To: OPWDD Agencies Operating Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

From: Kevin M. Valenchis, Deputy Commissioner
Division of Enterprise Solutions

Date: May 17, 2021

Subject: Interim Billing Guidance Regarding Intermediate Care Facility Supplemental Payments Effective March 18, 2020

Effective March 18, 2020, an emergency State Plan Amendment (SPA) establishes a supplemental payment for (ICF/IID) providers in response to the COVID-19 public health emergency. The supplemental payment will reimburse the ICF/IID provider for daytime, weekday service hours when an individual is not able to participate in Day Treatment or ICF/IID Day Services provided by a different agency because the Day Treatment or ICF/IID Day Services program is closed or not serving individuals due to the COVID-19 public health emergency. The supplemental payment will be available to ICF/IID providers until the earliest of: (1) the end of the COVID-19 public health emergency; or (2) at such a time when outside treatment facilities are permitted and able to safely resume operations at a capacity sufficient to provide the individual access to day services; or (3) when revoked by OPWDD. State-operated ICFs/IID are not eligible for the supplemental payment.

The ICF/IID supplemental payment is to fund the provision of ICF/IID active treatment during daytime, weekday service hours in accordance with each individual’s authorized levels of day services provided outside of the ICF/IID not otherwise captured in the current ICF/IID rate setting methodology. This means that the ICF/IID provider cannot claim this supplemental payment for people who were not previously in receipt of separately billed ICF/IID day services or Day Treatment Services. The ICF/IID active treatment services will continue to be delivered in accordance with 42 CFR § 440.150 and with the individual’s Comprehensive Functional Assessment (CFA) as defined in 42 CFR 483.440(c)(3).

1) Supplemental Payment for ICF/IID Providers

Effective March 18, 2020, the ICF/IID supplemental payment will be a fee for each region of operation based on the corporate headquarters of the operating agency. The fees are as follows:
2) Claim Submissions

The table below details the billing identifiers that ICF/IID providers will use to submit ICF/IID supplemental services claims to Medicaid:

<table>
<thead>
<tr>
<th>Rate Code</th>
<th>Provider ID</th>
<th>Locator Code</th>
<th>Effective Period</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4108</td>
<td>Multi-Service</td>
<td>065</td>
<td>03/18/20</td>
<td>0242</td>
</tr>
</tbody>
</table>

While these services are being rendered by the ICF/IID provider, Medicaid claims will be submitted using the existing rate code for in-house ICF/IID Day Services. All OPWDD day services have been established to be billed under the Home and Community Based Services (HCBS) Waiver multi-service provider ID, in line with the billing processes for all ICF/IID Day Services billed to the New York State Medicaid program via eMedNY. The revenue code will be used to identify the claim as an ICF/IID supplemental payment associated with the COVID-19 public health emergency. OPWDD is working with the New York State Department of Health (DOH) to load these fees for ICF/IID providers not currently providing the service. Your agency will receive notification from DOH when the fees are loaded and active for billing.

As OPWDD is authorizing claim submissions retroactive March 18, 2020, your agency may use delay reason code 15 for any claims related to this initiative that are beyond the typical 90-day timely billing requirement.

The SPA only allows for the payment of claims using rate code 4108 when there is no other ICF/IID Day Service claim billed on that day for an individual. Claim edits established in eMedNY will not allow payments for both services on the same day and will deny if there is already a day service claim in history for an individual. For individuals who were already receiving authorized in-house day services outside of this supplemental payment, billing should continue with the revenue code providers have been using on those claims.

3) Minimum Billing Standards and Service Documentation

The ICF/IID supplemental payment is to fund ICF/IID active treatment during daytime, weekday hours when the individual is not able to participate in the Day Treatment or ICF/IID Day Services provided by another facility. The ICF/IID provider must continue to document the active treatment services provided during the daytime hours in accordance with 42 CFR § 440.150 and with the individual’s CFA as defined in 42 CFR 483.440(c)(3). The individual’s CFA should be updated to reflect these provisions during the COVID-19 public health emergency.
4) Retroactive service Documentation

For services rendered prior to May 3, 2021, given the retroactive approval of this service, your agency must maintain a signed attestation that: (1) the individual was in the residence during daytime hours on any weekday that ICF/IID supplemental services were billed, and (2) agency staff provided active treatment services to the individuals in the residence during these daytime hours. The method and process for establishing the attestation for retroactive services will be left to the agency’s discretion, but it may be required to substantiate provision of services that are billed to Medicaid and should be available upon request from OPWDD or any other auditing entity.

Further Questions and Upcoming Webinar

OPWDD will be scheduling a webinar for ICF/IID providers and additional information will be forthcoming. Please send claim submission inquiries to central.operations@opwdd.ny.gov and questions regarding service documentation to peoplefirstwaiver@opwdd.ny.gov.