Long-Term Services & Supports (LTSS) are medical and/or personal care and supportive services needed by individuals who have a deficit in or have lost some capacity to perform activities of daily living, such as bathing, dressing, eating, transfers, and toileting, and/or activities that are essential to daily living, such as housework, preparing meals, taking medications, shopping, and managing money. The Direct-Care Worker Payment is intended for individual workers who provide long-term services and supports directly to Medicaid beneficiaries. Although an employer shall apply for the payment on a worker’s behalf, the payment must pass-through to the worker. This pass-through requirement shall not, however, affect an employer’s duties regarding tax or other lawful withholding.

**Section 1**

1. Report Date: Choose an item.
2. Provider (Entity) Name: Click or tap here to enter text.
3. Name of Agent Completing Report: Click or tap here to enter text.
4. Provider Type: Other

**Section 2**

1. Complete the following table.

|  |
| --- |
| Employees working in facilities with *no* COVID-19 positive patients. |
| Medicaid ID | NPI | Hourly Schedule | Total number of employees | Employer contribution to FICA and established retirement plan in effect as of 4/5/2020 related to the DCWP |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 20-39 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 40+ hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work a regularly planned split shift schedulethat overlap weeks that equal or exceed150 hours per month, not including overtime | Click or tap here to enter text. | Click or tap here to enter text. |
| Employees working in facilities with COVID-19 positive patients. |
| Medicaid ID | NPI | Hourly Schedule | Total number of employees | Employer contribution to FICA and established retirement plan in effect as of 4/5/2020 related to the DCWP |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 1-19 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 20-39 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 40+ hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work a regularly planned split shift schedule thatoverlap weeks that equal or exceed 150 hoursPer month, not including overtime | Click or tap here to enter text. | Click or tap here to enter text. |
| Contractors working in facilities with *no* COVID-19 positive patients. |
| Medicaid ID | NPI | Hourly Schedule | Number of contractors |
| Click or tap here to enter text. | Click or tap here to enter text. | 20-39 hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 40+ hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Regular split-shift schedule that overlaps weeks and equals or exceeds 150 hours per month, not including overtime | Click or tap here to enter text. |
| Contractors working in facilities with COVID-19 positive patients. |
| Medicaid ID | NPI | Hourly Schedule | Number of contractors |
| Click or tap here to enter text. | Click or tap here to enter text. | 1 – 19 hours per week | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 20-39 hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 40+ hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Regular split-shift schedule that overlaps weeks and equals or exceeds 150 hours per month, not including overtime | Click or tap here to enter text. |
|  |
| Employees working in homes of patients *not* positive for COVID-19. |
| Medicaid ID | NPI | Hourly Schedule | Total number of employees | Employer contribution to FICA and established retirement plan in effect as of 4/5/2020 related to the DCWP |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 20-39 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 40+ hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work a regularly planned split shift schedule thatoverlap weeks that equal or exceed 150 hoursPer month, not including overtime | Click or tap here to enter text. | Click or tap here to enter text. |
| Employees working in homes of patients positive for COVID-19. |
| Medicaid ID | NPI | Hourly Schedule | Total number of employees | Employer contribution to FICA and established retirement plan in effect as of 4/5/2020 related to the DCWP |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 1-19 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 20-39 hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work 40+ hours per week | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Work a regularly planned split shift schedule thatoverlap weeks that equal or exceed 150 hoursPer month, not including overtime | Click or tap here to enter text. | Click or tap here to enter text. |
| Contractors working in homes of patients *not* positive for COVID-19. |
| Medicaid ID | NPI | Hourly Schedule | Number of contractors |
| Click or tap here to enter text. | Click or tap here to enter text. | 20-39 hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 40+ hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Regular split-shift schedule that overlaps weeks and equals or exceeds 150 hours per month, not including overtime | Click or tap here to enter text. |
| Contractors working in homes of patients positive for COVID-19. |
| Medicaid ID | NPI | Hourly Schedule | Number of contractors |
| Click or tap here to enter text. | Click or tap here to enter text. | 1 – 19 hours per week | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 20-39 hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | 40+ hours per week  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Regular split-shift schedule that overlaps weeks and equals or exceeds 150 hours per month, not including overtime | Click or tap here to enter text. |

1. Please attach proof of your certification from the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance (DPSQA). (Please only submit this proof with initial submission; not with subsequent submissions.)

In addition, all documentation supporting this report shall be kept and made available, upon request, to DHS, Office of Medicaid Inspector General (OMIG) and any additional entity for audit purposes.

**ATTESTATION**

I, [Agent Name from Section 1.C.] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby attest that the facts contained in the foregoing Report are true and correct to the best of my knowledge, information, and belief. All monies associated with the direct care worker payment will be passed through in accordance with the guidance issued by DHS.

Agent Name

 Date

Upon completion of all sections above, please submit this report to the attention of **“DCWP**”to DCWP@dhs.arkansas.gov.