

Provider Notice on COVID-19 Initiatives; Q & A part 2.

Parents as Paid Caregivers:

1. Must foster parents and parents hold an RN/LPN license in order to be hired by the nursing agency and be paid caregivers? **Yes.** *Parents must be an RN/LPN and meet all provider qualifications and training required by the nursing agency.*
2. Can a parent who is a CNA be a paid caregiver? **No.** *Parents must be an RN/LPN and meet all provider qualifications and training required by the nursing agency.*

Ongoing Review of MFTD Waiver Services:

1. Does the delay in reductions and eligibility determinations go by the 2352 provider notice date, or is this determined by the date the participant's services are slated to end or be reduced? *This is not determined by the 2352 notice date. If a participant's services were to end or be reduced after 3/1/2020, services can continue until the emergency has ended. Example: If a participant is turning 21 on 3/15/2020, and we received a notice to end services that is dated 2/25/2020, services can continue because the ending date for services is after 3/1/2020.*
2. If a participant was dismissed and is eligible to be re-opened with DSCC, because services ended after 3/1/2020, how would staff re-enroll the participant? *A HelpDesk ticket is needed in order to re-enroll participants. The Care Coordinator should inform their manager and HCQI that they have a participant needing re-enrolled. The manager must update end dates for diagnoses and benefits past the 21st birthday. HCQI will ensure that the old 2352 dates are extended in Client Track.*
3. If the family had an appeal hearing prior to 3/1, and we have not yet received the final decision, can the participant continue to receive services during this time? **Yes.** *If the final administrative decision states services are to end or be reduced with a date after 3/1/2020, the participant can receive the previous level of services until the end of the public health crisis.*
4. Do renewals need to be completed for participants who lost eligibility and appeal was held and upholds HFS's decision that the participant does not qualify for services? **No.** *Because the participant will no longer qualify for services, as upheld by the appeal, we do not need to send a renewal request. However, we do need to continue to provide care coordination, as well as collecting and documenting information as usual related to care coordination. (including completion of the monthly focused assessment and Nurse Staffing).*
5. Does the PCA need to forward the ending 2352 to the nursing agency, even though services will remain in place? **Yes.** *The 2352 should be sent to the nursing agency. The agencies have received the Provider Notice and are aware that services will not end until the COVID-19 crisis has ended. Best practice would be to follow up with the agency to make sure they are aware that services should continue per the Provider Notice.*

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx>

6. Will we receive a letter once the public health crisis is over, advising of a date for nursing services to end for those ineligible, or reductions to occur for those whose hours were reduced? *Per HFS, services will revert back to the previous 2352 no later than 30 days after the termination of the public health emergency. Further clarification on a specific time frame will be provided when the time comes.*

Overtime

1. For nurses that staff non-DSCC insurance cases, and DSCC cases, how do we determine who is to pay overtime to the nurse if overtime occurs? *The 40 hours worked is attached to the nurse. Example: Nurse works 20 hours on a non-DSCC participant with insurance. Then, the same nurse works 25 hours on a DSCC participant on Medicaid. The extra 5 hours can be billed as overtime to DSCC.*
2. What is the overtime rate for 1 nurse taking care of 2 participants?
*RN \$54 hr
LPN \$45 hr
CNA \$30 hr
The normal HCPC codes are billed and then the processor must manually combine these hours since we cannot use the TT modifier. The agency should also include modifier TU on the claim with the HCPC code.*
3. When billing overtime as respite, does the overtime hours take away from the respite hours, or is respite considered as an allocation amount in this case? *Overtime hours being billed as respite, come from the respite hour amount. Respite is not an allocation amount.*
4. Does overtime apply to participants that are covered by private insurance? *If a participant has private insurance that provides coverage for 100% of the hours, DSCC cannot pay overtime for these nurses because Medicaid is not the payer. If a participant has private insurance, and both private and Medicaid are payers, overtime can be applied when Medicaid is the payer.*

Retainer Fees

1. For participants covered 100% by private insurance, is the nursing agency eligible to bill retainer fees? **No.** *The agency cannot bill DSCC for retainer fee's unless Medicaid is the payer. The purpose of retainer fees is to cover shifts that normally would have been covered by Medicaid funds.*
2. For participants that have some coverage through private insurance, and some hours are paid through Medicaid, can the nursing agency bill retainer fees for the Medicaid hours normally utilized? **Yes.** *Example: If private insurance covers 50 hours per week, and Medicaid is typically*

billed at 20 hours per week, the agency can bill what is typically covered by Medicaid as retainer fees. It is important to have supporting documentation of past bills to Medicaid.

3. For participants where private insurance pays all nursing hours, and Medicaid has not been the payer source in the past, can the nursing agency bill for retainer fees? *No. Because Medicaid has not been the payer source in the past.*
4. Is any supporting documentation needed by the nursing agency for retainer fees? *Nursing agencies should be advised to maintain all supporting documentation in the case of a future audit. Since federal funds are being utilized for retainer fees, it is important that the nursing agency have supporting documentation and remains accountable to what is being billed.*

General:

1. Are nurse training rates changing during the current public health emergency? **No.** *The nurse training rates have not changed.*
 2. Should retainer, overtime, and PPE be billed according to the billing week like what was done in the past? **Yes.**
 3. How should PPE for the nursing agencies and transitional care facilities be billed? *Bill a standard billing week at a time, 1 unit per day at \$16.00. This does not need to be included with normal nursing hours. PPE may be billed on its own claim form.*
 4. How should the Care Coordinator proceed when the family is requesting an increase in hours due to COVID-19? *Waiver participants are allowed an extra 336 hours of respite for COVID-19 related staffing issues. Respite hours should be utilized prior to asking for an allocation increase.*
 - a. *If staffing concerns persist after all respite has been exhausted, a request for an increased allocation can be submitted to HFS with clear documentation related to the increased needs. A physicians letter outlining the additional needs should accompany this documentation.*
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