medicaid rates and have greater flexibility to also make enhanced payments to their direct care workers.

Q13: I am a nurse at a mental health hospital. I am exposed to homeless persons, drug and alcohol addicts and severely mentally ill persons. We have persons at our hospital on isolation units with presumptively positive COVID-19. Why are we not included in this supportive payment the Governor announced? He did not say during his announcement at his news conference that it was only certain health care workers.

Response: These payments are specifically for direct care workers in LTSS settings. On April 15, 2020, the Governor's CARES Act 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-direct care personnel in hospitals; and 3) and non-direct care personnel in LTSS institutional settings who were

not eligible to receive payments. Guidance to hospitals and their workers will be announced in the near future.

For future reference, the highest payment amount (\$500 per week) is allowable only for patients that have tested positively for COVID-19. DMS has access to data through the Arkansas Department of Health (ADH) on the number of facilities with COVID-19 positive patients. Any employer requesting the higher payment for treating a COVID-19 patient will be immediately checked against DHS data. All information is subject to audit. Therefore, a disagreement between the employer and DMS will follow normal procedures for resolution, including review by the Office of the Medicaid Inspector General (OMIG) which include a variety of penalties for submitting inaccurate information.

Q14: I am asking for information on how we can get our employees paid. Arkansas Healthcare Personnel Inc is a medical staffing company that staffs many facilities across the state. We are staffing AHC and Human Development centers and private facilities too. We are not Medicaid enrolled as we are paid by our clients. We bill them for hours worked. We pay our employees. How will this work for us? Will the money be paid to our clients and then passed to us to make the payments through our payroll or will we be allowed to submit our employees directly to you for payment?

Response: Payments are allowed for employees and contracted workers. Payment are made through the employer who is the Medicaid-enrolled provider.

Q15: Does that cover Medicaid Private Duty Nursing RN's or LPN's or no?

Response: Yes. The Medicaid-enrolled employer will submit the requests to DMS.

Q16: For ADDT programs, we do not have waiver clients so extra direct care payments don't apply, is that correct?

Response: There is no payment because they are not a Long-Term Support Service (LTSS) provider. They are providing a clinic-based service that is not eligible for the payment.

Q17: I don't have any information on taxes or payroll information as that relates to the LTSS direct care payments.

Response: This taxable just like other income to worker.

Q18: In my Intermediate Care Facility, the clients attend a day service on site. The Vocational Skills Instructors at the day center assist with monitoring and teaching vocational job skills, domestic skills and social skills. They also provide (cook) one meal with the clients, assist with brushing teeth, and hand washing. However, the majority of their role day to day is providing activities that aide in promoting their domestic, vocational and/or social skills. Since this is a bit different from long term care, do these types of workers qualify?

Response: No. This is not a LTSS Provider.

Q19: On the Direct Care Payment Form how do we select the additional weeks or does the form have to be submitted weekly?

Response: Provider report form may be submitted weekly or with the provider's payroll schedule.

Q20: Is my facility eligible for payment? As Director of Nursing Services, my concern is that though my staff is working tirelessly to protect and care for our residents, they will be excluded from these highly touted and much anticipated payments.

Retaining staff, even in the best of times, is often a challenging task, so I'm sure that you can appreciate that in our current climate, we work to not only retain staff, but also to maintain morale. I have an excellent staff, most of whom have been with our facility for years. However, they are going to have questions and I want to be able to explain this to them in a meaningful way. I feel that giving them a general bureaucratic explanation not only is doing them a disservice but will make them feel as if the work they do is not valued or appreciated by our CMS or the State of Arkansas. They will see their peers, who do the exact same job down the street, rewarded for their hard work, while they receive none. If we are truly all in this together, then front-line staff is front-line staff. I value your opinion and appreciate your input regarding these matters.

Response: No. The source of funding for these direct care workers is Medicaid so the facility must be a Medicaid-enrolled provider serving Medicaid beneficiaries.

