

NC Medicaid COVID-19 Appendix K RETAINER POLICY

General Information:

- Retainer payments are for direct care workers to address emergency related issues.
- Retainer payments cannot be provided for more than 30 consecutive days; however, there may be more than one 30 consecutive day period.
- If nursing facility has a bed hold that is less than 30 days, the retainer payment will not exceed that amount.
- The State confirms that retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.
 - Sequestered = The State Stay at Home order.
 - Sick Due to COVID-19 = Symptomatic. A person does not have to have a positive test.
- Staff retainer payments may only be made for Innovations Waiver services or TBI Waiver services as currently authorized in the ISP.
- Retainer payments are for primary staff that provide regularly scheduled services and are unable to deliver services. Staff members that are identified as back up staff are not eligible for retainer payments.
- The only services that are available for retainer payments are the services that include personal care or habilitation* components. These services are:
 - **For Innovations Waiver**
 - Community Living and Supports
 - Community Networking
 - Day Supports
 - Residential Supports
 - Supported Living
 - Supported Employment
 - **For TBI Waiver**
 - Residential Supports
 - Personal Care
 - Day Supports
 - Supported Employment
 - Adult Day Health

**Please note that retainer payments do not apply to Life Skills Training (TBI Waiver) as the Centers for Medicare and Medicaid Services (CMS) have deemed these services rehabilitative in nature.*

- Relative as Direct Support Employees (Relatives as Providers) who were providing services on or before 3/13/2020 are eligible for retainer payments.
- Providers and Beneficiaries may utilize retainer payments because of state of emergency requirements, staff sickness, staff unavailable due to caring for sick family member and/or member sickness, sickness in the beneficiary's home or the need to limit staff from coming into member homes and creating health and safety concerns due to member's increased risk of sickness.
- Retainer payments can not add up to more than the total number of hours per service approved in the Innovation Beneficiary's plan of care.

The LME/MCO Care Coordinator will adhere to the following procedures:

1. The Care Coordinator will work closely with the waiver participant/primary caregiver to reassess care needs.
2. The Care Coordinator will make an update in the update the MCO Care Management Platform to identify strategies to mitigate risks to the waiver participant based on assessed needs and the potential impact from the coronavirus.
3. When a family member becomes a paid caregiver, the Care Coordinator will provide monitoring at least once per month. This monitoring may be telephonic.

Provider Agencies will adhere to the following procedures:

1. When the waiver participant/primary caregiver or the hired employee notifies the LME-MCO that the hired employee cannot provide the care, a retainer payment agreement may be initiated for a 30-day period or until such time that the staff has returned to work.
2. Provider agencies and EOR(s) shall maintain documentation (as usual) via the required service Grid by entering COVID-19 on the Grid with QP signature/EOR signature and date.
3. This shall be effective beginning 3-13-2020 and will end when the member is again available for services following the COVID-19 emergency. Provider agencies and EOR(s) will provide the LME/MCO with the following elements every Monday for the previous week by submitting the Alliance Retainer Payment Submission Form. The purpose of this form is to provide notification to the LME/MCO that the provider needs to utilize the retainer payment flexibility allowable under Appendix K.
 - a. Date Submitted
 - b. Member Name
 - c. Member ID Number
 - d. Provider Agency name
 - e. Provider agency contact information to include staff completing the form, email address and phone number
 - f. Date(s) of Service(s)
 - g. Service Codes
 - h. Hours/units billed

Providers will submit completed Retainer Payment Submission Forms to ProviderCOVID19@alliancehealthplan.org utilizing the following naming convention:

- Retainer Payment-Provider Name (Week Ending Date Sunday in day.month.year format)
 - Example: Retainer Payment-Acme Agency (4.11.2020)
4. Providers will be reimbursed via claims submission to Alliance. Billing for the retainer payment must include the **CR and XU Modifiers - PLEASE NOTE THESE MUST SUBMITTED VIA CLAIMS FOR PAYMENT. SUBMISSION OF THE RETAINER PAYMENT FORM WILL NOT GENERATE PAYMENT. HOWEVER, SUBMISSION OF RETAINER PAYMENT FORM WILL REQUIRED FOR MONITORING.**
 5. When a provider agency submits the Retainer Payment Submission form to Alliance, the provider agency is required to implement a retainer agreement between the provider agency and the employee of that provider agency, including the following statement “the employee who receives retainer payments will not be eligible for unemployment for the specific hours in the agreement.”
 6. The retainer agreement between the provider agency and the employee will be approved by the provider agency on a 30-day approval period. This retainer agreement will be reviewed by the provider agency in 30-day intervals to assess the continued appropriateness of the retainer agreement.

7. By day 25 of the retainer approval, the provider agency will conduct a reassessment of continuation of the retainer agreement by assessing the following:
 - a. The ongoing unavailability of the employee;
 - b. The health progression of the waiver participant or family
 - c. Attestation that an unemployment claim has not been made.
8. If the retainer agreement needs to be extended after the 30-day authorization period, another retainer agreement will be implemented by the Provider Agency with the employee of the provider with a new 30-day effective period.
9. When the retainer agreement is implemented because the employee is sick with the coronavirus, he or she has to take care of a sick family member due to symptoms of the coronavirus, the Provider will assist the member/family with securing alternative staff.
10. When a family member becomes a paid caregiver, provider agency will provide monitoring at least once per month. This monitoring may be telephonic:

Retainer Payment Eligible Service CODES:

Innovations Waiver		
Procedure Code / Modifier	Rate	Service Description
H2016 CR XU	\$ 99.03	Residential Supports Level 1
H2016 U2 CR XU	\$ 94.26	Residential Supports Level 1 - AFL
T2014 CR XU	\$ 126.53	Residential Supports Level 2
T2014 U2 CR XU	\$ 133.86	Residential Supports Level 2 - AFL
T2020 CR XU	\$ 148.54	Residential Supports Level 3
T2020 U2 CR XU	\$ 153.67	Residential Supports Level 3 - AFL
H2016 HI CR XU	\$ 170.54	Residential Supports Level 4
H2016 HI U2 CR XU	\$ 173.46	Residential Supports Level 4 - AFL
T2021 22 CR XU	\$ 24.52	Day Supports - Individual - Hourly
T2021 22 HQ CR XU	\$ 14.56	Day Supports - Group - Hourly
T2027 22 CR XU	\$ 6.13	Developmental Day - Hourly
T2033 CR XU	\$ 152.47	Supported Living Level 1
T2033 HI CR XU	\$ 184.09	Supported Living Level 2
T2033 TF CR XU	\$ 215.17	Supported Living Level 3
T2013 TF CR XU	\$ 5.26	Community Living and Supports - Individual
T2013 TF HQ CR XU	\$ 3.10	Community Living and Supports - Group
H2015 CR XU	\$ 5.35	Community Networking
H2015 HQ CR XU	\$ 2.98	Community Networking - Group
H2025 CR XU	\$ 7.39	Supported Employment Services - Individual
H2025 TS CR XU	\$ 7.39	Supported Employment - Long Term Follow Up - Individual

TBI Waiver		
Procedure Code / Modifier	Rate	Service Description
H2016 22 CR XU	\$ 120.33	Residential Supports 1
H2016 U2 22 CR XU	\$ 120.33	Residential Supports Level 1 - AFL
T2014 22 CR XU	\$ 156.54	Residential Supports 2
T2014 U2 22 CR XU	\$ 156.54	Residential Supports Level 2 - AFL
T2020 22 CR XU	\$ 223.63	Residential Supports 3
T2020 U2 22 CR XU	\$ 223.63	Residential Supports Level 3 - AFL
S5125 CR XU	\$ 3.54	Personal Care
S5102 CR XU	\$ 38.53	Adult Day Health Care
H2025 CR XU	\$ 7.39	Supported Employment - Individual
T2021 22 CR XU	\$ 24.52	Day Supports - Individual
T2021 22 HQ CR XU	\$ 14.56	Day Supports - Group