



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# COVID-19 Appendix K Amendment: Retainer Payment Reimbursement Changes



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Developmental Disabilities

July 30, 2020



# BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities

July 13, 2020





# Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



# Today's Objectives

- Reference CMS FAQs posted 6/30/20
- Provide information on the approved Appendix K Amendment
- Display the Provider Attestation Statement for reimbursement duplication avoidance

# Disclaimer

- **The recording of this discussion is snapshot in time.** Due to the rapidly evolving nature of the emergency, additional information and implementation plans will be provided through FAQ pages, banner messages, and other published information
- The latest COVID-19 guidance, including the Appendix K Application and Amendments can be found on the Georgia Medicaid website at <https://medicaid.georgia.gov/covid-19> or <https://dch.georgia.gov/>





# Agenda

- I. CMS Guidance on reimbursement of retainer payments
- II. Review CMS FAQs posted 6/30/20
- III. Provide information on the approved Appendix K Amendment
- IV. Display the Provider Attestation Statement for reimbursement duplication avoidance

# History of Submissions to CMS and Purpose

## **Two Appendix K applications submitted to CMS for review 4/3/20**

- New Options Waiver Program / Comprehensive Supports Waiver Program
- Elderly & Disabled Waiver Program / Independent Care Waiver Program

### **Purpose:**

- Attempts to mitigate exposure risk posed by the COVID-19 Public Health Emergency
- Provides alternative service delivery models as required by the emergency
- Preserves the provider network and service delivery system for return to a non-emergency state

## **CMS approval: 4/9/20 with effective start date 3/1/20**

### **Appendix K Amendment submitted to CMS 6/2/20**

**Purpose:** request to allow continuous retainer payments beyond the first 30 days for all four programs

## **CMS denial and DCH withdrawal of the proposed Amendment: 6/5/20**



# History of Submissions to CMS and Purpose (continued)

## **Appendix K Amendment submitted to CMS 6/12/20**

**Purpose:** add telehealth option to NOW and COMP Appendix K for community access and prevocational services

**CMS approval:** 6/15/20 with effective start date 4/15/20

## **Appendix K Amendment submitted to CMS 7/20/20**

**Purpose:** request to follow FAQ guidance allowing three (3) 30-day retainer payment episodes

**CMS approval:** 7/27/20 with effective start date 4/15/20





# Source: CMS FAQ Document

Posted 6/30/2020

<https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>



**New & Notable**

- [2020-2021 Medicaid Managed Care Rate Development Guide](#) Jul 02, 2020
- [New COVID-19 FAQs for State Medicaid and CHIP Agencies](#) Jun 30, 2020
- [CIB: CMS Oral Health Initiative and Dental Technical Support Opportunity](#) Jun 25, 2020
- [CIB: Updated 2020 SSI and Spousal Impoverishment Standards](#) Jun 24, 2020
- [Medicaid & CHIP March 2020 Application, Eligibility, and Enrollment Data](#) Jun 22, 2020

[SEE ALL >](#)



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# Retainer Payment Service Approval by Waiver Appendix K

No Change

## EDWP & ICWP

**Personal Support** if staff is unable to deliver service due to illness, quarantine, or family request

**Adult Day [Health] Care** while the setting must be closed for isolation purposes

**Alternative Living Services** if the provider is not serving the member either in the home or in an acute care setting

## NOW & COMP

**Community Living Support** if staff is unable to deliver service due to illness, quarantine, or family request

**Supported Employment Services, Prevocational Services, and Community Access Group** while the setting must be closed for isolation purposes

**Community Residential Alternative** (COMP only service) if the provider is not serving the member either in the home or in an acute care setting



# Retainer Payment Guidelines for All States

No Change

## **Retainer payments are limited to providers of personal assistant services**

*... personal care services may also be viewed to incorporate the breadth of HCBS in which support for activities of daily living or instrumental activities of daily living occur. This would typically encompass most residential habilitation programs as well as many non-residential day programs providing services (because personal care is a component of the service).*



# Retainer Payment Guidelines for Georgia

CHANGE

The length of time retainer payments could be used is the lesser of 30 consecutive days or the number of days for which the state authorizes a payment for 'bed-hold' in nursing facilities