FAQs 4/17/20

Q1: How often do we need to submit the provider report for reimbursement?

Response: Provider report form may be submitted weekly or in accordance with the provider's payroll schedule.

Q2: Will the payments to the provider be in the form of a check or EFT?

Response: Providers will receive payment the same way as received with claims.

Q3. Are these payments subject to FICA and other applicable taxes?

Response: Yes. This is taxable just like other income to worker.

Q4. Many CNAs work shifts that are 7.5 hours a day = 37.5 hours a week to be considered a FTE. Our state minimum staffing shifts are in statute, most facilities follow those precisely, and FTE matches our PBJ reporting. Will these workers qualify as full time?

Response: Yes, they would qualify.

Q5. Official state interpretation that the direct care worker wage payments (and any future non-direct care worker wage payments) are NOT gross receipts (as defined AR Code § 20-10-1601 (3)) for purposes of the Quality Assurance Fee (QAF). Does this apply to new payments?

Response: Yes, they are treated the same way.

Q 6. Official CMS interpretation that excluding the direct care work wage payments (and any future non-direct care worker payments) from gross receipts for purposes of determining the QAF each facility owes is NOT a violation of s. 1903(w) or related CMS regulations on provider tax. Does this apply to new payments?

Response: Yes, they are excluded.

Q 7. Are nurse aides who are students that have not yet passed the CNA exam (because the sites are closed due to COVID), but are working in the facility on the floor as CNAs eligible?

Response: If they are providing direct care for which they are being paid, then they are covered. Clinical hours would be excluded.

Q8. Are LPN medical records nurses eligible? Some of them are working on the floor during this time, especially in COVID positive buildings.

Response: Any hours spent providing direct patient care should be included. Administrative hours would not be included.

Q9. Are RN directors of nursing eligible?

Response: Any hours spent providing direct patient care should be included. Administrative hours would not be included.

Q10. Should the employer apply child support and wage garnishments to these payments?

Response: Yes

Q11. If a facility has a positive test in the middle of a week, is that entire week considered at the COVID positive rate? Or is not considered until a full week?

Response: Yes, it will increase the rate for the entire week

Q12. For PBJ purposes, salaried employees are only allowed to be counted for 40 hours. If a facility has a salaried administrative employee who works, the floor above and beyond their 40 hours the facility can't count them for PBJ. Can the facility count those above and beyond hours for the bonus payments?

Response: Any hours spent providing direct patient care should be included. Administrative hours would not be included.

Q13. How are direct care workers defined for assisted living? (what positions?)

Response: A direct care worker is a staff member who is providing face-to-face care assisting with ADL's or administering medications and treatments.

Q14. What about agency staff that are contracted but working full time direct care in the facility?

Response: The provider should include them in the report and pass through payment to the agency staff through their agency

Q15. Can facilities make these payments with their normal pay cycles bi-weekly?

Response: Yes

Q16. What about contracted speech, occupational and physical therapists in nursing homes?

Response: If a therapist is billing Medicaid, individually, they will not qualify.

Q17. What if a CNA works full time at one facility and part time at another facility?

Response: Both facilities will submit separate reports and they would qualify from both

Q18. Should these payments be taxed as bonus or regular payroll?

Response: DHS considers this part of your regular payroll and your financial representative should be consulted for this decision.

FAQs 4/16/20

Q1. Would a city owned home health provider qualify for the home worker incentive pay? The question came up during the home health provider call. I thought they would as we are a state entity and our staff qualify.

Response: If they are a current enrolled Medicaid Provider.

Q2. On this press release, "Governor Hutchinson Announces CMS Approval of Additional Pay For Eligible LTSS Direct Care Workers Due to COVID-19 Emergency" does this include DMEs that provide in home care/delivery of vents, oxygen and more to aid those diagnosed with COVID-19 or being treated with the similar symptoms?

Response: No

Q3. Who is eligible for these payments?

