



ADMINISTRATIVE RULES OF MONTANA

37.40.361 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 each state fiscal year and for the six months thereafter, nursing facilities must report to the department actual hourly wage and benefit rates paid for all direct care and ancillary services workers or the lump sum payment amounts for all direct care and ancillary services workers that will receive the benefit of the funds. The reported data will be used by the department for the purpose of comparing types and rates of payment for comparable services and tracking distribution of direct care wage funds to designated workers.
- (2) The department will pay Medicaid certified nursing facilities located in Montana that submit an approved request to the department a lump sum payment in addition to the amount paid as provided in ARM 37.40.307 and 37.40.311 to their computed Medicaid payment rate to be used only for wage and benefit increases or lump sum payments for direct care or ancillary services workers in nursing facilities.
 - (a) The department will determine the lump sum payments, twice a year commencing July 1 of the state fiscal year, and again in 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 and/or ancillary services workers' lump sum payment, a nursing facility must submit for approval a request form to the department stating how the direct care and ancillary services workers' lump sum payment will be spent in the facility to comply with all statutory requirements. The facility must submit all of the information required on a form to be developed by the department in order to continue to receive subsequent lump sum payment amounts for the entire rate year. 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 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 funds;
 - (iii) the projected per hour rate of pay with benefits after the direct wage increase has been implemented;

- (iv) the number of staff 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.
- (c) If these funds will be used for the purpose of providing lump sum payments (i.e., bonus, stipend, or other payment types) to direct care and ancillary services workers in nursing care facilities 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 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.
- (d) 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 will 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.
- (3) 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, 53-6-113, MCA

History: NEW, 1999 MAR p. 1393, Eff. 6/18/99; TRANS, from SRS, 2000 MAR p. 489; AMD, 2000 MAR p. 1754, Eff. 7/14/00; AMD, 2001 MAR p. 1108, Eff. 6/22/01; AMD, 2002 MAR p. 1767, Eff. 6/28/02; AMD, 2005 MAR p. 1046, Eff. 7/1/05; AMD, 2006 MAR p. 1638, Eff. 7/1/06; AMD, 2007 MAR p. 1100, Eff. 8/10/07; AMD, 2009 MAR p. 1411, Eff. 8/14/09; AMD, 2010 MAR p. 1520, Eff. 7/1/10; AMD, 2012 MAR p. 1674, Eff. 8/24/12; AMD, 2013 MAR p. 1103, Eff. 7/1/13; AMD, 2014 MAR p. 1517, Eff. 7/11/14; AMD, 2015 MAR p. 824, Eff. 7/1/15; AMD, 2016 MAR p. 1071, Eff. 7/1/16; AMD, 2017 MAR p. 1670, Eff. 9/23/17; AMD, 2018 MAR p. 1419, Eff. 7/21/18.