



Date: February 4, 2021

To: Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (ICF/IID) Program Providers

Subject: Information Letter No. 2021-05, Payments for Leave Due to the COVID-19 Pandemic

The Health and Human Services Commission (HHSC) is authorized by the Centers for Medicare and Medicaid Services to pay an ICF/IID program provider for up to 90 days if the program provider reserved a bed for a resident who took a temporary leave of absence during the period of March 20, 2020 through October 23, 2020 to reduce the risk of COVID-19 transmission. This leave, known as COVID-19 therapeutic leave, is in addition to therapeutic leave, extended therapeutic leave, and special leave that a resident may have taken during calendar year 2020. COVID-19 therapeutic leave is governed by 26 TAC §261.351, Emergency Rule Related to Leave During the COVID-19 Pandemic, effective January 29, 2021.

For a program provider to receive payment for COVID-19 therapeutic leave, a resident's individual program plan (IPP) must provide that the resident took the leave to reduce the risk of COVID-19 transmission. A program provider may add this information to a resident's IPP after the temporary leave of absence was taken and without having an interdisciplinary team meeting.

For a program provider to receive payment for COVID-19 therapeutic leave, the program provider must attest that, during the time period for which payment is requested, the program provider:

- did not lay off any staff members who were working on March 19, 2020 due to lack of work and
- paid staff wages and benefits at least at the levels that existed on March 19, 2020.

To receive payment for COVID-19 therapeutic leave, a program provider must also acknowledge that HHSC may recoup payments made to the program provider if HHSC determines that the program provider:

- received inappropriate or duplicate payments for services;
- received funding from any other source to pay for the days of COVID-19 therapeutic leave for which payment is requested;
- received revenue in the quarter of March - May, June - August, or September - November 2020, that exceeded revenue it received during the quarter of December 2019 – February 2020, or an alternative pre-pandemic period authorized in writing by HHSC based on a request from the program provider;
- made an attestation that is inaccurate; or
- did not comply with 26 TAC §261.351.

A program provider must complete and electronically submit an [HHS 1598-ICF](#) ICF/IID Bed Hold/Retainer Payment Attestation Form on or before the date the provider submits a claim for COVID-19 therapeutic leave. The form includes a submission button. A program provider will receive an email confirming that HHSC has received the form.

Form and Claim Submission

A claim for COVID-19 therapeutic leave taken during the period of March 20 through March 31, 2020 must be submitted on or before March 31, 2021. All other claims for COVID-19 therapeutic leave must be submitted on or before April 30, 2020 as outlined in the emergency rule.

To submit COVID-19 therapeutic leave, providers enter the leave on the Texas Medicaid & Healthcare Partnership Long-Term Care (LTC) Online Portal using the ASA code after completing and returning the required attestation. HHSC will limit the use of the ASA code to 90 days per individual by creating a client Hold record in the HHSC Service Authorization System (SAS). To submit the ASA code when an individual has not returned from extended leave, an Individual Movement (IMT)

Return must be entered for the current ATH and AEV combined leave so the provider can submit the ASA COVID-19 therapeutic leave IMT to begin on the same date. If the individual returned to the facility and there is already a return date entered, the provider can submit the COVID-19 therapeutic leave IMT using the ASA code.

If an ICF/IID provider intends to submit claims for the available 90 days of COVID-19 therapeutic leave, in whole or in part, and the provider already submitted an Individual Movement (IMT) form using the therapeutic leave and extended therapeutic leave (codes ATH and AEV) for the **same days**, then the ICF/IID provider must back out IMTs and submit new IMTs. This is only necessary if the provider needs to bill COVID-19 therapeutic leave for days the provider has already entered the ATH and AEV leave code combination.

Steps for Backing Out IMTs

An ICF/IID provider must follow these steps to back out IMTs and submit new IMTs:

- 1) Add a note to all IMTs that need to be backed out that says 'this record is invalid'.
- 2) Contact Provider Claims Services (PCS) at 512-438-2200, Option 1, to receive a fax number to send a list of affected residents.
- 3) Fax the complete list of all affected residents that includes the Client Name, Medicaid ID, CARE ID, Movement Type and Date.
- 4) After PCS staff notifies the provider that the applicable IMTs have been marked Invalid/Complete, submit new IMTs using the ASA code. PCS will provide this notification via phone call.
- 5) Enter a note in field **98 Comments** that says, 'ASA for COVID-19 related absence' on the new IMT Absence with absence type ASA.