Response:

The payments are for direct care workers in LTSS settings. These include:

- Registered Nurses
- Licensed practical nurses/Licensed vocational nurses
- Nurse aides/techs/assistants
- Personal care aides assisting with activities of daily living
- Home health aides assisting with activities of daily living
- Direct care workers providing services under home and community-based waivers

- Intermediate Care Facility direct care staff members including those that work for a state-run Human Development Center
- Assisted Living direct care staff members
- Therapists employed in one of the eligible service providers

The employers are Medicaid-enrolled providers that are:

- Public and Private Intermediate Care Facilities
- Public and Private Nursing Facilities
- Home Health Agencies
- Personal Care Agencies
- Hospice
- Assisted Living Facilities
- Residential Care Facilities
- Psychiatric Residential Treatment Facilities
- AR Choices Waiver Adult Day Health Providers, Adult Day Service Providers, Adult Family Home Providers, Attendant Care Providers, and Respite Care Providers
- Living Choices Waiver nursing, personal care and attendant care providers
- CES Waiver Supportive Living and Respite Providers

Q4. What is the payment structure?

Response: The base payment amount applies to workers in settings in which there are no COVID-19 positive clients:

A) work 20-39 hours per week--\$125.00

B) work 40+ hours per week--\$250.00

C) work a regularly planned split shift schedule that overlap weeks that equal or exceed 150 hours per month, not including overtime--\$250.00/week

If a client has tested positive for COVID-19, the direct care workers in that facility or home and community-based setting, will receive an enhanced payment as follows:

A) work 1-19 hours per week--\$125.00

B) work 20-39 hours per week--\$250.00

C) work 40+ hours per week--\$500.00

D) work a regularly planned split shift schedule that overlap weeks that equal or exceed 150 hours per month, not including overtime--\$500.00/week

Q5. For base and tiered payments, what if their hours vary each week? One week they might work 15 hours and the next 40 plus hours.

Response: We recognize some workers are on split shift schedules. Therefore, those who work a regularly planned split shift schedule that overlaps weeks that equal or exceed 150 hours per month, not including overtime, are considered full-time workers and qualify for the highest amount.

Q6. How do we get the money?

Response: Workers will receive the additional payments through their employer. The link to those resources can be accessed at <https://humanservices.arkansas.gov/resources/response-covid-19>

Q7. When and how will the payments be made?

Response: The Division of Medical Services (DMS) will make payments on a weekly basis to an employer the week after the employer files for payment. The payments are retroactive to April 5 (week 1). The necessary forms and guidance were released on April 16 (week 2). Assume that the employer filed its report by Close of Business (COB) on Wednesday, April 22 for week 1 and week 2. The payment would be made to the employer on the following Friday (May 1st)

Q8. How will DHS know how much to pay the provider?

Response: The employer must complete the report which details the number of workers of full-time and part-time workers and whether a COVID-19 positive client was being treated. DHS will determine the total payment to the employer.

Q9. I am a home health physical therapist for Baptist here in Little Rock. After listening to and reading the press release from Governor Hutchinson today it looks like I am in a setting (home health care) that would qualify for his new executive order but there was nothing stating physical therapist. Would you be able to let me know if physical therapist is included in this order?

Response: Therapists will be included in this payment if they are employed by or contracted by an eligible Medicaid provider or a staffing agency used by the provider.

Q10: Are dialysis technicians eligible for the payments?

Response: This payment is directed to direct care workers, which include technicians, who are providing long term services and support in either a facility or home and community-based setting.

Q11. I listened with interest today as the Governor and you announced the incentives for direct care workers. If I understood you correctly, you also stated that there is another "round" of assistance that may be available for other workers. I believe you mentioned hospital laundry workers, janitors, etc. I respectfully request that you consider adding for this incentive round, the Medicaid targeted case managers, as they are still doing face-to-face assessments, reassessments, monitoring, and linkage to community resources.

Response: Please know that the Governor's Steering Committee has approved a recommendation on non-direct care workers and separate guidance will be issued in the near future.