

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 20-19**

TO: All Medicaid Providers

FROM: Melisa Byrd  
Senior Deputy Director and State Medicaid Director

DATE: April 22, 2020

SUBJECT: **Temporary Enhanced Reimbursement Rates for HHA and ADHP Services Due to COVID-19**

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**Purpose**

The purpose of this transmittal is to notify Home Health Agencies (HHA) and Adult Day Health Program (ADHP) providers of changes to the reimbursement rates for certain HHA and ADHP services under the State Plan and EPD waiver during the pendency of the federal Public Health Emergency (PHE) period<sup>1</sup>. The reimbursement rate changes are temporary and effective for dates of services beginning March 11, 2020 and sunseting at the end of the federal Public Health Emergency.

DHCF is requesting a Medicaid Disaster Relief State Plan Amendment from the Centers for Medicare and Medicaid Services (CMS). State Medicaid agencies may seek to implement the policies and procedures which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period<sup>2</sup>.

DHCF also submitted an Appendix K waiver to CMS on April 8, 2020. An Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendment to approved Medicaid home- and community-based services Section 1915(c) waivers. The Appendix K includes actions that Medicaid agencies can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. On April 17, 2020, CMS approved the District's Appendix K emergency preparedness response plans to combat COVID-19.

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<sup>1</sup> The Public Health Emergency period, for purposes of the information contained in this Transmittal, is from March 1, 2020, through the termination of the PHE, as determined by the Secretary of the U.S. Department of Health and Human Services, including any extensions.

<sup>2</sup> On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services.

## Background

DHCF is making the following temporary reimbursement rate enhancements to support providers that are being impacted by the Public Health Emergency:

1. Temporarily enhanced reimbursement rates for overtime hours worked by PCAs, LPNs, and RNs in the HHAs.
2. Temporarily enhanced reimbursement rates for home health services provided to a medically quarantined beneficiary.
3. Temporarily enhanced reimbursement to HHAs for hours worked/costs incurred in utilizing contract staff through a staffing agency to meet workforce shortage challenges.
4. Temporarily adjusted reimbursement for ADHP providers that provide services remotely versus in an in-person setting.
5. Temporary retainer payments to ADHP providers that cease business operations to reduce the spread of COVID-19.

## Enhanced Billing & Reimbursement

The temporary enhanced reimbursement rates, procedure codes, and modifiers are outlined in the separate tables below for HHA and ADHP services. To receive the enhanced reimbursement rates, HHAs and ADHP providers must submit claims with the correct procedure codes and modifier combinations.

### HHA

Service Description	Procedure Code	Overtime Modifier	Overtime Rate	Quarantined Modifier	Quarantined Rate	Quarantined Overtime Modifier	Quarantined Overtime Rate
PCA - State Plan Services per 15 Min	T1019	CR	\$32.00 per hour, \$8.00 per 15 minutes	CR-U1	\$32.00 per hour, \$8.00 per 15 minutes	CR-U2	\$48.00 per hour, \$12.00 per 15 minutes
PCA - EPD Waiver Services per 15 Min	T1019	CR	\$32.00 per hour, \$8.00 per 15 minutes	CR-U1	\$32.00 per hour, \$8.00 per 15 minutes	CR-U2	\$48.00 per hour, \$12.00 per 15 minutes
Skilled Nursing (RN) Visit	G0299	TD-CR	\$90.00 per hour, \$22.5 per 15 minutes	TD-CR	\$90.00 per hour, \$22.5 per 15 minutes	CR-U1	\$135.00 per hour, \$33.75 per 15 minutes
Skilled Nursing (LPN) Visit	G0300	TE-CRCR	\$75.00 Per Hour, \$18.75 per 15 Minutes	TE-CR	\$75.00 Per Hour, \$18.75 per 15 Minutes	CR-U1	\$112.50 Per Hour, \$28.12 per 15 Minutes

Overtime or quarantine-related procedure code/procedure code modifier combinations require prior authorizations. These will be issued by DHCF directly or through an amendment of a waiver beneficiary's person-centered care plan and issued by DHCF's quality improvement organization.

The enhanced reimbursement for HHAs with contract staff will require HHAs to submit the staffing agency's NPI in the "Other NPI 1" section and the aide's NPI in the "Other NPI 2" on the original claim. Subsequently, the HHA will submit an invoice to DHCF, including the claims impacted, the Prior Authorization number, the amount due and the billing invoice from the staffing

agency utilized. DHCF will review and validate the information before the enhanced reimbursement is issued within a reasonable period.

### ADHP

Service Description	Procedure Code	Remote Services Modifier	Remote Services Rate	Retainer Rate Modifier	Retainer Rate
ADHP - State Plan Service	S5100	CR	\$102.00 daily per diem	NA	\$34.00 daily per diem
ADHP - EPD Waiver	S5100	CR	\$102.00 daily per diem	NA	\$34.00 daily per diem

The remote services rate listed in the above table should be used to bill for any date of service on which an ADHP conducts a telephonic or other remote wellness visit, at minimum. The retainer rate in the above table should be used by ADHPs that have ceased business operations and for dates of service on which no other ADHP billing can be made, not to exceed 18 consecutive weekdays. Retainer payments will be facilitated through a financial transaction payment process. Under this process, the ADHPs will be required to submit documentation and an attestation that enables DHCF to verify and justify the retainer payment. The retainer payment shall be paid on a monthly basis after all claims for the month have been submitted.

In the event an ADHP renders a remote wellness check *in addition* to another remote ADHP service, to include remote nursing or counseling services, remote individual or group therapy services, or meal delivery, the ADHP should bill without the CR modifier and with an indicate Place of Service code 02 (telehealth) to bill at the full per diem rate.

For more detailed information about the above enhanced rates, please consult the updated **COVID-19 Public Health Emergency (PHE): Home and Community-Based Services Billing and Documentation Guidelines for Services Delivered Under Temporary Policy & Procedural Arrangements**.

### Contact

DHCF will continue to provide updates to this information as appropriate. If you have questions, please contact Andrea Clark, Reimbursement Analyst, Office of Rates & Reimbursements, at [Andrea.Clark@dc.gov](mailto:Andrea.Clark@dc.gov) or 202-724-4096.

**Cc:** DC Hospital Association  
 DC Primary Care Association  
 DC Health Care Association  
 DC Home Health Association  
 DC Behavioral Health Association  
 DC Coalition of Disability Service Providers