
1915(c) Home and Community Based Services Waivers COVID-19 Changes

Document Control Information

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Version Summary

The Kentucky Department for Medicaid Services (DMS), in accordance with Appendix K of the 1915(c) Home and Community Based Services (HCBS) waiver application approved by the Centers for Medicare and Medicaid Services on March 25, 2020, has increased service limitations in all 1915(c) HCBS waivers. Additionally, DMS made changes to service delivery options, allowed overtime for participant directed services (PDS) employees, increased rates for certain residential providers, and added provision of meals to all waivers, except Model II Waiver (MIIW).

These changes are retroactive to March 6, 2020 -- the date Governor Andy Beshear declared a state of emergency in Kentucky due to the COVID-19 pandemic.

DMS will conduct post-payment utilization reviews to identify any Medicaid fraud, waste, and abuse.

Waiver Updates

- The following Medicaid Waiver Management Application (MWMA) and Medicaid Management Information System (MMIS) changes have been made due to the COVID-19 state of emergency.
 - **Case Management/Support Broker Services** – The restriction on Case Management/Support Broker to only one (1) unit per month is removed. Case Management/Support Broker Services may request one (1) additional unit per month. Cabinet for Health and Family Services (CHFS) review is not required
 - **Home Delivered Meals** – The service is added for all programs not already having Home Delivered Meals service (excluding MIIW). All waiver provider types are eligible to provide this service to any waiver, except MIIW.
 - **Residential** - Residential Support Level I in Supports from Community Living (SCL) and all Supervised Residential levels in Acquired Brain Injury (ABI) and Acquired Brain Injury Long Term Care (ABI LTC) are eligible for an increased reimbursement of up to an additional 50% of their current rate. CHFS review is not required.
 - **PDS Overtime** - Overtime is allowed for a PDS employee providing more than forty (40) hours of certain services per calendar week (Sunday-Saturday) to the same participant. The overtime must be necessary to maintain the participant's health, safety, and welfare. CHFS review is required.
 - **PDS Employee Qualifications** - Review of requests for immediate family members to provide PDS services are temporarily suspended for the Home and Community Based (HCB) and SCL waivers.
 - **Service Limits** - Limitations are lifted on the following services:
 - Attendant Care
 - Behavior Support Services
 - Community Living Supports
 - Companion
 - Counseling
 - Goods and Services
 - Home Delivered Meals
 - Nursing Supports
 - Personal Care or Personal Assistance
 - Respite
 - Specialized Medical Equipment

New Codes

Program	Name	Procedure Code	Modifier1	Modifier2	Max Rate/Reimbursement
ABI-Acute	Companion Care - Overtime	S5135	HI	U3	8.34
ABI-Acute	Personal care - Overtime	97535	HI	U3	8.34
ABI-Acute	Respite - Overtime	T1005	HI	U3	6
ABI-Acute	COVID - Supervised residential care level I	T2016	U3	NULL	300
ABI-Acute	COVID - Supervised residential care level II	T2033	U3	NULL	225
ABI-Acute	COVID - Supervised Residential Care-Level III	S5136	U3	NULL	112.5
ABI	Community Living - Overtime	97535	HI	U3	8.34
ABI	Respite - Overtime	T1005	HI	U3	6
ABI	COVID - Supervised Residential Care Level I	T2016	U3	NULL	300
ABI	COVID - Supervised Residential Care Level II	T2033	U3	NULL	225
HCB	Home and Community Supports - Overtime	S5108	HI	U3	4.32
HCB	Non Specialized Respite - Overtime	T1005	HI	U3	4.13
MPW	Attendant Care - Overtime	S5125	HI	U3	4.35
MPW	Community Living Supports - Overtime	97535	HI	U3	8.31
MPW	Homemaker - Overtime	S5130	HI	U3	9.75
MPW	Personal care - Overtime	T1019	HI	U3	11.25
MPW	Respite - Overtime	T1005	HI	U3	6000
SCL	Personal Assistance - Overtime	T1019	HI	U3	9.14
SCL	COVID - Residential Level I - (3 or fewer residents)	T2016	UP	U3	284.57
SCL	COVID - Residential Level I – (4 to 8 residents)	T2016	US	U3	215.09
SCL	Respite - Overtime	T1005	HI	U3	4.58
ABI-Acute	Home Delivered Meals	S5170	NULL	NULL	7.5
ABI	Home Delivered Meals	S5170	NULL	NULL	7.5
HCB	Home Delivered Meals	991	NULL	NULL	7.5
MPW	Home Delivered Meals	S5170	NULL	NULL	7.5
SCL	Home Delivered Meals	S5170	NULL	NULL	7.5
HCB	Home Delivered Meals	S5170	NULL	NULL	7.5

