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### STATE OF WASHINGTON

## DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## Aging and Long-Term Support Administration

## Home and Community Services Division

PO Box 45600, Olympia, WA 98504-5600

**HCS MANAGEMENT BULLETIN**

**H20-037 –** Procedure

**May 5, 2020**

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| **TO:** | Home and Community Services (HCS) Division Regional Administrators  Area Agency on Aging (AAA) Directors  Developmental Disabilities Administration (DDA) Regional Administrators |
| **FROM:** | Bea Rector, Director, Home and Community Services Division  Debbie Roberts, Deputy Assistant Secretary, Developmental Disabilities Administration |
| **SUBJECT:** | **New Service Codes and Enhanced Rates for Medicaid Service Providers-- Assisted Living Facilities (ALFs), Enhanced Services Facilities (ESF), Adult Family Homes (AFHs), Home Care Agencies, Community Choice Guides (CCG), Home Delivered Meals (HDM), Supportive Housing, Behavior Support Agencies, Nurse Delegators, Private Duty Nursing, and Skilled Nursing during the COVID-19 outbreak** |
| **PURPOSE:** | To notify the field about temporary provider rate increases during the COVID-19 pandemic. |
| **BACKGROUND:** | On February 29, 2020, Governor Inslee declared a state of emergency in response to COVID-19, directing state agencies to use all resources necessary to prepare for and respond to the outbreak. On March 18, 2020, the Families First Coronavirus Response Act (FFCRA) was signed into law. It provides a temporary 6.2 percentage point increase to Federal Medical Assistance Percentage (FMAP) beginning January 1, 2020 and extending through the last day of the quarter in which the public health emergency terminates, as declared by the Secretary of Health and Human Services. The funding from the enhanced FMAP is being used to help finance these rate increases. |
| **WHAT’S NEW, CHANGED, OR CLARIFIED:** | In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic, the Department of Social and Health Services (DSHS), will be raising the vendor rate or authorizing an add-on to the usual vendor rate through a temporary service code (“Pandemic-related Extraordinary Services”) to specific providers who serve Medicaid clients and have been identified as requiring additional funding.  These temporary vendor rate increases and add-on service codes will be retroactive to March 1, 2020. The exception to this time frame is the Pandemic-related extraordinary service add-ons for Home Care Agencies that have committed to serve clients that are suspected or positive for COVID-19 which will be available May 1, 2020-June 30, 2020.  These COVID-19 related vendor rate increases and add-on service codes will be available for providers to claim in early May. The Department has a goal of May 5, 2020 but this is contingent on a number of factors that cannot be guaranteed. The Department will make every effort to facilitate these rate adjustments and rate add-ons as soon as possible. Providers may submit claims for new service codes and adjust paid claims for retroactive rate increases as soon as the changes are available in Provider One.  The additional service code add-ons and rate increases will be authorized until the end of the fiscal year, June 30, 2020.  ALTSA Home Delivered Meals and Supportive Housing providers will see a rate increase retroactive to March 1, 2020. These providers will need to adjust past Paid claims to be reprocessed at the higher rate.  The rate increases for these providers are:   * Medicaid Home Delivered Meals will go to $8.50, regardless of the local agreement. * The Supportive Housing providers will receive an 8.5% increase to their current rate. The amount added to the current rate is:   + $1.38 (quarter hour) for SA263,U2   + $48.84 for H0044   **The rate increases and rate add-on amounts were determined specifically by the increased FMAP generated by each specific service and provider type.** |