- **CMS approved three (3) 30-day retainer payment episodes with the July 27<sup>th</sup> Georgia Appendix K Amendment**
- **CMS confirmed that a “staggered” retainer payment model is allowable:**
  - **Example: Monday and Wednesday traditional or telehealth service delivery**
  - **Tuesday, Thursday and Friday retainer payment reimbursement with documentation**
- *Consecutive days are those days that are eligible for billing.*
  - *As typical day habilitation services are rendered Monday through Friday, 30 consecutive billing days would encompass a 6-week period of time.*



# Retainer Payments

CHANGE

Temporarily include retainer payments to address emergency related issues [k-2.j]:

## What this means for you:

The retainer payment can be billed if:

- *The provider is unable to substitute a different service to meet the member's need, e.g. ADH to PSS or Community Access Group to CLS*
- *The provider is not able to use a different staff person such as a family caregiver*

## FAQs:

### How do I bill?

- *Retainer payment will be authorized at the level, duration, and amount as outlined in the prior authorization*
- *Bill the service as if it was delivered and document daily the reason for the retainer reimbursement*
- *Services can be reimbursed as retainer payment for 30 continuous days initially*
- *Following the initial episode providers may be reimbursed for 2 additional 30-day episodes for a total of up to 90 days*



# Mandatory State Controls on Reimbursement

No Change

**States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary will be expected to include or add the following guardrails in their Appendix K submissions:**

- Limit retainer payments to a reasonable amount,
- **Ensure their recoupment if other resources, once available, are used for the same purpose**
- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
- Require an attestation from the provider that it will not lay off staff, and will maintain wages at existing levels



# Mandatory State Controls on Reimbursement

CHANGE

**States interested in utilizing retainer payments for multiple (up to three) episodes of up to 30 days per beneficiary (up to 90 days) will be expected to:**

- Collect an attestation from the provider acknowledging that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
  - Require an attestation from the provider that they had not received funding from any other sources **that would exceed their revenue for the last full quarter prior to the PHE** [such as]:
    - unemployment benefits
    - Small Business Administration loans that would exceed their revenue for the last full quarter prior to the PHE,
    - Cares Act Provider Relief Fund
  - Or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.



# Retainer payment provision

No Change

- Providers are subject to recoupment if inappropriate billing or duplicate payments for services occurred, as identified in a state or federal audit or any other authorized third-party review. *Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.*





# Repayment of retainer reimbursement for 90 days or more

CHANGE

**What can providers do if they have billed in excess of 90 days of retainer payments?**

1. Void all claims representing 91 retainer payment days or greater, or
2. Enter into a repayment plan described in *Part I: Policies and Procedures for Medicaid and PeachCare for Kids*  
*407. Recoupment of Reimbursement*



# How do I submit an Attestation Statement?

CHANGE

- The fillable form is available on the DCH website at this link: <https://dch.georgia.gov/how-do-i/covid-19-ga-dch>

COVID-19: Georgia Department of Community Health

Georgia Department of Community Health division and office updates relating to COVID-19.

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## Division and Office Updates

### Medicaid and PeachCare for Kids®

**Provider Relief Fund**

As a part of the federal government's COVID-19 response, the CARES Act set aside more than \$100 billion in financial relief for

### State Health Benefit Plan

The Georgia Department of Community Health SHBP Division has coordinated with our Medical,

### Healthcare Facility Regulation Division

**Long-Term Care Facility COVID-19 Report**

Report showing COVID-19 cases in licensed nursing homes, assisted living communities



# Provider Attestation Statement View

Provider Name:\*

Associated Waiver Program

(Check all that apply) \*

- Elderly and Disabled Waiver Program (CCSP and/or SOURCE)
- Independent Care Waiver Program (ICWP)
- New Options Waiver Program (NOW)
- Comprehensive Support Waiver Program (COMP)

Elderly and Disabled Waiver Program (CCSP and/or SOURCE)

(Select all that apply to the Elderly and Disabled Waiver Program (CCSP and/or SOURCE). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment:*	Medicaid Number*	Number of Retainer Payment Days Claimed*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

Independent Care Waiver Program (ICWP)

(Select all that apply to the Independent Care Waiver Program (ICWP). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment:*	Medicaid Number*	Number of Retainer Payment Days Claimed*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

New Options Waiver Program (NOW)

(Select all that apply to the New Options Waiver Program (NOW). Click "Add" to add another row and make another selection.)

