



## ADMINISTRATIVE RULES OF MONTANA

### **37.40.422 DIRECT CARE AND ANCILLARY SERVICES WORKERS' WAGE REPORTING/ADDITIONAL PAYMENTS INCLUDING LUMP SUM PAYMENTS FOR DIRECT CARE AND ANCILLARY SERVICES WORKERS' WAGE AND BENEFIT INCREASES**

- (1) Effective for the calendar year January through December, swing-bed hospitals must report to the department actual hourly wage and benefit rates paid for all direct care and ancillary services workers or the lump sum amounts paid for all direct care and ancillary services workers that will receive the benefit of a direct care and ancillary workers' wage and benefit increase.
- (2) The department will use the reported data for the purpose of comparing types and rates of payment for comparable services and for tracking distribution of direct care wage funds to designated workers.
- (3) The department will pay Medicaid certified swing-bed hospitals located in Montana, in accordance with this rule, lump sum payments in addition to the reimbursement rate to be used only for wage and benefit increases or lump sum payments for direct care or ancillary services workers in swing-bed hospitals.
  - (a) The department will determine lump sum payments January 1 of the calendar year, and again six months from that date as a pro rata share of appropriated funds allocated for increases in direct care and ancillary services workers' wages and benefits or lump sum payments to direct care and ancillary services workers.
  - (b) To receive the direct care or ancillary services workers' lump sum payment, a swing-bed hospital must submit:
    - (i) a request to the department stating how the direct care and ancillary services workers' lump sum payment will be spent in the facility in compliance with all statutory requirements; and
    - (ii) all of the information required on a form developed by the department in order to continue to receive subsequent lump sum payment amounts for the entire rate year.
  - (c) The form for wage and benefit increases will request information including but not limited to:
    - (i) the number by category of each direct care and ancillary services workers that will receive the benefit of the increased funds, if these funds will be distributed in the form of a wage increase;
    - (ii) the actual per hour rate of pay before benefits and before the direct care wage increase has been implemented for each worker that will receive the benefit of the increased funds;

- (iii) the projected per hour rate of pay with benefits after the direct wage increase has been implemented;
  - (iv) the number of workers receiving a wage or benefit increase by category of worker, effective date of implementation of the increase in wage and benefit; and
  - (v) the number of projected hours to be worked in the budget period.
- (d) If these funds will be used for the purpose of providing lump sum payments such as bonuses, stipends, or other payment types to direct care and ancillary services workers in swing-bed hospitals, the form will request information including, but not limited to:
  - (i) the number by category of each direct care and ancillary services worker that will receive the benefit of the increased funds;
  - (ii) the type and actual amount of lump sum payment to be provided for each worker that will receive the benefit of the lump sum funding;
  - (iii) the breakdown of the lump sum payment by the amount that represents benefits and the direct payment to workers by category of worker; and
  - (iv) the effective date of implementation of the lump sum benefit.
- (e) A facility that does not submit a qualifying request for use of the funds distributed under (2), that includes all of the information requested by the department, within the time established by the department, or a facility that does not wish to participate in this additional funding amount shall not be entitled to their share of the funds available for wage and benefit increases or lump sum payments for direct care and ancillary services workers.
- (4) A facility that receives funds under this rule must maintain appropriate records documenting the expenditure of the funds. This documentation must be maintained and made available to authorized governmental entities and their agents to the same extent as other required records and documentation under applicable Medicaid record requirements, including, but not limited to the provisions of ARM 37.40.345, 37.40.346, and 37.85.414.

**Authorizing statute(s):** 53-2-201, 53-6-113, MCA

**Implementing statute(s):** 53-2-201, 53-6-101, 53-6-111, MCA

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**History:** NEW, 2009 MAR p. 2166, Eff. 1/1/10; AMD, 2014 MAR p. 3085, Eff. 1/1/15; AMD, 2016 MAR p. 320, Eff. 2/20/16; AMD, 2017 MAR p. 193, Eff. 2/4/17; AMD, 2018 MAR p. 196, Eff. 1/27/18.