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COVID-19 Retainer Payments for Children's 1915(c) Waiver – HCBS Community and Day Habilitation Providers

Agenda

- Overview of Retainer Payments
- Eligible Providers
- Billing for Retainer Payments
- Provider Conditions and Attestation
- Compliance Monitoring
- Timeline
- Q&A



Overview of Retainer Payments



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What are Retainer Payments?

- In response to the COVID-19 public health emergency declared by Governor Cuomo on March 7, NYSDOH will make retainer payments to designated Children's Waiver Community and Day Habilitation providers who are experiencing a reduction in service utilization as a result of COVID-19
- Retainer Payments are for agencies who normally provide services that include habilitation and personal care, but are currently unable to deliver services due to complications experienced during the COVID-19 pandemic



When and How to Claim for Telehealth

- If a participant is unable to safely participate in services as currently identified in their Plan of Care (POC), these services may be provided by telephonic/telehealth modalities in compliance with HIPAA and [NYS Children's Waiver Telehealth Guidance](#)
- Providers able to provide face-to-face or telehealth/telephonic services will bill for the regular service delivery, using the normal rates and rate codes
- Retainer Payments may be billed retroactively to the start of the State of Emergency (3/7/2020)
- *If unable to provide the service by means of face-to-face or telehealth/telephonic:* The provider must have supporting documentation that the participant is unable to participate at the location identified in the POC and must demonstrate that the provider agency is rendering the service identified and approved in the POC



When to Claim Retainer Payments

- Retainer Payments are billed when the service is unable to be provided and billed for the Waiver eligible and enrolled participant
- Retainer Payments are for those participants that cannot be served through face-to-face or telehealth/telephonic modalities for these services, will be billed for **80% of the normal rate**, using a new rate code
- The Retainer Payment may also be billed when the full utilization on the POC cannot be billed for a participant (i.e., 30% hours are billed for telemedicine but 70% of hours cannot be provided and may be billed using the Retainer Payment)



When to Claim Retainer Payments

- Retainer Payments may only be billed for those participants in which Community and/or Day Habilitation has been outlined as a service within the Health Home or C-YES Plan of Care and who were actively being served by the provider
- Retainer Payments may be claimed if the waiver participant is sick due to COVID-19 or is sequestered and/or quarantined based on local, state, federal, and/or medical requirements/orders
- Retainer Payments may *not* be billed when the participant chooses to receive services through a different provider or disenrolls from the service/waiver



Eligible Providers



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Eligible Providers

- Children's Waiver Community Habilitation and Day Habilitation providers designated by NYS Designation process that have billed Community and/or Day Habilitation services at any time since April 1, 2019, the inception date of the Children's Waiver
- Providers must request NYSDOH approval to bill the Retainer Payment and submit an attestation form to demonstrate that they meet the criteria and will comply with all requirements
- Providers cannot bill for Retainer Payments if the provider agency has received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that, in addition to the Retainer Payment, would exceed their revenue for the last full quarter prior to the COVID-19 state of emergency



Billing for Retainer Payments



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Billing for Retainer Payments

- Providers must verify that the Retainer Payment will only be billed for those participants in which Community and/or Day Habilitation has been outlined as a service within the Health Home or C-YES Plan of Care and who were actively being served by the provider
- Assurance of no duplication of billing, including residential services, is required
- Providers cannot bill for Retainer Payments in excess of the quantity indicated on the Plan of Care or authorized by the Medicaid Managed Care Plan
- For participants enrolled in a Medicaid Managed Care Plan, providers will bill the appropriate MMCP; for participants not in a MMCP, claims will be submitted via the Medicaid Fee-for-Service payment system eMedNY



Billing for Retainer Payments

- Providers should bill the normal rate if the service is delivered face-to-face or via telehealth/telephonic

Scenario	How to Bill
Child/youth receives face-to-face services as outline in the Plan of Care	Provider bills usual rate, using the rate code(s) 7933, 8012, 8013
Child/youth receives services outlined in the Plan of Care via telehealth/telephonic modalities	Provider bills usual rate, using the rate code(s) 7933, 8012, 8013 and any appropriate telehealth modifiers
Child/youth choose not to receive services outline in the Plan of Care or opts to disenroll from the service	Provider is not able to bill for these services



Billing for Retainer Payments

- Retainer Payments will be billed using a newly issued rate code and will be paid at 80% of the regular Community/Day Habilitation rate

Scenario	How to Bill
The full utilization on the POC cannot be billed for a participant (i.e., 30% hours is billed for telehealth but 70% of hours cannot be provided and may be billed using the retainer payment)	Provider bills usual rate, using the rate code(s) 7933, 8012, 8013 and any appropriate telehealth modifiers for telehealth services and remainder (70%) using retainer payment codes 7919, 7931, 7932
Child/youth is unable to receive services outlined in their POC by means of either face-to-face or telehealth due to COVID-19	Provider bills 80% retainer payment using the new retainer payment codes 7919, 7931, 7932



Timeframe

- The Retainer Payment time limit may not exceed **three** 30-day periods of consecutive days
- Retainer Payments may be billed retroactively to the start of the State of Emergency (3/7/2020)

Example:

- Consecutive days are those days that are eligible for billing; since typical day and community habilitation services are rendered Monday through Friday, 30 consecutive billing days would encompass a 6-week period of time.
 - Retainer Payment cannot exceed **three** 30-day period, therefore for a total of 18 weeks
- ❖ Please note: the participant's POC must outline the Day and or Community Habilitation services, frequency, scope and duration for the billed Retainer Payment



