




MEMORANDUM

To: DDA Stakeholders
From: Bernard Simons, Deputy Secretary 
Re: DDA Appendix K #7- Increased Rate for Supporting Person's with COVID-19 Virus
Release Date: **November 4, 2021 (revised)**
Release Date: July 9, 2020 (original)
Effective: March 13, 2020

**All text in red indicates added/revised language since the prior release date*

NOTE: Please inform appropriate staff members of the contents of this memorandum.

BACKGROUND

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease ("COVID-19") caused by the novel coronavirus. The COVID-19 outbreak was declared a national emergency on March 13, 2020 and was previously declared a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020). On July 1, 2021, Governor Hogan announced the end of the COVID-19 state of emergency in the State of Maryland.

The purpose of this guidance is to inform Developmental Disabilities Administration (DDA) stakeholders of temporary changes to the DDA's Home and Community-Based Services (HCBS) Waiver programs (i.e. Community Pathways Waiver, Community Supports Waiver, and Family Supports Waiver) and State funded services and operations in response to health and safety concerns related to the COVID-19 pandemic.

This guidance implements temporary modifications to DDA's Waiver programs in Appendix K, submitted to and approved by the Centers for Medicare and Medicaid Services, and DDA State Funded services to address the state of emergency.

This guidance was updated to reflect the unwinding of the temporary modifications to the DDA's operated programs with the goal of reopening and best supporting people in their communities.

OVERVIEW

The DDA is implementing increased rates for directly supporting participants that have a positive COVID-19 determination, and therefore are isolated, to account for increased cost of the provision of services while maintaining participants' health and safety.

This guidance applies to both the self-directed and traditional service delivery models for services noted below.

| Meaningful Day Services | | Residential Services | | Support Services (CCS and Waiver Supports) | | |
|-------------------------|--------------------------------------|----------------------|-------------------------------|---|--|-------------------------------------|
| | Employment Services | X | Community Living – Group Home | | Assistive Tech & Services | X Nurse Health Case Management |
| | Supported Employment | X | Supported Living | | Behavioral Support Services | X Nurse CM & Delegation Svs |
| | Employment Discovery & Customization | X | Shared Living | | Coordination of Community Services | Participant Ed, Training & Advocacy |
| | Career Exploration | | | | Environmental Assessment | X Personal Supports |
| | Community Development Svs | | | | Environmental Modification | Respite Services |
| | Day Habilitation | | | | Family & Peer Mentoring Supports | Remote Support Services |
| | | | | | Family Caregiver Training & Empowerment | Support Broker |
| | | | | | Housing Support | Transportation Services |
| | | | | | Ind & Family Directed Goods and Services | Vehicle Mods |
| | | | | X | Nurse Consultation | |

Unwinding Appendix K and Executive Orders Flexibilities

Standards and Requirements:

- 1) Appendix K flexibility-related to an increased rate as permitted below will **end on December 31, 2021.**
- 2) Service Utilization and Audits
 - a) The State may conduct:
 - i) Service utilization reviews; and
 - ii) Audits.
 - b) CMS has stated its intent to audit Appendix K expenditures.

Appendix K and Executive Orders Flexibilities

Standards and Requirements:

1. In order to be eligible for receipt of an increased rate, the participants must have a positive COVID-19 determination.
2. Provider and participants enrolled in the self-directed service delivery model must maintain documentation including case notes with: (a) date of the determination (b) source (*i.e.*, COVID-19 test result; determination by physician, local health department, GoTeam, testing site; and other sources), and (c) staff person's name.
3. Once a person in a congregate setting is determined to be positive, the setting is considered to have an outbreak, and all must be isolated. (Revised: June 16, 2020)
4. In addition, the increase rate for isolation can be used for the following reasons noted below:
 - a. Isolation for someone who is symptomatic
 - b. Isolation for someone who has been tested and is awaiting results
 - c. Isolation for someone who has tested positive
 - d. Isolation for someone who tested negative and still symptomatic
 - e. Isolation for roommates that are waiting test results of another roommate that they have shared same caregiver and may have been exposed
 - f. Isolation for anyone who was just discharged from a hospital for any reason (Revised: June 16, 2020)
5. For eligible participants, the increased rate can be requested for up to a total maximum of 21 days unless otherwise authorized by the DDA while Appendix K is effective. (Revised: November 4, 2021)
 - a. On a case by case basis, additional days beyond 21 days can be requested.
 - b. All requests for isolation days above the established guidance of 21 days must be submitted via email by the provider to the assigned DDA Regional Nurse. This communication must include:
 - Email Subject Line: Request for Additional Isolation Days
 - Email message must include:
 - Participant name and Date of Birth
 - Date of guidance received from the local health department or physician for that individual
 - Copy of guidance in writing for auditing purposes
 - Name of the health department or physician
 - Total number of days requested (above the current 21 day maximum)

6. Providers must provide direct support for participants with a positive COVID-19 determination in order to receive the increased rate. Remote and telehealth services are not eligible for the increased rate.
7. Providers must maintain case notes and documentation of direct service delivery including the date of service, service provided, time of service, and name of person that provided the service.
8. For participants eligible under, and receiving direct support services in accordance with, this guidance, the DDA may increase rates by up to 50% to account for the added risk and cost.
9. Information such and COVID determination and case notes must be submitted to the DDA upon request.