Additional Billing Notes

- **Requesting a Prior Authorization (PA) for PDS Overtime**
 - An original line must be included at the non-overtime rate and hours before an overtime rate can be requested.
 - The request should include an explanation of the need for increased services due to the COVID-19 state of emergency.
 - If there has not been a change in the participant's overall health and community-based status as a result of the COVID-19 virus, increasing services should not be required. DMS expects this to be the exception, not the rule as we would not anticipate participants living in residential, those who are children, or adults who have natural supports to need more services than they would during normal operations. All requests will be

reviewed by CHFS staff

- When adding a new service line in MWMA, select the new code with the HI U3 modifier and designate the employee and the relationship.
- You will need to specify the weekly units. The unit value is still 15 minutes
- PAs will be granted for **no more than 120 days** based on the current level of care (LOC) end date.
- **Residential Rate Modification**
 - End date the original residential line.
 - Request a new line with the appropriate residential code and the U3 modifier for the time period you think it will be needed.
 - The rate modification request should include documentation supporting the need for the increased rate as the current residential rates are a per diem for up to 24 hours of care dependent on the participant's needs. This means the new rate may not be applicable to all participants living in the residential.
 - The rate modification request should be approved for **no more than 120 days** based on the current LOC end date.
 - CHFS review is not required for a PA, but post-payment audits will be conducted for residential providers requesting this increased rate.
 - Participants who receive exceptional supports are not eligible for the rate modification.
- **Home Delivered Meals**
 - Providers, regardless of which waiver(s) they currently service, may provide Home Delivered Meals and do not need DMS approval during the state of emergency.
 - Up to two (2) meals per day may be provided. This includes hot, frozen and/or shelf-stable meals.
 - The request should indicate the frequency of meals per calendar week (Sunday-Saturday). For example, two (2) per day for seven (7) days would be fourteen (14) meals per week.
 - CHFS review is not required for a PA.
- **PDS Employee Immediate Family Member Exemptions**
 - Case Manager/Support Broker should upload the form letter sent by the Department for Aging and Independent Living to the case.
 - Approvals cannot begin before March 25, 2020, which is the date DMS made notification of this allowance.
 - You still need to specify the correct relationship of the employee to the participant.
 - Approvals will be granted for **no more than 120 days**.
- **Conflict-Free Services**
 - If the case manager is requesting a service to be provided by their agency due to the COVID-19 state of emergency, please include documentation that includes justification for the conflict.

- These services will be approved for **no more than 120 days.**
- **Other Billing Notes**
 - To request increased amounts of traditional services, the case manager should enter a modification. A modifier is not required. The approval should be granted for **no more than 120 days.**
 - DMS understands updates to plans of care may take more time. Providers have up to thirty (30) days to make changes to the plan. The system will send requests > 30 days to CHFS for review.
 - An additional unit of case management can be requested when a participant requires multiple contacts per week, connection to additional resources, and requires multiple modifications to their plan. One example would be a participant who lives alone and isn't receiving services who needs extra contact each week to ensure their health, safety, and welfare is not in jeopardy.
 - Provision of services via telehealth should be billed using the current code, but with the "Place of Service" case as 02 on the claim.
 - If claims have been billed for services requiring a modification, either the modification needs to begin on the day following the last paid date of service or the rendering provider must back out all claims and re-bill after the modification is complete.

If you have questions or encounter problems, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614.