Rate Codes

Rate Code	Rate Code Title	Rate Code Purpose
7919	Day Habilitation Retainer Payment	Billing for Retainer Payment at 80% the normal rate for Day Habilitation
7931	Community Habilitation Retainer Payment	Billing for Retainer Payment at 80% the normal rate for Community Habilitation
7932	Community Habilitation Group of 2 Retainer Payment	Billing for Retainer Payment at 80% the normal rate for Community Habilitation Group of 2
7933	Day Habilitation	Billing the normal rate for Day Habilitation
8012	Community Habilitation	Billing the normal rate for Community Habilitation
8013	Community Habilitation Group of 2	Billing the normal rate for Community Habilitation Group of 2



Procedure Codes and Modifiers

Rate Code	Rate Code Title	Procedure Code	Procedure Code Modifiers
7919	Day Habilitation Retainer	T2020	HA, 52
7931	Community Habilitation Retainer	H2014	HA, 52
7932	Community Habilitation Group of 2 Retainer	H2014	HA, UN, 52



Impact on MMCPs

- Medicaid Managed Care Plans (MMCPs) will need 90 days to set-up the new rate codes in their billing systems; providers should communicate with MMCPs to confirm when they are able to submit claims for Retainer Payments
- Providers and MMCPs should follow timely filing guidance
 - **Timely Filing FFS:** for FFS claims that need to be adjusted or voided due to issued emergency guidance, providers must adhere to existing timely filing rules
 - **Timely Filing Managed Care:** MMCP are encouraged to work collaboratively with children's services providers toward avoiding delays in payment due to automatic denials for timely filing – providers should contact the MMCP for billing procedures when seeking to adjust claims already submitted or submitting claims beyond the plan's timely filing standards



Information for MMCPs

- DOH will share a list of providers approved for Retainer Payments (based on receipt of a completed attestation)
- MMCPs may adjudicate Retainer Payments per the guidelines provided by the State
 - For example, Retainer Payment claims may be denied if a payment has already been made for the same child/youth and same date of service at the full rate
 - MMCPs may also deny a claim if the billed service does not match the POC



Providers Conditions and Attestation



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Provider Conditions

- As a condition of receiving the Retainer Payment, the provider must agree to provide critical services to participants by not laying-off employees or bringing back staff who have been laid-off due to the state of emergency and by maintaining wages at existing levels for the duration of the Retainer Payment



Provider Attestation

- Retainer Payments will only be billed for those participants in which Community and/or Day Habilitation has been outlined as a service on the Health Home or C-YES Plan of Care and who were actively being served by the provider when COVID-19 quarantines occurred.
- Retainer Payments will only be billed for those participants unable to receive services due to complications experienced during the COVID-19 pandemic
- Retainer Payments will not be billed when the participant chooses to receive services through a different provider or disenrolls from the service.
- Efforts have been made to deliver the service face-to-face or via telehealth; these efforts have been documented in the participant's record along with the reason why the full service cannot be delivered to the participant via these modalities.



Provider Attestation (continued)

- Provider agency acknowledges that all Retainer Payments will be subject to a final reconciliation and/or audit. If an agency fails to submit required and requested reporting, NYSDOH may take appropriate enforcement actions, including, but not limited to, immediate recoupment of any paid retainer funds.
- Retainer Payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred.
- Provider agency confirms it has not received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loans, that, in addition to the Retainer Payment, would exceed their revenue for the last full quarter prior to the COVID-19 state of emergency and that Retainer Payments at the level provided by NYSDOH would not result in revenues exceeding that of the quarter prior to the COVID-19 public health emergency.
- Any Retainer Payment amounts in addition to other public emergency funding sources in excess of pre-COVID-19 revenues will be recouped by NYSDOH.



Compliance Monitoring



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Compliance Monitoring

- For each month in which Retainer Payments are billed, the provider agency will submit a roster of Children's Waiver participants receiving Community and/or Day Habilitation services
- This roster will include the full name and CIN of all participants for whom these services are billed – both full payment claims for delivered services and Retainer Payment claims, indicating which participants are being billed as Retainer Payments
- NYSDOH will provide a roster template to be used by providers



Compliance Monitoring

- All Retainer Payments will be subject to a final reconciliation and/or audit
- NYSDOH will perform an audit to ensure no duplicate billing was conducted, that Retainer Payments were only billed for participants that had the service on their Plan of Care and at the frequency the service was indicated to be delivered, and to verify documentation that the service could not be provided as required or through telehealth
- Retainer Payments will be subject to recoupment if inappropriate billing or duplicate payments for services occurred
- Retainer Payments will be recouped if the payment amount are in excess of the provider's pre-COVID-19 revenues.



Timeline of Events



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Retainer Payment Time Line of Events

- 5/28: NYS DOH Submitted Appendix K
- 6/3: Notification letter to Day/Community Habilitation Providers
- 6/16: CMS Approved Appendix K
- 6/30: CMS FAQ limit the number of days for Retainer Payment
- 8/11: Letter and Attestation sent to Day/Community Habilitation Providers
- 8/24: Retainer Payment Webinar
- 8/24: Second Appendix K submitted to CMS with Retainer Payment changes
- 8/28: Roster template will be sent to providers
- 9/4: Retainer Payment Attestations due by Day/Community Habilitation Providers





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Please utilize and reference all COVID-19 and Telehealth (telephonic) guidance available at https://health.ny.gov/health_care/medicaid/covid19/index.htm

Please send questions to BH.Transition@health.ny.gov.



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