



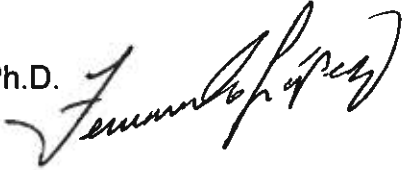
State of Louisiana

Louisiana Department of Health
Office of Aging and Adult Services

MEMORANDUM

OAAS-P-20-040

TO: LT-PCS & PAS Home and Community-Based Service (HCBS) Providers

FROM: Fernando Lopez-Evangelio, MHSA, Ph.D.
OAAS Assistant Secretary 

DATE: November 16, 2020

SUBJECT: Hazard Pay Policy and Procedures for PAS and LT-PCS Due to the COVID-19 Pandemic

This memorandum is to provide guidance on the Office of Aging and Adult Services (OAAS) Hazard Pay policies and procedures for Direct Service Workers (DSWs) during the declared COVID-19 emergency. The Louisiana Department of Health (LDH) has approved a Hazard Pay rate for DSWs providing **Personal Assistance Services (PAS) to participants in the Community Choices Waiver (CCW) and Long Term-Personal Care Services in the Adult Day Health Care (ADHC) Waiver**. DSWs who provide in-home services to participants who **either test positive for COVID-19 or participant who have to quarantine due to a household member testing positive for COVID-19** are eligible for this hazard pay rate for a specified period of time with some exceptions.

When Hazard Pay will NOT be Allowed:

- Hazard pay is NOT available to DSWs working in a home where a household member is isolating **but has NOT tested positive for COVID-19**.
- Participants that have become DSWs under the exception process will **NOT** be eligible for hazard pay. The hazard pay is to ensure DSWs who **normally** work with the participant(s) will continue to work during the period immediately following the positive COVID-19 test result.
- The following individuals who became DSWs for participants under the **COVID-19 exceptions** are **NOT** eligible for hazard pay:
 - Participant's spouse;
 - Participant's curator;
 - Participant's tutor;
 - Participant's legal guardian;
 - Participant's responsible representative; or
 - Participant's power of attorney.

Retroactive Payments:

Retroactive payments will be allowed for DSWs who **worked with participants who were diagnosed with COVID-19 or lived with someone (household member) that was diagnosed with COVID-19** on or after the pandemic declaration (March 21, 2020). Payments will be allowed based on data previously entered into LaSRS and validated by you, as the Home and Community-Based Services (HCBS) provider, that the DSW is eligible for the hazard pay. You must contact the Support Coordinator (SC) to verify that the positive COVID-19 test was previously reported.

Process for Current Reporting:

You must report to the SC that the participant has **tested positive for COVID-19 or that the participant must quarantine due to exposure to COVID-19** because a participant's household member has tested positive for COVID-19.

You may request hazard pay for a DSW that is working with a participant that has received a positive COVID-19 test or if a participant must quarantine due to exposure from a household member that tests positive for COVID-19 by completing the OAAS Request for Hazard Pay – HCBS Providers form attached to this memo.

You are required to verify if the DSW is eligible for hazard pay based on the OAAS Hazard Pay policy exceptions (See "When Hazard Pay will NOT be Allowed" section above.) Once you verify, you must fill out the table on the form, mark if the DSW(s) are eligible or ineligible, sign and date the form and forward the completed form to the SC.

NOTE: If you use a third party EVV system, you must enter the DSW's EVV ID on the table on the form.

Prior Authorization of Hazard Pay Units:

Once the SC receives the completed "Request for Hazard Pay" form from you, they will further process the form and verify if the DSW(s) are eligible or ineligible for hazard pay. If the DSW(s) are eligible for hazard pay, the SC will submit a hazard pay request in LaSRS per instructions provided in a separate memo.

- The hazard pay request will release hazard pay units for 14 calendar days from the date of the participant's household member's positive COVID-19 test.
 - If during the 14 calendar day quarantine, the participant has a positive COVID-19 test, then another 26 calendar days of hazard pay may be added.
 - Hazard pay will end after 14 calendar days if the participant does **NOT** get tested or if the participant's test is negative.
- The hazard pay request will release hazard pay units for 40 calendar days from the date of the participant's positive COVID-19 test.

- If the participant receives a negative COVID-19 test before the end of the 40 calendar days, the hazard pay will end on the date of the negative test.
- **No more than 40 calendar days of hazard pay will be allowed for a single participant.**

Once the hazard pay details are entered into LaSRS, Statistical Resources, Inc. (SRI) will issue a Prior Authorization (PA) for the same number of units initially released for the eligible DSW during the specified timeframe.

