CABINET FOR HEALTH AND FAMILY SERVICES
Medicaid Services

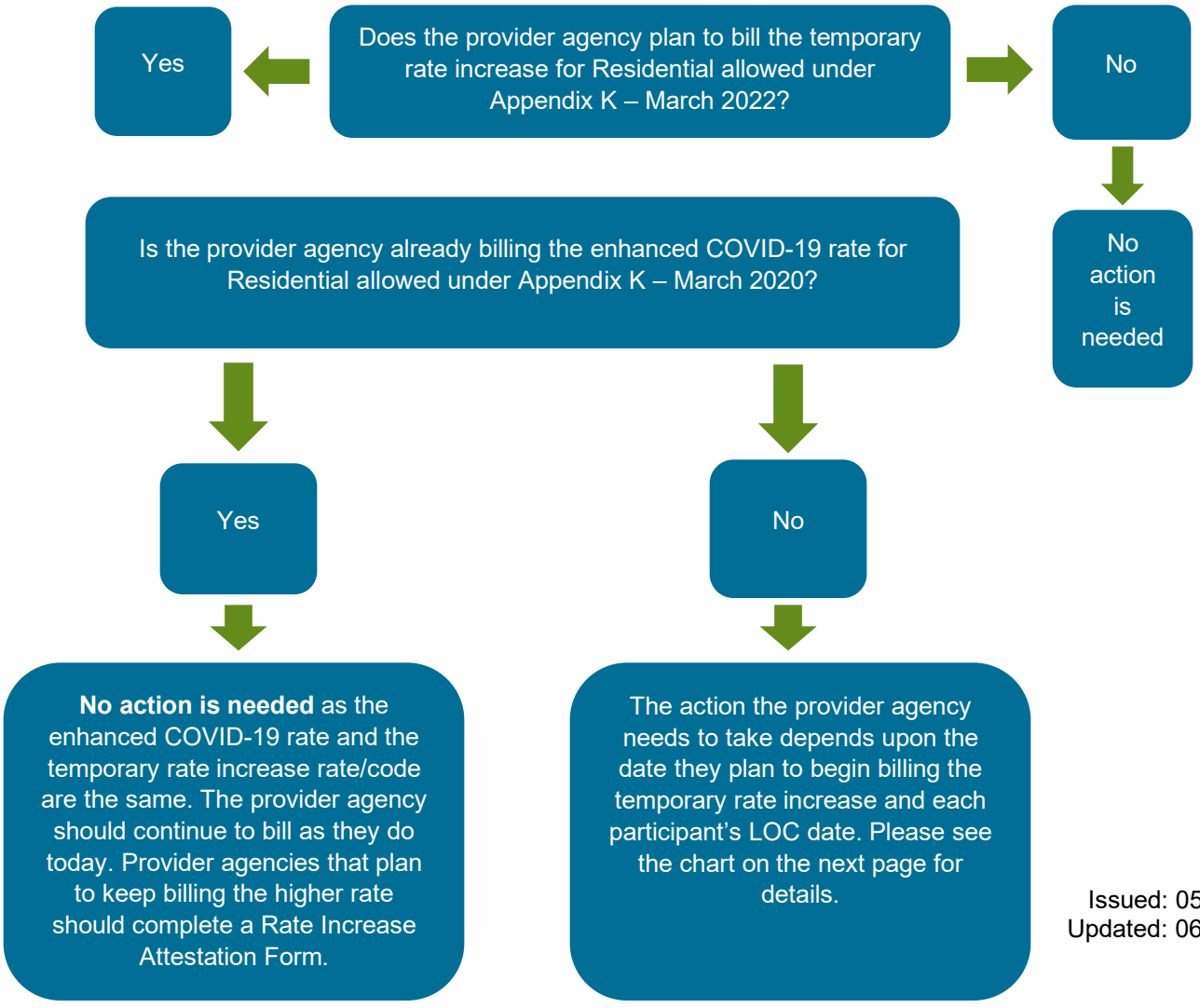
Appendix K Temporary Rate Increase – Residential Services

In March 2022, the Centers for Medicare and Medicaid Services (CMS) approved an amendment to Kentucky's COVID-19 Appendix K to allow a temporary 50% rate increase for certain Home and Community Based Services (HCBS). The following Residential services are eligible for the temporary rate increase:

