

**INFORMATIONAL LETTER NO. 2136-MC-CVD**

**DATE:** May 15, 2020

**TO:** Iowa Medicaid Home- and Community-Based Services (HCBS) and Habilitation Providers

**APPLIES TO:** Managed Care (MC) and Coronavirus Disease (CVD)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** HCBS Retainer Payments

**EFFECTIVE:** Immediately

During the COVID-19 public health emergency, DHS requested flexibility through federal authorities to make retainer payments for specific 1915(c) HCBS Waiver and 1915(i) State Plan HCBS habilitation services.

Retainer payments may be paid through claims for habilitation and HCBS providers to maintain capacity during the emergency. **Providers can bill for retainer payments only for services they were unable to render during the month of April 2020.**

A process has been developed to allow for retainer payments for the services listed below when a member was unable to receive normally authorized and scheduled services due to hospitalization, short term facility stay, or isolation; or due to closure of a provider's service line(s) for reasons related to the COVID-19 emergency.

- **AIDS/HIV Waiver, Elderly Waiver, and Health and Disability Waiver:** Adult Day Care (S5101, S5102, S5105, S5100) and Consumer Directed Attendant Care (S5125, T1019).
- **Physical Disabilities Waiver:** Consumer Directed Attendant Care (S5125, T1019).
- **Intellectual Disabilities Waiver:** Adult Day Care (S5101, S5102 U1-U6, S5100), Consumer Directed Attendant Care (S5125, T1019), Day Habilitation (T2020 U1-U6, T2021), Prevocational Services (T2015, T2015 U3), and Supported Employment (T2018 UC, H2025 U3-U5, U7, UC; H2023 U3, H2023 U5, H2023 U7).

- **Brain Injury Waiver:** Adult Day Care (S5101, S5102, S5105, S5100), Consumer Directed Attendant Care (S5125, T1019), Prevocational Services (T2015, T2015 U3), and Supported Employment (T2018 UC, H2025 U3-U5, U7, UC; H2023, H2023 U5, H2023 U7).
- **State Plan HCBS Habilitation:** Day Habilitation (T2020, T2020 U1-U6, T2021), Prevocational Services (T2015, T2015, U3), and Supported Employment (T2018 UC, H2025 U3-U5, U7, UC; H2023 U3, H2023 U5, H2023 U7).

The process for eligible providers to submit claims for loss of revenue directly related to COVID-19 for the month of April 2020 is provided below. Providers should bill as they would have had the service been provided, but with these additions to the claim(s):

- UB-04 billers should use the DR Condition Code;
- CMS 1500 billers should use the CR modifier in the first or second modifier position; ensuring the service specific modifier is in first position as applicable;
- Individual Consumer Directed Attendant Care (CDAC) providers should use the CR modifier on the TMC form, in field 21.

If retainer payments are made, the MCO will conduct post-payment reviews to verify the validity of the information provided above. Providers must continue to maintain documentation of member service plans as well as documentation to support provided services.

Questions about HCBS Retainer Payments can be submitted to:

**Amerigroup:** [AmerigroupPSO@Amerigroup.com](mailto:AmerigroupPSO@Amerigroup.com)

**Iowa Total Care:** [ITC\\_Claims@IowaTotalCare.com](mailto:ITC_Claims@IowaTotalCare.com)