

**DATE:** July 28, 2020

**TO:** Section 1915(c), CHOICES and Employment and Community First CHOICES Home and Community-Based Services (HCBS) Providers of Residential and Personal Care Services  
Department of Intellectual and Developmental Disabilities  
TennCare Health Plans  
Public Partnerships Limited

**FROM:** Patti Killingsworth, Chief of LTSS

**CC:** William Aaron, Chief Financial Officer  
Keith Gaither, Director of Managed Care Operations

**SUBJECT:** **COVID+ Residential Special Needs Adjustment and Personal Care Rate Differential**

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In early May, you were informed of several temporary COVID-related payment flexibilities available across Medicaid HCBS programs, including Section 1915(c) HCBS waivers operated by DIDD, and the CHOICES and Employment and Community First CHOICES programs operated through the managed care program.

These payments included a COVID+ Residential<sup>1</sup> Special Needs Adjustment (RSNA)—a per diem add-on payment to the existing residential rate, and a Personal Care<sup>2</sup> Rate Differential (PCRD)—a per unit add-on to the existing unit rate to target higher wages to staff when they are providing care for someone who is confirmed COVID-19 positive so that people receiving these HCBS can remain at home, when appropriate, and lessen the burden on hospitals.

As you also recall, the RSNA and PCRD payments were effective beginning March 13, 2020 and were set to continue through July 24, 2020. You were advised that these could be extended if the public health emergency declaration is extended, subject to the availability of funds set aside for this purpose.

Since July 24<sup>th</sup> has now passed, we want to remind you that the effective dates of the RSNA and PCRD have concluded. Providers may still submit claims for these payments (using notification processes established by DIDD or the member's MCO, as applicable) for dates of service through July 24<sup>th</sup>, subject to the conditions of payment detailed in previous communications and summarized below.

As a reminder, the RSNA or PCRD, as applicable may be billed *only* for services provided during the period that the person requires isolation due to the COVID-19 diagnosis, and for which hazard pay is made to the staff providing the service. Providers should follow CDC guidelines regarding when a person who was

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<sup>1</sup> For purposes of the RSNA, "Residential" encompasses CHOICES Assisted Care Living Facility, Adult Care Homes, Community Living Supports, Community Living Supports – Family Model, and Companion Care; ECF CHOICES Community Living Supports, Community Living Supports – Family Model, and Intensive Behavioral Community Transition and Stabilization Services (IBCTSS); and 1915(c) Semi-Independent Living Services, Supported Living, Residential Habilitation, Family Model Residential, Medical Residential, and Behavioral Respite services.

<sup>2</sup> For purposes of the PCRD, "Personal Care" includes CHOICES Personal Care Visits and Attendant Care; ECF CHOICES Personal Assistance and Intensive Behavioral Family-Centered Treatment and Stabilization Supports; and 1915(c) Personal Assistance and Nursing Services.

COVID-19 positive no longer requires isolation (as they are updated). At the conclusion of that period or when staffing at a hazard pay rate is no longer required or provided, the RSNA or PCRDR may no longer be billed. This is generally expected to be no more than 21 days. Billing for the RSNA or PCRDR beyond 21 days for any person will require physician orders to continue at-home isolation, up to a total maximum of no more than 30 days per member.

Also remember that the RSNA and PCRDR payments do apply to applicable services when delivered through Consumer Direction, including Companion Care. Consumer-directed workers delivering the services specified in this memo will be eligible for hazard pay increases when the person they are supporting is confirmed COVID-19 positive, as well as overtime pay, when applicable.

To bill RSNA or PCRDR payments, the person for whom residential or personal care services are provided must be confirmed COVID-19 positive, and the \$5/hour hazard pay must have been paid to direct support staff, as supported by payroll records. HCBS providers are required to report when a person they are serving is COVID-19+. TennCare and MCOs will use this information for validation purposes and may request supporting documentation. Payments are subject to audit and adjustment or recoupment if it is determined that the \$5/hour hazard pay was not paid to direct support staff, or the person for which such RSNA or PCRDR, as applicable, was billed and paid was not confirmed COVID-19 positive.

In order to better determine the possible availability of remaining funds to consider an extension of payments, we need to first ensure that we have received and paid all claims for dates of service through July 24<sup>th</sup>. To help us make that decision expeditiously, **we ask that providers notify DIDD or the member's MCO, as applicable, as soon as possible regarding any additional claims for these payments that are expected, even if you do not have complete documentation ready to submit these requests.**

We are grateful for your commitment to service and hope these payments have been helpful to you in serving individuals receiving HCBS as they have been challenged with the COVID diagnosis. We appreciate your prompt assistance in helping us make these payments timely.