



## **FY20 COVID Provider Financial Stabilization Scope of Work**

### **Name of Program/Services**

- Residential Level I, Family Type, Service Code H0046
- Residential Level II, Family Type, Service Code S5145
- Enhanced Therapeutic Foster Care, Service Code S5145 22 Z1
- IAFT, Service Code S5145 22 HA
- IDD/MH Therapeutic Foster Care, Service Code S5145 22 Z2

### **Required Elements of the Program/Service**

Provider must adhere to the current Medicaid Clinical Coverage Policy 8D-2 and any applicable Scope of Work.

### **Finance**

Due to the COVID outbreak, Alliance Health is committed to providing financial support for our Medicaid funded Child Residential Services. The Medicaid rate increase for these residential services is 20%. The rate increase must be used only for any direct care staff pay/costs (including overtime), licensed family pay/support, and COVID related supplies and expenses such as PPE, cleaning supplies, items needed to meet children's education and nutrition needs during extended school closure.

No more than 3% of the increase can go toward administrative costs.

Therapeutic Leave is excluded from the rate increase.

Please hold billing until April 13, 2020, to allow time for the rate increase to be entered into the Alliance claim system. If any billing occurs prior to the rate change for applicable dates of service, provider will be responsible for re-submission of claims to pay at the higher rate. Alliance will not re-adjudicate any claims.

Please note that a provider must be set up on Electronic Funds Transfer (EFT) to be eligible for these payments.

### **Documentation Requirements**

The provider shall maintain a record of the expenses and receipts/invoices associated with the stabilization funds. The provider shall make these records available to Alliance upon request for auditing purposes.

**Effective Date: April 1, 2020**

**End Date: May 31, 2020**

