April 27, 2020

Dear Provider:

To protect the health and safety of our participants and your staff during the COVID-19 pandemic, DSCC and HFS have initiated the following changes to the Home Care Program. Some of these activities have already been implemented, and some are in the final development stages. We will be able to pay retroactively to March 16, 2020, to cover services already rendered. As you will see, some of the initiatives relate to our participants and some relate to you as a Medicaid provider.

- **Payments to Parents as Paid Caregivers (RN/LPN):** During the crisis, HFS will approve skilled nursing services by parents or legally responsible relatives, including foster-parents. HFS will approve for both waiver and Nursing and Personal Care Services, also known as NPCs or non-waiver.
  - HFS will issue approval of services and will backdate to the first day of service provided.
  - Services may begin on the date of hire of parent or legally responsible relative.
  - Parent or legally responsible relative must meet all provider qualifications and training required by nursing agency.
  - Parents may not provide respite services.
  - The modifier CR (Catastrophic Disaster Related) should be used with the DSCC HCPC codes that are currently being used for RN and LPN.

- **Parent as a Paid Caregiver (RN/LPN) Service Limits:**
  - Parents will not be approved to receive reimbursement for nurse training.
  - Parents may not provide respite under the waiver.
  - There are no changes in rates related to this policy exception.
  - Total nursing hours may not exceed approved resource allocation.

- **Respite Services:** During the COVID-19 crisis, HFS has approved an additional 336 respite hours. The respite hours related to COVID-19 should be used prior to the participant’s currently approved available hours.

- **HFS will pay at the higher rate for in-home respite as outlined below.** Facility-based respite will continue to be paid at the regular rate of $35.03
  - Respite rates during the COVID-19 crisis will be:
    - RN: $45, LPN: $37.50, CNA: $25
  - HFS will approve a maximum of 672 hours for a family to use at their discretion. This includes the already approved 336 hours, plus additional 336.
**Overtime:** Nursing agency can pay time and one-half using the established HCPC Code with the modifier TU-Special payment rate, overtime. Overtime may be billed in the following circumstances:

- Minimize amount of staff in the home to limit exposure risk. Stretch the amount of staffing over less total nurses during a time of increased demand for nurses when we had a pre-existing nursing shortage.
- Prevent nurses needing additional hours from picking up additional hours with other cases at a hospital, which adds exposure risk to the participant.
- Total dollars may not exceed approved resource allocation.

**State Fair Hearing Requests and Appeal Timelines:** Scheduling of Medicaid fair hearings and issuing fair hearings decisions will be temporarily delayed through the end of the public health emergency.

Through the end of the public health emergency, Medicaid enrollees have up to an additional 120 days to request an appeal or fair hearing for an eligibility or fee-for-service issue. The timeframes in 42 C.F.R. §431.221(d) provides that states can choose a reasonable timeframe for individuals to request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues.

**Ongoing Review of MFTD Waiver Services and In-Home Shift Nursing Services:** The Department of Healthcare and Family Services will issue a separate notice regarding MFTD waiver renewals and in-home shift nursing approvals as follows:

**MFTD Waiver:** HFS will continue to review renewal applications for the Medically Fragile, Technology Dependent (MFTD) Children Waiver during the COVID-19 public health emergency. However, effective retroactively to March 1, 2020, until the termination date of the public health emergency, including any extensions, the Department will not enforce any reduction of in-home shift nursing hours for children under 21 years of age, as well as participants over the age of 21, as a result of a redetermination for MFTD Waiver participants.

Families will continue to be informed of changes regarding their monthly in-home care budget, as outlined in the participant’s Notice of Decision Letter. **Any in-home shift nursing hours reductions will begin to take effect no later than 30 days after the termination of the public health emergency.**

**Non-Waiver Nursing and Personal Care Services:** HFS will continue its usual review process for the non-waiver Nursing and Personal Care Services Program. The Department will also delay in-home shift nursing hour reductions or program disenrollment, if these changes are outlined in the participant’s Notice of Decision Letter. **Any in-home shift nursing hours reductions or disenrollment from the program will begin to take effect no later than 30 days after the termination of the public health emergency.**

**Retainer Fees:** Nursing agencies are eligible to receive retainer fees. The purpose of the retainer fee is to help agencies that provide personal care (including nursing) or habilitation services to maintain a stable cash flow during the Illinois Shelter-in-Place order implemented as part of the COVID-19 emergency plan.

Parameters follow:

- Nursing agencies may bill up to 30 days (dates of service) per participant.
  - The retainer fee covers a shift that would have been staffed—had there not been a shelter-in-place order.
  - The retainer fee is determined by the nursing agency on a participant level and should be based on typical utilization of allocation or hours received during the last month that the participant received services.
  - The 30 days allowed to bill the retainer fee does not have to be 30 **consecutive** days. It could be over a period of a couple months.
• A day is counted as a 24-hour period and can be one shift or many shifts (must be based on
typical services).
• Retainer fees may not be used for shifts that are continued to be covered.
• Total nursing hours, including retainer fees, may not exceed approved resource allocation.

• The modifiers CR (Catastrophic Disaster Related) and the modifier SE (State and/or federally-funded
programs/services) should be used with the DSCC HCPC codes that are currently being used for RN,
LPN, and CNA services.

Personal Protective Equipment (PPE): In order to protect the health and safety of our participants and the
nurses that are providing in-home services or out-of-home respite or transitional care services, the State will cover
the cost of PPE as follows:

• PPE will be billed as a separate service under special medical equipment and supplies, using CPT Code
E0700, Safety equipment device or accessory, in addition to the modifier CR-Catastrophic Disaster
Related.
• It will cover gloves, masks, gowns, hand sanitizer and bleach.
• There will be two payment rates— one for in-home shift nursing services and one for facility-based
services, provided through our Children’s Community-Based Health Care Center.
  Rates follow:
  • Nursing agencies: $16/day
  • Children’s Community-Based Health Care Center: $34.07/day
• PPE services are covered as a separate cost from nursing; therefore, are not counted towards the resource
allocation.

Waiving of Certain Requirements for Nurses: The federal Centers for Medicare and Medicaid Services has
allowed certain requirements to be waived during the COVID-19 crisis. This includes the following
requirements:

• CPR Certification: During this interim time, nurses whose CPR certification expire, will be allowed to
continue to provide services. Once the current crisis has been lifted, nurses will obtain the certification.
• Illinois Nurse Licenses: Illinois nurse licenses are set to expire in May 2020. The Illinois Department of
Financial and Professional Regulation has extended this deadline to September 2020.
• Nursing Supervisory Visits: The State has suspended in-person nursing supervisory visits that currently
occur every 60 days. Exceptions will be considered when there are health and safety concerns.
• Background Checks: The State has approved allowing delays with the collection of fingerprints for
criminal background checks for all licensed persons not already included on the Health Care Worker
Registry. This is because many contracted vendors that collect fingerprints have closed their business due
to the COVID-19 outbreak. All new hires will still need to be checked on the Registry to determine if they
have a disqualifying conviction. Providers hiring staff pending fingerprint collection would need to
document attempts to be compliant with the Act. Fingerprint collection would resume immediately when
operations return to normal.

We thank you for your continued service to the participants that we jointly serve. If you have any questions,
please contact your DSCC nursing agency liaison.

Molly Hofmann

Molly Hofmann
Associate Director of Care Coordination
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Mod</th>
<th>Mod</th>
<th>Modifier Meaning</th>
<th>Hourly Billable Rate</th>
<th>Instructions</th>
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<td>RN Services up to 15 min</td>
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