Acquired Brain Injury (ABI) Acquired Brain Injury Long Term Care (ABI LTC)	Supports for Community Living (SCL)
Supervised Residential Level I Supervised Residential Level II Supervised Residential Level III	Residential Support Level I (3 residents or fewer) Residential Support Level I (4-8 residents)

Under this amendment, Residential providers have the option to bill the temporary rate increase for all participants. If a Residential provider agency chooses to bill the temporary rate increase, 85% must be passed on to direct service workers. When billing the temporary rate increase, the steps a Residential provider should take will vary by participant based on the rate they currently billing, the dates they plan to bill the temporary rate increase, and where the participant is in their level of care (LOC) year. The possible scenarios and the steps Residential providers need to take are outlined below.

Temporary Rate Increase for Residential Billing Decision Tree



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How to Bill the Temporary Rate Increase for Residential		
	The Residential provider agency plans to…	**Action Needed**
Scenario #1	Bill the temporary rate increase for current dates of service that have NOT been billed or paid or for future dates of service.	The Residential provider agency should work with each participant's case manager to modify the person-centered service plan (PCSP). The case manager should end date the currently approved Residential service line and add a new line with the COVID Residential code. See the next section for a list of codes.
Scenario #2	Bill the temporary rate increase beginning with a retroactive date (no earlier than January 1, 2022), **and** the billing dates fall within the participant's current LOC year.	The residential provider agency should: 1. Void any claims that have been paid on the dates of service for which they want to request the temporary rate increase. 2. Work with the case manager to modify the PCSP back to the date the provider wants to bill the temporary rate increase (no earlier than January 1, 2022). If no claims have been billed or the Residential provider has voided all the paid claims in MMIS, the case manager will need to contact the 1915(c) Waiver Help Desk to have the service line voided in MWMA. Once, the line has been voided, the case manager should then add the new service line with the COVID Residential code. See the next section for a list of codes. 3. Once approved, re-bill the voided claims using the appropriate COVID Residential code. See the next section for a list of codes.
Scenario #3	Bill the temporary rate increase beginning with a retroactive date (no earlier than January 1, 2022) **and** the billing dates span two of a participant's LOC years.	The Residential provider agency should: 1. Void claims in the current LOC year, have the current

	For example, a Residential provider agency plans to bill the temporary rate increase back to January 1, 2022. They have a participant with a current LOC from 5/1/2022 to 4/30/2023. The agency will need to have both the current PCSP modified as well as the PCSP from the historic PCSP from the previous LOC year which ran from 5/1/2021 to 4/30/2022.	PCSP modified, and re-bill the claims as described in scenario #2 above. 2. Void the claims from the previous LOC year and work with the case manager to modify the historic PCSP. The CM should contact the 1915(c) Waiver Help Desk to have the historic plan opened. The case manager should make sure the provider agency has voided the claims before having the plan opened as historic plans only stay open for 24-hours. Case managers can tell if the Residential provider has successfully voided claims by using the ASU button and the last paid claim date. The last paid claim date should be the day before the new line starts. 3. Once the historic plan is modified and approved, the Residential provider agency can re-bill the claims

Billing Codes by Waiver and Service

When billing the temporary rate increase, Residential providers should the appropriate code listed below.

Waiver	Service	Code
ABI and ABI LTC	COVID Supervised Residential Level I	T2016 U3
ABI and ABI LTC	COVID Supervised Residential Level II	T2033 U3
ABI and ABI LTC	COVID Supervised Residential Level III	S5136 U3
SCL	COVID Residential Support Level I – 3 residents or less	T2016 UP U3
SCL	COVID Residential Support Level I – 4 to 8 residents	T2016 US U3

Questions

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For questions about billing the temporary rate increase for Residential, to have a service line voided, or to have a historic plan opened, please contact the 1915(c) Waiver Help Desk by email at 1915cWaiverHelpDesk@ky.gov or by calling (844) 784-5614. Choose the prompt for the appropriate waiver when calling. If you are calling or emailing with a case-specific question, please be sure to include the case number to help DMS assist you efficiently.

For technical questions about the Medicaid Waiver Management Application (MWMA), contact the Technical Contact Center at (844) 784-5614 and select option #1.