Fiscal and Billing Processes:

1. Community Living - Group Home
 - a. Provider shall enter "IS" referencing Isolation Day in the attendance calendar in PCIS2.
 - b. The days identified as Isolation Days will be paid at the increased rate of **150%** of the current authorized rate for the Community Living-Group Home service including add-ons as set forth in the participant's person-centered plan and budget.
2. Supported Living
 - a. Providers shall submit the Community Pathways invoice for **150%** of the PCIS2 daily rates (including add-ons) for Isolation Days along with the corresponding CMS 1500s. Refer to the Revised Community Pathways Invoice and Instructions on the DDA website.
3. Shared Living
 - a. In order to bill for the Isolation rate, providers should use the current process for requesting budget modifications to add this amount.
 - b. New Process: Providers should use the Revised Community Pathways Invoice to bill for the difference between the current authorized rate and the increased rate for Isolation Days along with the corresponding CMS 1500s. Refer to the Revised Community Pathways Invoice and Instructions on the DDA website.
4. Personal Supports:
 - a. Providers shall use the checkbox function on the new PCIS2 Isolation Day Calendar, to indicate which days the person was in isolation.
 - b. The days identified as Isolation Days will be paid at the **150%** rate for any Personal Support units in the base calendar.
 - c. Retainer units may not be submitted on a day marked by the provider as an Isolation Day.
5. Nursing Services including: Nurse Consultation, Nurse Health Case Management, and Nurse Case Management and Delegation Services)

Self-Directed Services - Nurse Consultation and Nurse Case Management and Delegation Services

- a. The current agreed self-directed nurse rate cannot be increased by more than **50%**.
- b. The participant shall sign timesheets/invoices and send with supporting documentation to the Fiscal Management Service (FMS) provider.
- c. FMS should submit claims using the existing procedure codes for these services.

Traditional Services - Nurse Health Case Management and Nurse Case Management and Delegation Services

- a. For Family Support and Community Support Waiver Participants:
 - i. The DDA will add new nurse isolation versions in PCIS2 for all providers who are currently providing Nurse Health Case Management and Nurse Case Management and Delegation Services as follows:
 - Nurse Health Case Management - Isolation
 - Nurse Case Management and Delegation Services - Isolation
 - ii. If the provider is not currently authorized to provide nursing services to a participant who needs them, they shall submit the COVID-19 Service Authorization Form (*DDACOVIDForm#1*) to the Regional Office to add these services for the participant. The Regional Office will add both the standard nursing service as well as the isolation version.
 - iii. Providers shall utilize the PCIS2 generated invoice to bill for the Isolation Day rate for 15-minute increments of nursing services provided to someone who is isolated.
 - iv. The DDA invoice submission process remains unchanged. Invoices should be submitted to DDA HQ as it is currently done for participants in Family Supports and Community Supports Waivers along with the CMS 1500s. Services use the same procedure codes as noted in the invoice.
- b. For Community Pathway (CP) Waiver participants:
 - i. If the provider is not currently authorized to provide nursing services to a participant who needs them, they shall submit the COVID-19 Service Authorization Form (*DDACOVIDForm#1*) to the Regional Office to add these services for participants. The Regional Office will add both the standard nursing service as well as the isolation version.
 - ii. Providers shall utilize the Revised CP Invoice which has been updated to include the Isolation versions of the two nursing services:
 - Nurse Health Case Management - Isolation
 - Nurse Case Management and Delegation Services – Isolation
 - iii. CMS 1500s should be submitted using the existing procedure codes (listed in the invoice) for the Isolation version of these services
 - iv. Invoice submission process remains unchanged. Invoices should be submitted to the Regional Office as it is currently done for individuals in Community Pathways along with the CMS 1500s. Services use the same procedure codes as noted in the invoice.

Billing Process - LTSS Pilot Providers Only:

1. Due to the inability to modify LTSSMaryland, Pilot Providers will need to invoice for COVID-19 Isolation Days for CLGH, SL, PS, and Nursing services by submitting the attached designated LTSS Pilot invoicing template and CMS 1500s. Refer to the LTSS Invoice and Instructions on the DDA website.
2. Providers need to maintain supporting documentation of the participant’s positive COVID-19 determination and provide upon request.
3. The payment to the provider.
4. For State-funded participants, the DDA will process payment on the submitted invoice.
5. There will be further guidance provided to LTSS Pilot Providers as needed.

Fiscal Reporting:

Fee Payment System Services:

Guidance for fiscal reporting on COVID-19 related Fee Payment System (FPS) services expenditures will be provided in the Fiscal Year (FY) 2020 cost report instructions at a later date. The instructions will be updated to accommodate the flexibility granted by CMS for service authorization exceptions and the additional costs associated with the COVID-19 State of Emergency.

Shared Living:

Guidance for fiscal reporting on COVID-19 related expenditures in Shared Living otherwise known as Individual Family Care (IFC) contract services expenditures will be provided in the FY 2020 contract services 440 reconciliation instructions. The instructions will be updated to accommodate the flexibility granted by CMS for service authorization exceptions and the additional costs associated with the COVID-19 State of Emergency.

DDA Regional Office will modify the PCIS2 budget when the 432 comes in at the end of the fiscal year.

Financial Management Services (FMS):

FMS should note Isolation Days in the year-end reconciliation.

Applicable Resources:

[DDA Waivers - Appendix K Webpage](#)

[DDA MEMO/GUIDANCE/DIRECTIVES](#)

[DDA Covid-19 Resource Page](#)