The Support Coordination Agency (SCA) will forward a copy of the completed form to the provider and the OAAS Regional Office.

Important Points:

- Providers and SCs must communicate and have accurate dates of COVID-19 exposure and testing, including test results.
- **Quarantined due to Exposure** is defined as the participant living with someone (household member) who has received a positive COVID-19 test.
- COVID-19 information must be in LaSRS.
- COVID-19 information must be verified by the SC.

Payment Criteria:

- You will be able to bill up to \$.79/per unit for each 15-minute period the approved DSW worked with the participant during the period after a positive COVID-19 test result was received.
- A minimum of \$.50 per 15-minute unit must be paid to the DSW. OAAS reserves the right to review and audit all records related to the hazard pay and may assess penalties/recoupment for non-compliance.
- **You CANNOT bill these units if the DSW will NOT be paid the hazard pay.**

Procedure Codes:

Statistical Resources, Inc. (SRI) will release the same number of units of S5125 CR or T1019 UB CR as was released for the regular S5125 or T1019 UB services recorded in LaSRS for the time frame and DSWs that were approved.

| Personal Assistance Services (PAS) - Community Choices Waiver (CCW) | | | |
|--|-------------------|-----------------|----------------------|
| HCBS Service Description | HIPAA Code | Modifier | Unit |
| Personal Assistance Services – Hazard Pay | S5125 | CR | 15 minutes \$0.79 |

| Long Term – Personal Care Services (LT-PCS) with the ADHC Waiver | | | |
|---|-------------------|-----------------|----------------------|
| HCBS Service Description | HIPAA Code | Modifier | Unit |
| Long Term-Personal Care Services Hazard Pay | T1019 | UB CR | 15 minutes \$0.79 |

Refer to the latest updated Community Choices Waiver Fee Schedules at the link below:
https://www.lamedicaid.com/Provweb1/fee_schedules/OAAS_Fee.htm

Refer to the latest updated LT-PCS Fee Schedule at the link below:
https://www.lamedicaid.com/Provweb1/fee_schedules/OAAS_Fee.htm

If you have any questions, please contact OAAS.ProviderRelations@la.gov.

- c: Medicaid Program Support and Waivers
Statistical Resources, Inc.
Support Coordination Agencies (SCAs)
OAAS Regional Offices

Attachment – OAAS Request for Hazard Pay – HCBS Providers Form

OAAS Request for Hazard Pay – HCBS Providers

| Participant's Name: (List only 1 participant per form.) | Direct Service Workers (DSWs) Eligible for Hazard Pay (Print first and last name): | *Third Party EVV DSW Employee ID: | TO BE COMPLETED by the HCBS provider: | | TO BE COMPLETED by OAAS (for LT-PCS ONLY) or the SC (after verified by the provider): | |
|--|---|-----------------------------------|---------------------------------------|-------------------------------------|---|-------------------------------------|
| | | | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible |
| | | | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible |
| | | | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible |
| | | | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible | <input type="checkbox"/> Eligible | <input type="checkbox"/> Ineligible |

***The Employee ID is required ONLY for providers who use a third party EVV system. The Employee ID must match the information transmitted to LaSRS by the third party EVV system.**

I understand that ONLY COVID-19 positive tests reported to the **SC (for OAAS Waivers)** OR to **OAAS (for LT-PCS outside of ADHC Waiver)** will be considered for the hazard pay process for DSWs.

I understand that the following individuals who became DSWs under the **COVID-19 exceptions** are **NOT** eligible for hazard pay:

- Participant's spouse;
- Participant's responsible representative;
- Participant's tutor;
- Participant's legal guardian;
- Participant's curator; or
- Participant's power of attorney

I have verified that the DSW(s) listed above are eligible or ineligible for hazard pay based on the OAAS Hazard Pay policy/criteria and marked the appropriate box in the table above.

Provider Representative's Signature

Date

Provider Representative's Name and Title (Printed)

SCA Representative's/OAAS Representative's Signature

Date

SCA Representative's/OAAS Representative's Name and Title (Printed)

To Be Completed by SCA/OAAS ONLY:

| LaSRS Positive COVID-19 Test Date: | # of Days Released (14 or 40) | End Date (add 14 or 40) to COVID-19 Test Date: | Signature of SC Supervisor Completing Data Entry: |
|------------------------------------|-------------------------------|--|---|
| | | | |

SCA – A copy of final completed form must be sent to OAAS RO and provider.