Parents as Paid Caregivers:

- 1. Can foster parents be paid caregivers? **Yes.** *During the crisis, foster parents can be paid caregivers if they meet all provider qualifications and training required by the nursing agency.*
- 2. Is there a limit to how many hours per week a parent can work as a paid caregiver? **No.** *There is no limit to the number of hours a parent can staff in a week, the parent is an employee of the nursing agency. The nursing agency determines the number of hours the parent can staff each week. The number of hours cannot exceed the approved resource allocation.*
- 3. Are parents as paid caregivers, only permitted to work as the caregiver when there are no other nurses staffing the case? **No.** *The nursing agency can staff other nurses in the home to provide coverage for other shifts.*

Respite Services:

- 1. Is the additional 336 hours used before the standard respite allotment? **Yes.** Beginning on 3/16/2020, any respite used will be deducted from the additional 336 hours. Once that amount is depleted, the participants normal 336 respite allotment will be used. The additional respite hours are to be used from 3/16/2020 to the end of the crisis as determined by the State.
- 2. Does the additional respite allotment need to be on the participants Authorization for In-Home Shift Nursing Services form? **No.** *HFS will not be generating new authorizations to include this additional respite.*
- 3. Are there parameters in how the respite can be used? No. *The additional respite can be used at the family's discretion.*
- Are these respite hours available for Non-Waiver participants to use during this crisis?
 No. Respite is a Waiver service and is only available for Waiver participants.
- 5. For participants authorized on the hourly + respite, instead of allotment, is there anything special to be aware of when utilizing/billing overtime or retainer rates for these participants? **No.** *Billing cannot exceed the resource allocation or weekly authorized hours.*
- 6. Are respite hours eligible to be billed as overtime? As monthly allocation has to be used before respite can be initiated, any additional hours added to a weekly plan will come from the monthly allocation. Once the monthly allocated hours are used, Respite will begin. Respite will be paid at respite rate until Overtime hours occur. For example: a nurse works 8 hours 5 days a week, and the family wants to add 4 respite hours 5 days a week on top of that, it will actually be hours allotted in the monthly plan, and respite will begin if/when the family uses all their allocated hours.

Overtime:

- 1. Can a parent who is a paid caregiver, receive overtime? **Yes.** *There is nothing that prohibits this. The total amount paid needs to stay under the resource allocation. The parent is an employee of the nursing agency. The nursing agency determines the number of hours the parent can staff each week. The number of hours cannot exceed the approved resource allocation.*
- 2. If we had already approved staff to work overtime for a family due to the nursing shortage, can we bill this overtime to DSCC now under the new overtime provision? **Yes.** *As long as the amount does not exceed the approved resource allocation.*
- 3. Are there guidelines on overtime billing if a nurse works in two homes? *In accordance* with the Fair Labor Standards Act, anything over 40 hours/week per nurse can be billed as overtime. The Nurse Practice Act prohibits working more than 16 hours in a 24-hour period. It also requires an 8-hour break in between shifts.
- 4. After how many hours do we consider the nursing agency can bill overtime? In accordance with the Fair Labor Standards Act, anything over 40 hours/week per nurse can be billed as overtime.

Ongoing Review of MFTD Waiver Services:

- Will HFS continue to generate a Notice of Decision after reviewing renewal applications? Yes. The purpose of this is so that families have the knowledge and the opportunity to appeal the decision. If there is a reduction, the notice will specify that any nursing reductions will take effect after the termination of the crisis.
- 2. Will services terminate for Non-Waiver participants when they turn 21? No. During the public health emergency, Non-Waiver participants will not be removed from services upon turning age 21.
- 3. Are we able to re-open a participant's case if it was dismissed after 3/1/2020 due to not meeting eligibility? **Yes.**

Retainer fees:

- 1. Do retainer fees apply to shifts covered by parents as paid caregivers? **No.** *Retainer fees are for the purpose of covering a shift that would have been staffed had there not been a shelter-in-place order. Retainer fees are specifically related to the following situations:*
 - a. Regularly scheduled nurse refuses to cover shift due to Covid 19.
 - b. Family refuses to let regularly scheduled nurse in the home due to Covid 19.
- 2. Can retainer fees be applied retroactively to 3/16/2020? Yes, as long as it meets the *criteria above*.
- 3. Does the nursing agency have to pass the retainer fee down to the nurse? No. *The retainer fee is for the purpose of keeping the agency viable during the pandemic. It is the*

agency's choice on how to spend.

- 4. Can we bill for retainer fees on shifts that were uncovered due to staff being selfquarantined for 14 days at home due to possible exposure/illness? **Yes.** *Retainer fees are for the purpose of covering a shift that would have otherwise been staffed.*
- 5. For nurse applicants who were put on hold indefinitely for meet & greets and/or onboarding, would those potentially filled shifts qualify for retainer fee billing? No. Retainer fees apply to shifts that would have been regularly staffed. The retainer fee should be based on the typical utilization of allocation of hours received during the last month that the participant received services.
- 6. Are only allocation hours eligible for retainer fee billing? Yes, and retainer fees cannot be billed at an overtime rate.

Personal Protective Equipment:

- 1. Is the rate \$16/day per participant? Yes.
- 2. Can PPE costs be billed retroactively to 3/16/2020? Yes
- 3. Is payment for PPE dispersed from DSCC? **Yes.** *DSCC should be billed for the PPE, and funds will be dispersed by DSCC to providers.*
- 4. If a family has suspended nursing during this time, can the agency provide PPE even though they are not currently staffing the case? *The agency can provide the PPE, but cannot bill to be reimbursed for this as PPE should be linked to a currently staffed case. If the family is in need of gloves, they can contact their medical supply company. Medicaid does not require a prior approval for gloves.*
- 5. Can this be billed daily by the nursing agency when the nurse cannot go into the home due to the family not wanting a nurse? No. *PPE that the agency is billing for reimbursement for must be linked to a currently staffed case.*

Waiving of certain requirements for nurses:

1. Are the supervisory visits for C.N.A's, which are to occur every 14 days, also suspended? **Yes**, *in person visits are suspended during this time*.

General:

- Do we need to wait for another notice directly from HFS before initiating these activities? No. This informational document serves as notice that these activities can be begin and are retroactive to 3/16/2020 to cover services already rendered.
- 2. Is there a defined end date? No. *These initiatives end when the national health crisis has ended, as determined by the State.*

3. With regards to billing, does timely filing have the same 120 days added to it? **Yes.** *HFS Provider handbook states: "A claim will be considered for payment only if it is received by the Department no later than 180 days from the date on which the services or items were provided. This time limit applies to both initial and resubmitted claims. Rebilled claims, as well as initial claims, received more than 180 days from the date of service will not be paid. For hospital inpatient claims, the 180 days begins on the date of discharge. 120 extension is granted to that time period".*