



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Guidance on Long-Term Services and Supports Direct Care Payment

Background

The Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) has received approval to use Medicaid funds to make additional payments to long-term services and supports (LTSS) direct care workers due to the public health emergency created by COVID-19. On April 8, 2020 the State submitted an emergency state plan amendment and two “Appendix K” amendments to cover services provided under the State Plan and home and community-based waivers for the elderly, people with physical disabilities and individuals with developmental/intellectual disabilities. DHS will make payments for eight weeks, retroactive to April 5, 2020 and going through May 30, 2020.

The additional direct care payments will go to eligible non-physician LTSS direct care workers employed by or contracted with long term services and supports providers.

Point of Contact/Statement of Intent Form

You must first submit the Point of Contact/Statement of Intent forms as soon as possible via email to DCWP@dhs.arkansas.gov or with your first Direct Care Payment request. The Statement of Intent form serves as notification to DHS that you intend to apply for this payment on behalf of your eligible employees and acknowledges the payment is a pass through to the employee per the guidelines in this document. Finally, the form also provides us contact information for your office.

Submitting the Direct Care Payment Request Form

Please submit a completed form to: DCWP@dhs.arkansas.gov, subject: “**Attention DCWP.**”
You can find the form at

Eligible Service Providers

The payments will be available to Medicaid-enrolled providers listed below:

- 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

Eligible service providers listed above may request direct care worker payments for any employees or contractors who provide LTSS direct services. LTSS direct services are defined as: *medical and/or personal care and supportive services needed by individuals who require assistance 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 payments are for direct care workers. 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 direct care worker payment must go to individuals who are still reporting for work and providing face-to-face, necessary direct care services. These individuals must be employed by or contracted with the enrolled provider submitting the report for payment or a staffing agency used by the provider. Hours in an administrative role can not be counted in calculating the weekly payment.

Funding

The weekly care continuity initiative payments are available to direct care workers as follows:

- 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.

If a client has tested positive for COVID-19 as of April 5, 2019, 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.

The payments will be made to a facility or agency providers for a period of eight (8) weeks beginning the week of April 5, 2020 and ending May 30, 2020. The providers will pass the full net value (gross amount minus applicable deductions) of the payments to the eligible direct care workers.

Each direct care worker will only be able to claim a payment in one of the categories described above.

Auditing Direct Care Worker Payment

DMS will coordinate with the DHS Office of Payment Integrity and Audit (OPIA) and Office of the Medicaid Inspector General (OMIG) to conduct audits of direct care worker payments. Please keep all records of payments, including payrolls and evidence of pass through to the direct care worker. Remember, **the provider may not retain any portion of the direct care worker payment**. By accepting the payment on behalf of its direct care workers, the enrolled Medicaid provider agrees to all terms laid out in this guidance document.