



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

**DATE:** November 18, 2020  
**FROM:** Ieisha Gray  
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**SUBJECT:** Tenth Update for Long Term Care Providers

**News since our last bulletin:**

- The LTCA Billing and Documentation Guidance document has been revised and is attached here for your reference. In these updates, DHCF is clarifying providers' obligations to remain in compliance with all relevant District and federal regulations governing your program. More detail can be found in the attached updated version of our guidance.

**ReOpen DC provider guidance:**

- The complete recommendations of the ReOpen DC advisory group can be found on DC's coronavirus resource website, <https://coronavirus.dc.gov/>. The report with recommendations can be accessed directly [here](#).
- We encourage all providers to review the recommendations report linked above as well as [setting-specific guidance](#) for like settings (e.g., [child care](#), schools) or other settings serving people who are elderly or disabled (e.g., [nursing facilities or assisted living facilities](#)) as examples, as well as any guidance that may be issued for vulnerable or other populations within the coming days. All guidance is published at <https://coronavirus.dc.gov/>.
- As a reminder for all providers, the latest (May 13) version of DC Health's Health Notice on Universal Masking and Healthcare Personnel Monitoring, Restriction and Return to Work can be located on their website [here](#).

**Additional reminders and resources:**

- For information about testing in general, and in-home testing for home-bound beneficiaries specifically, please contact the Public Health Laboratory:
  - [DFS-COVID19@dc.gov](mailto:DFS-COVID19@dc.gov)
  - (202) 727-8956 M-F 8:30 am-5:30 pm or (202) 868-6561 after-hours
  - <https://coronavirus.dc.gov/node/1465561>
  - Information about additional testing sites can be found at <https://coronavirus.dc.gov/testing>
- These Informational Bulletins are being archived on DHCF's website under the Long Term Care Administration tab. Informational Bulletin #6 contains the original version of the

Billing and Documentation Guidance issued to providers on April 22, 2020.

<https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>

## Nursing Facility Updates

- *Fee-For-Service (FFS) to Managed Care Organization (MCO) transfers.* DHCF transferred approximately 17, 000 beneficiaries from FFS Medicaid to Managed Care on October 1, 2020 to coincide with the effective date of our re-procured Managed Care Organization contracts. Our new Managed Care Organizations are:

- CareFirst Community Health Plan – (202) 906-8319
- MedStar Family Choice – (855) 798-4244
- AmeriHealth Caritas DC – (202) 408-4823

Part of the new MCO contract language includes a change in the responsibilities for enrolled beneficiaries residing in nursing facilities. Previously, the MCO covered a nursing facility stay for 30 consecutive days prior to the submission of a request to disenroll from managed care and return to FFS Medicaid, which covers long-term stays for those who meet NF Level of Care. The new contracts have extended that timeframe and MCOs will now cover NF stays for up to 90 consecutive days prior to submitting a request for disenrollment. The MCO and NF should work together from day one of admission to ensure that appropriate discharge and continued stay planning is completed timely.

- *Recertifications during the PHE.* All recertification periods are being extended by the Economic Security Administration (ESA) during the PHE to ensure continuation of Medicaid benefits. Please remember that a certification period is a maximum of 365 days and is not to be confused with an eligibility span which may be open-ended. This means that you do not need to submit a POF for a Liberty interRAI assessment during the PHE for recertification purposes. **You can confirm that an assessment is not needed by checking the Recertification Due Date on the beneficiary's Personal Summary Page in DCCC.** Assessment requests should continue to be submitted for those individuals who need a new assessment to assist with discharge planning, and for initial NF placements. All requests for assessment must be made by uploading a POF to DCCC. The only faxed requests that will be accepted are for individuals who are not previously known to Medicaid and are thus not yet entered be in DCCC. For these faxed requests, please indicate on the POF that it is an initial Medicaid assessment and that a profile needs to be created in DCCC by Liberty.
- *Comagine Continued Stay Reviews.* Comagine will continue to complete continued stay reviews (CSR) on a timeline of six months from the date of NF admission and annually thereafter. All facilities are required to notify Comagine of an admission, discharge or transfer so reviews can be conducted as required. Failure to do so could affect NF payment. If at any time a beneficiary does not appear to meet the NF criteria following a CSR by Comagine, Liberty will complete a face-to-face assessment utilizing the interRAI tool.
- *Electronic 1346 and 1445 forms.* All forms requesting a change in status by ESA must be completed electronically and submitted via QuickBase as of October 1, 2020. This process change included a simplification for transfer requests, and no longer requires both the discharging and admitting facilities to complete the change request. As of October 1, 2020, **only the admitting facility** must complete both the admission and discharge section of the 1346 form for transfers. As a reminder, when discharging to the community, please ensure that discharge paperwork is submitted to ESA on the date of discharge or the next business day so that the appropriate changes can be made to ensure community-based services are able to be initiated immediately.

### Skilled Services

- DHCF is continuing to pay an enhanced rate for COVID-19 quarantine cases as well as overtime rates for these cases. As a reminder, no overtime requests can be made for 24-hour skilled cases, only for those cases that do not have 24-hour coverage. When submitting requests to Comagine, all clinically pertinent documentation must be uploaded, or the request will not be approved.
- All requests for COVID-19 enhanced payments for skilled services must be submitted to Comagine along with supporting documentation.
- Please refer to the following link for details on skilled nursing services:  
<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=29-99>

### Liberty Assessment Requests

- DHCF – via our assessment contractor, Liberty Healthcare – continues to receive assessment requests that are inappropriately labeled as hospital discharges. As a reminder, the hospital discharge indicator is only for cases where an individual is in the hospital at the time of request. If they are in the community or already in a NF, this button **should not** be checked.
- If an individual would like other parties besides themselves and/or their guardian or authorized representative to participate in the assessment, please ensure that the appropriate contact information (name and telephone number) is included on the POF request, or as a note/comment in the DCCC Assessment Request. These additional participants (e.g. family member, case manager, personal care aide, etc.) must be approved by the beneficiary and/or guardian in advance. This is especially important for those individuals who may have particular conditions that could prevent them from participating fully in the assessment process.

### Reductions/Terminations

- As a reminder (and as noted in LTCA’s Informational Bulletin #5 from April 8, 2020), **DHCF will not effectuate any adverse actions terminating or reducing Medicaid eligibility or benefits during the public health emergency (PHE)** Practically speaking, this means that:
  - Waiver beneficiaries with an assessment indicating unmet level of care will **not** be terminated from the waiver and will not receive any notice of termination. Such notice will be issued subsequent to the termination of the PHE declaration.
  - Waiver or state plan beneficiaries assessed to require fewer hours of PCA services than they currently use will **not** have their hours reduced and will not receive a notice of same. Such notice will be issued subsequent to the termination of the PHE declaration.
  - Case managers for beneficiaries experiencing either of the above scenarios should pay attention to a note in the assessment details to this effect which clarify that reductions and/or terminations will not be effectuated during the PHE. **PCSPs should be created, submitted and approved in accordance with existing service levels in these cases;** and
  - Assessments confirming level of care, current service levels, or authorizing an increase in services will all be implemented according to normal process.

As always, we extend our thanks for your continued partnership and commitment to the care and safety of District residents in these challenging and unprecedented circumstances. We will continue to be in touch with updated information as it becomes available.