- 6) Any paid claims for dates of service previously billed during the PHE timeframe will automatically adjust based on the new IMTs. An ICF/IID provider should monitor claims for reprocessing and must submit new claims for any dates of service not previously claimed.

NOTE: It is highly recommended to complete submission of new IMTs within the same week previous IMTs are backed out to avoid recoupment.

Examples of how leave should be entered for different circumstances are included with this information letter as an attachment.

Sincerely,

[signature on file]

Emily Zalkovsky
Deputy State Medicaid Director
Medicaid and CHIP Services

Attachment



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Attachment: Examples of How COVID-19 Therapeutic Leave Should Be Entered and Instructions on Locating the Emergency Rule on COVID-19 Therapeutic Leave

The following scenarios are only examples of how therapeutic leave can be entered for different circumstances. If you have a question about a specific situation, please contact Provider Claims Services (PCS) at 512-438-2200.

Example 1: A resident left a facility on April 1, 2020 to reduce the risk of COVID-19 transmission and has not returned. As outlined in the Medicaid State Plan, therapeutic leave and extended therapeutic leave may be combined for up to 13 days of paid leave while the individual was absent from the facility. To enter that leave, the program provider should have entered the ATH and AEV¹ codes (with a return date in between) as instructed by HHSC in the following alerts:

- Alert: [Providers Must Log Residents' Leave](#) with updated information published on June 5, 2020; and
- Alert: [Community-based ICF/IID Logging Extended Leave Update](#) published on June 30, 2020.

To bill for an additional 90 days of COVID-19 therapeutic leave, the provider enters a Return IMT for the ATH and AEV absence and enters an ASA IMT for the same date as the return to establish 90 additional billable days. If the return date was April 14, the provider may bill for COVID-19 therapeutic leave for April 14 – July 12, 2020.

Example 2: A resident left the facility on July 13, 2020 to reduce the risk of COVID-19 transmission and returned on July 20, 2020 (absent 6 full days). The provider should have entered AEV for the 6 days of leave. The resident left the

¹ Appendix IV, Resident Absences from a Non-State Operated ICF/IID
<https://hhs.texas.gov/laws-regulations/handbooks/appendices/appendix-iv-resident-absences-a-non-state-operated-icfiid>

facility again on September 1, 2020 to reduce the risk of COVID-19 transmission and returned on September 30, 2020 (absent 28 full days). The provider should have entered AEV for 4 days and ATH for 3 days for September 2-8 (7 full days). The resident left again on October 1, 2020 to reduce the risk of COVID-19 transmission and returned on October 30, 2020 (absent for 28 full days). The individual left again on November 15th to reduce the risk of COVID-19 transmission and returned on December 1, 2020 (absent 15 full days).

The provider may back out the IMTs for the 13 days of AEV and ATH leave used in July and September. This will restore the extended therapeutic leave, including the combination with therapeutic leave allowed once in calendar year 2020.

The provider can then enter COVID-19 Extended Therapeutic Leave for absences during July (6 days), September (28 days) and October 2-23 (22 days). COVID-19 therapeutic leave cannot be entered beyond October 23, 2020. The provider can then submit the AEV and ATH codes in combination for 13 days of the days the resident was absent, using the instructions in the June 30 alert.

Example 3: A resident is absent from a facility to reduce the risk of COVID-19 transmission in July for 30 full days and August for 15 full days but returned to the facility between those absences. The provider should have entered ATH and AEV combination for 13 days of leave for July and ATH for 3 days of leave in August. The resident left the facility again on November 22 and returned on December 28 (absent 35 full days).

The provider may back out the IMT for the 16 days of ATH and AEV entered in July and August. The provider can then enter COVID-19 Therapeutic Leave for 45 days in July and August. The provider enters the ATH and AEV combination for 13 days of leave for the absence in November and December.