| **ACTION:** | Effective immediately and until June 30, 2020, when authorizing a new client that is receiving services from one of the provider types below, case managers must add a second payment line using the appropriate new service code from the list below. The second authorization line should have an end date of June 30, 2020 and contain the same number of units (hours, days, etc.) as the provider is authorized for during the same date range. (Ex. Client A moves into an AFH on May 1, 2020 and is authorized for 31 days of personal care in May and 30 days in June; the Case Manager must also authorize the AFH for 31 units for May and 30 units for June for the Pandemic-related extraordinary service add-on for a total of 61 units.)   * Residential Providers (ALTSA and DDA):   + For ALFs, use service code SA031,U1 to authorize an additional rate of $9.31/Day.   + For AFHs (this covers all contract types), use service code SA020,U1 to authorize an additional rate of $17.68/Day.   + For ARCs, use service code SA020,U2 to authorize an additional rate of $9.31/Day.   + For EARCs, use service code SA020,U3 to authorize an additional rate of $9.31/Day.   + For PDN-inclusive AFHs, use service code SA020,UD to authorize an additional $17.68/Day. * Residential Providers (ALTSA Only):   + For Specialized Dementia Care, use service code SA020,U4 to authorize an additional rate of $9.31/Day.   + For ESFs, use service code SA020,U5 to authorize an additional rate of $64.87/Day. * Home Care Agencies (ALTSA and DDA)\*   + For Home Care Agency Respite, use service code SA005,U1 to authorize an additional rate of $0.25/OF (quarter hour).   + For Home Care Agency Personal Care, use service code SA019,U1 to authorize an additional rate of $0.25/OF (quarter hour).   \* Note, these add-ons for Home Care Agencies are only available to agencies that have committed to serving eligible clients May 1, 2020-June 30, 2020, who are suspected or who have tested COVID positive. This includes provision of appropriate PPE for workers and training in its use.  Agencies may be required to repay any or all of the incentive funds if the AAA finds the agency has refused service or discriminated in any way based on suspected or confirmed diagnosis.  Add-on rate authorizations for Medicaid Transformation Demonstration clients (MAC/TSOA) will be available May 11, but retroactive back to May 1. An MB detailing a change to the Home Care Agency vendor rate in response to COVID-19 will be published separately.   * Nurses (ALTSA and DDA):   + For Nurse Delegators, use service code SA019,U4 to authorize an additional rate of $1.05/OF   + For Private Duty Nurses, use service code SA019,U5 to authorize an additional $2.18/OF. * Nurses (DDA Only)\*\*   + For DDA Skilled Nursing RN providers, use service code SA019,U6 to authorize an additional rate of $0.79/OF.   + For DDA Skilled Nursing LPN providers, use service code SA019,U7 to authorize an additional rate of $0.79/OF.   + For DDA Respite Skilled Nursing RN providers, use service code SA005,U6 to authorize an additional rate of $0.79/OF.   + For DDA Respite Skilled Nursing LPN providers, use service code SA005,U9 to authorize an additional rate of $0.79/OF. * Nurses (ALTSA Only)   + For ALTSA Skilled Nursing providers, regardless of RN or LPN status, use service code SA020,U6 to authorize an additional rate of $5.44/Day. * For ALTSA Community Choice Guides, use service code SA019,U2 to authorize an additional rate of $1.50/OF. * For ALTSA Behavior Support providers, use service code SA019,U3 to authorize an additional rate of $2.41/OF.   **\*\*Existing authorizations for the applicable services included in this MB will have service lines auto-generated with the above new service codes through a batch upload process in CARE. Field staff will be notified of any authorizations that could not be addressed through the batch process. For these providers, case managers must authorize the appropriate new service code or increased rate per the instructions above.\*\***  Rate increases for waiver services should not negatively impact the planned services in a waiver participant’s Person Centered Service Plan due to annual allocation or aggregate limits. If a waiver participant requires additional funding to account for a COVID-19 related rate increase, a waiver “ETR-other” may be submitted to request additional funds.  If you receive questions from providers related to adjusting previously submitted claims, please email them a copy of the attached Abbreviated Guide to Adjusting Claims. If you receive questions from providers related to claiming the new add-on service code, please email them a copy of the attached Abbreviated Guide to Claiming New Services. |
| **RELATED REFERENCES:** |  |
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