



ADMINISTRATIVE RULES OF MONTANA

37.40.1027 ADD-ON PAYMENTS AND REPORTING REQUIREMENTS FOR DIRECT-CARE WORKERS' WAGE AND LUMP-SUM PAYMENTS

- (1) In addition to the reimbursement fee as provided in ARM 37.40.1026, 37.40.1030, 37.40.1105, and 37.85.105, the department will pay Medicaid personal assistance service and Community First Choice Services (CFCS) providers located in Montana who submit an approved request to the department, an add-on payment. Add-on payment is used only for wage and benefit increases or lump-sum payments for direct-care workers who deliver Medicaid personal assistance or CFCS.
 - (a) The department will determine the add-on payments, commencing July 1, 2014, as a pro rata share of appropriated funds available for increases in direct-care worker wages, lump-sum direct-care worker bonus payments, or both. A provider agency is eligible to receive a portion of the total funds based on their percentage of total utilization of personal assistance services and CFCS over the previous fiscal year.
 - (b) To receive the direct-care services workers' add-on payment, a provider must submit for approval an application request to the department stating how the direct-care workers' wage increase, add-on payment, or both will be spent to comply with the requirements outlined in the application. The provider must submit all of the information required on a department-approved form in order to continue to receive subsequent add-on payment amounts for the entire year.
 - (c) A provider must submit a qualifying request for the funds distributed under (1). The request must include all required information, within the deadlines established by the department. Providers who do not submit the qualifying request, or do not wish to participate in the add-on funding, may not be entitled to their pro rata share of the funds available for wage and benefit increase or lump-sum payments for direct-care workers.
- (2) A provider that receives funds under this rule must maintain appropriate records documenting the expenditures of these funds. This documentation must be maintained and made available to authorized governmental entities and their agencies to the same extent as other required records and documentation under applicable Medicaid record requirements.
 - (a) Effective for the period beginning July 1, 2014, personal assistance services providers or CFCS providers must report to the department actual hourly wage and benefit rates paid for all direct-care workers or the lump-sum payment amounts for all direct-care workers who will receive these funds.

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

History: NEW, 2014 MAR p. 3075, Eff. 12/25/14.