



## **Home and Community-Based Services (HCBS) Retainer Payment Request Guidelines**

At the beginning of the COVID-19 pandemic, the federal DHHS declared a PHE and relaxed certain requirements to ensure Medicaid members could continue to access healthcare services. The federal DHHS has declared that the PHE will end on May 11, 2023.

**All the information below remains accurate through May 11, 2023.**

In response to the COVID-19 pandemic’s impact on the provision of Section 18, 20, 21, and 29 Services, per PL 2021, ch. 1, Sec. A-16, *An Act To Make Supplemental Appropriations and Allocations for the Expenditures of State Government and To Change Certain Provisions of the Law Necessary to the Proper*

*Operations of State Government for the Fiscal Year Ending June 30, 2021*, and as approved by the federal

Centers for Medicare & Medicaid Services (CMS) in Maine’s amended 1915(c) HCBS waivers with the Emergency Preparedness and Response Appendix K, Maine will issue retroactive retainer payments to providers of select services within the following four waivers:

<b>Waiver Title and CMS Amendment Control Number</b>	<b>Corresponding Section of MaineCare Policy</b>	<b>Select Services</b>
Home and Community-Based Services for Members with Brain Injury, ME.1082.R01.06	Section 18	T2015 Career Planning T2019 Employment Specialist Services S5102 Work Ordered Day Clubhouse H2023 Work Support
Home and Community-Based Services for Adults with Other Related Conditions, ME.0095.R01.08	Section 20	T2015 Career Planning T2019 Employment Specialist Services H2023 Work Support T2021 Community Support
Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, ME.0159.R07.04	Section 21	T2015 Career Planning T2019 Employment Specialist Services H2023 Work Support T2021 Community Support

Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder, ME.0467.R02.07	Section 29	T2015 Career Planning T2019 Employment Specialist Services H2023 Work Support T2021 Community Support
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The Department will make retainer payments based on any provider losses demonstrated by the difference in monthly payment amounts made to the provider for October, November, and December 2019 compared to the monthly payment amounts made to the provider for services delivered in October, November, and December 2020. The retainer payments will be net of any public funds the provider has received to offset lost MaineCare revenue in October, November, and December 2020 for the services listed in the table above. Examples of such public funds include, but are not limited to, unemployment benefits and Small Business Administration loans. MaineCare will calculate lost revenue separately for each month, reduce the amount of lost revenue for each month by the public funding received for each month as described above, then make a payment in one lump sum for all eligible months. If there is an individual month in which the provider gained revenue from 2019 to 2020, that gain will be counted as zero dollars and will not reduce the payment for lost revenue in other months. For an illustration of how MaineCare will calculate payments, please see [these examples](#).

### How to apply

- † Please complete the signed attestation form on pages 3 and 4 of this document and submit to [hcbsretainer.DHHS@maine.gov](mailto:hcbsretainer.DHHS@maine.gov) by Sunday, June 5, 2022. Early submissions are appreciated to facilitate the Department’s review and payment to providers.
- † If you received any public funds that you used to offset lost MaineCare revenue for October, November, or December 2020 for the services listed in the table on page 1, please include those monthly amount of public funding on the attestation form. If you did not receive any public funds to offset lost MaineCare revenue, you do not need to include information about public funds on the attestation form.
- † The Department will review these forms for completeness and accuracy. Incomplete forms will be returned to the provider unprocessed.

### Payment and documentation

- † Providers will receive a single payment as part of the provider’s weekly payment cycle, and it will be indicated as an “OTHER” payment on the Summary page of the remittance advice (RA). If the provider is not being reimbursed for any claims that week, the provider will still receive the retainer payment, but without a remittance advice (RA). For providers receiving an electronic 835 remittance, the invoice number will have a special prefix which will be included in the emessage (noted below), along with the payment date.
- † Providers must retain, maintain, and make available to a state or federal audit authority, or any other authorized third-party reviewer upon request, copies of this request

(including attestations and attachments) as well as receipt of the ensuing retainer payment.

- † Providers may contact Provider Relations Specialist, Tammy Usher, via email at [Tammy.1.usher@maine.gov](mailto:Tammy.1.usher@maine.gov) if they have questions about their payments or require additional documentation.
- † We currently anticipate that payments will be made by the end of July 2022, and we will follow up via e-message when we have a more specific date.

## **Home and Community-Based Services (HCBS)**

### **Retainer Payment Attestations**

Retainer payments are subject to several controls, or conditions. If the provider cannot attest to all controls listed below (#s 1-7), the provider is not eligible to receive a retainer payment. Further, the attestation form, documentation of claims, and receipt of associated retainer payments are subject to audit by CMS and/or the State.

By initialing each line (#s 1-7) and signing/dating below, the provider attests to CMS and the State that the following controls have been met for the entity named within this attestation in order to submit a claim for a retainer payment:

#### *Provider Initials*

- \_\_\_\_\_ 1. The provider acknowledges that retainer payments will be subject to recoupment if inappropriate billing or duplicate payments for services or duplicate uses of available funding streams occurred, as identified in a state or federal audit or any other authorized third-party review.
- \_\_\_\_\_ 2. The provider attests that the entity named in this attestation for which retainer payments are requested, did not engage in any inappropriate billing, or submit a claim for duplicate payments for services provided.
- \_\_\_\_\_ 3. The provider attests that the requested amount of the retainer payment does not exceed payment for the relevant service.
- \_\_\_\_\_ 4. The provider attests that beginning on March 1, 2020 and continuing throughout the duration of the Appendix K period, the provider did not lay off staff and maintained wages at existing levels. The provider acknowledges that, if any staff providing the relevant service were laid off during the retainer period, the provider has reported the compensation and fixed costs associated with those laid off staff, and the Department will reduce the amount of any retainer payment by that amount.

\_\_\_\_\_ 5. The provider attests that beginning on March 1, 2020 and continuing throughout the duration of the Appendix K period, the provider did not receive any funding from other public sources, including but not limited to, unemployment benefits and Small Business Administration loans, that would exceed their revenue for the last full quarter prior to the PHE, or that the retainer payments at the level provided by the state would not result in their revenue exceeding that of the quarter prior to the PHE.

\_\_\_\_\_ 6. The provider acknowledges that if a provider had not already received revenues in excess of the pre-PHE level but receipt of the retainer payment in addition to those prior sources of funding results in the provider exceeding the pre-PHE level, any retainer payment amounts in excess would be recouped.

*(continued on next page)*

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\_\_\_\_\_ 7. The provider acknowledges that if they have already received revenues in excess of the pre-PHE level, retainer payments are not available.

***Public Funding Received***

Please only include the amount of public funding received that was used to offset lost MaineCare revenue for the services specified in the table above for the services eligible for retainer payments.

<b>Month</b>	<b>Public Funding</b>
October 2020	\$
November 2020	\$
December 2020	\$

***Laid of Staff Costs***

Please only include the amount of compensation and fixed costs associated with any staff layoffs during the retainer period.

<b>Compensation</b>	<b>Fixed Costs</b>
\$	\$

***Provider Information***

<b>Provider Name:</b>	<b>*NPI +3:</b>

Name & Title:
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Signature & Date:
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\* Please include all service locations in which a retainer payment is requested