Services Reimbursed through Retainer Payment:*	Medicaid Number*	Number of Retainer Payment Days Claimed*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<a href="#">Add</a>		

Comprehensive Support Waiver Program (COMP)



# Attestation Statements

- DCH banner messages and DBHDD Special Bulletins will provide a link and be distributed through professional and trade associations
- Reports of agency attestation documents will be retained for audit documentation but providers should also retain a copy for their records



# DBHDD Operational Guidelines

- All current DBHDD policy information regarding Appendix K can be found within DD COVID-19 policy on PolicyStat:

The screenshot displays the PolicyStat interface for a specific policy. On the left, the policy title is "COVID-19 2020: DBHDD Community Developmental Disability Services Policy Modifications - 6/1/2020", with a status of "EFFECTIVE IMMEDIATELY". A red arrow points from this title to the "Attachments" section on the right. The "Attachments" section lists several documents, including "Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0".

Field	Value
Current Status	Active
PolicyStat ID	8127003
Creation	3/26/2020
Effective	6/1/2020
Last Reviewed	6/1/2020
Last Revision	6/1/2020
Next Review	11/28/2020
Owner	Ron Wakefield: Director, Division of Developmental Disabilities
Chapter	DD Community Services
Sections	

### Attachments

- A - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx
- Appendix K Attachment 1 - NOW and COMP Provider Spreadsheet 4/22/2020
- Appendix K Attachment 2 - Simplified AS Request Sheet 4/20/2020
- Appendix K Operational Guidelines for the NOW and COMP Waiver Programs Response to COVID-19 Pandemic, 4/30/2020 Version 2.0
- B - COVID-19 2020 - Attestation of Absence of Barrier Crimes Data & Cover Letter 4/23/2020.docx

# Questions:

CHANGE

- Do I still complete an attestation for past retainer payments? **Yes, by October 1, 2020**
- Do I have to complete an attestation each time I submit a bill? **No. Just one time**
- Can we bill interim retainer payments such as those intermittent with service delivery? **yes**
- Since DCH has corrected the calendar to business days. Can I go back and add those days into my billing days? **Yes up to 90**
- Will we be audited? **CMS has advised that there will definitely be audits following the COVID-19 PHE**



# Questions

- The attestation asks to attest to no duplicative payments but PPP or PRF cover 100% of expenses so how do we attest, when funds received did not cover all expenses? *Note that “duplicate uses of available funding streams” means using more than one funding stream for the same purpose.*
- Can we delay retainer payments and use once PPP funding has been exhausted? *If a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped. If a provider had already received revenues in excess of the pre-PHE level, retainer payments are not available.*



# Questions

- Can we bill retainer payments up until the date PPP loan funding was received. For example, we closed centers and began sheltering in place on March 16, 2020 but did not receive PPP funding until April 22, 2020. Can we bill retainers for the period in-between or does the previous quarterly revenue standards apply to both 1st and second quarter this year, as we are still not in full operation. **Providers can bill for retainer payments at anytime beginning 03/01/2020 until the 90 billable days have been exhausted. Providers cannot bill for duplicative services already captured by other funding streams and all funding received for services must not exceed pre-PHE levels of the quarter immediately before the declared Federal National Emergency.**
- If we acted in good faith, based on guidance received at the time, and billed retainer payments but we're now being asked to complete an attestation stating we will abide by requirements we were not aware of at the time of billing are we subject to recoupment? **Yes, all providers that have billed for retainer payments are subject to audit and possible recoupment of received revenues in excess of the pre-PHE level**





# Dedicated for COVID-19 Response and Resources

Questions:

[Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)

[Resources for Reopening Non-Emergency Healthcare Facilities](#)

*Found at [www.dch.georgia.gov](http://www.dch.georgia.gov) on the Department of Community Health main page dated June 9, 2020*



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## Contact:

- Please use the dedicated DCH e-mail box for additional questions:

**Medicaid.PCKCOVID19@dch.ga.gov**

- If related to the NOW and COMP Waiver programs, please contact the DBHDD Provider Relations team on the DBHDD website:

**<https://dbhddapps.dbhdd.ga.gov/PIMS/Default.aspx>**