



## **COVID-19 PROVIDER NOTIFICATION**

### **Long Term Care – Expanded Services**

Molina Healthcare is committed to providing our members and providers with the most updated COVID-19 information. With the elderly population being at greater risk of exposure, we would like to do what we can to assist in curbing the spread of Coronavirus in our Long-Term Care facilities.

This notice serves to let our providers know that any Long Term Care Facility that is required to close due to any Florida Declaration of Emergency applicable to COVID-19 that requires expanded services listed below may do so until further notice.

#### **What this means to you?**

- Effective March 20, 2020, authorizations have been temporarily lifted, and until further notice, Long Term Care Providers are eligible to render expanded LTC services (as specified below) in the enrollee's home during the state of emergency.

#### **List of Long-Term Care Expansion Services:**

| <b>Temporary Expansion of LTC Service Providers</b> |                                    |
|---|------------------------------------|
| <b>LTC Covered Services</b>                         | <b>Eligible LTC Providers</b>      |
| <b>Adult Companion</b>                              | Adult Day Health Care Center       |
|   | Independent Registered Nurse       |
|   | Licensed Practical Nurse           |
|   | Older Americans Act (OAA) Provider |
| <b>Attendant Care</b>                               | Adult Day Health Care Center       |
|   | Community Care for the Elderly     |
|   | Health Care Service Pool           |
| <b>Behavior Management</b>                          | Nurse Registry                     |
| <b>Homemaker</b>                                    | Independent Registered Nurse       |
|   | Licensed Practical Nurse           |
| <b>Home Delivered Meals</b>                         | Adult Day Health Care Center       |
| <b>Intermittent and Skilled Nursing</b>             | Adult Day Health Care Center       |
|   | Center for Independent Living      |
|   | Community Care for the Elderly     |
|   | Health Care Service Pool           |
|   | Independent Registered Nurse       |
|   | Licensed Practical Nurse           |
|   | Nurse Registry                     |



|                                  |  |
|----------------------------------|--|
| <b>Medication Administration</b> | Adult Day Health Care Center                             |
|                                  | Participant Direction Option <sub>1</sub> (see footnote) |
| <b>Medication Management</b>     | Adult Day Health Care                                    |
|                                  | Participant Direction Option <sub>2</sub> (see footnote) |
| <b>Personal Care</b>             | Adult Day Health Care Center                             |
|                                  | Health Care Service Pool                                 |
|                                  | Independent Registered Nurse                             |
|                                  | Licensed Practical Nurse                                 |
|                                  | OAA Provider   |
| <b>Respite Care</b>              | Case Management Agency                                   |
|                                  | Health Care Service Pool                                 |
|                                  | Participant Direction Option                             |

### **Your responsibility**

- You are required to notify Molina Healthcare Services Department, via email [mfl-ltc-solutions@molinahealthcare.com](mailto:mfl-ltc-solutions@molinahealthcare.com) and include the following:
  - Business Name, Tax ID Number, and NPI
  - List of expanded services being performed by your facility

You may also communicate with your Molina Case Manager for coordination of these services.



## **Reporting of Fraud, Waste & Abuse/Non-Compliance**

Molina Healthcare of Florida seeks to uphold the highest ethical standards for the provision of health care benefits and services to its members. Federal and state resources dedicated to the prevention and detection of health care fraud have increased substantially in the past few years as part of the effort to control federal program expenditures. Molina Healthcare of Florida is committed to working with federal and state regulatory and law enforcement agencies to help prevent and detect fraud, and to recover funds paid for fraudulent claims.

We offer you the following options to report suspicion of fraud, waste, and abuse or instances of non-compliance. You have the right to report your concerns anonymously and without fear of retaliation.

- You may report suspected cases of fraud and abuse to Molina's AlertLine at: 866-606-3889. or by contacting the Compliance Officer at [MFL\\_Compliance@MolinaHealthCare.Com](mailto:MFL_Compliance@MolinaHealthCare.Com). You may also report potential FWA online at: <https://molinahealthcare.alertline.com>

To submit written report to Molina Healthcare of Florida via mail or fax:

### **Compliance Officer**

Molina Healthcare of Florida  
8300 NW 33rd St, Suite 400  
Doral, Florida 33122  
Confidential Fax: 866-440-8591

- You may also report directly to the Florida Medicaid Consumer Complaint Hotline at: 888-419-3456. [https://apps.ahca.myflorida.com/InspectorGeneral/fraud\\_complaintform.aspx](https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx)



### Billing Guidelines for Expanded Services

Please know that a claim will need to be submitted to Molina Healthcare for the extended services listed below.

| Temporary Expansion of LTC Service Providers |       |   |          |              |           |
|--|-------|---|----------|--------------|-----------|
| LTC Covered Services                         | Code  | Service Description   | Modifier | Unit Measure | Allowable |
| <b>Adult Companion</b>                       | S5135 | Adult Companion Services  |          | 1/4 hr       | \$3.75    |
| <b>Attendant Care</b>                        | S5125 | Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity. Unskilled attendant care must have supervision provided by a registered nurse, licensed to practice in the state. |          | 1/4 hr       | \$12.00   |
| <b>Home Delivered Meals</b>                  | S5170 | Home Delivered Meals Frozen meal (Standard, Latin, Diabetic, Latin Diabetic, Low Salt, Low Fat, Mechanically Soft)  |          | 1 Meal       | \$5.50    |
|  | S5170 | Home Delivered Meals - Hot Meal   | U2       | 1 Meal       | \$5.75    |
|  | S5170 | Home Delivered Meals Pureed   | U1       | 1 Meal       | \$6.50    |

|   |       |  |    |       |         |
|---|-------|--|----|-------|---------|
| <b>Intermittent and Skilled Nursing BSN</b> | T1002 | The scope and nature of these services do not differ from skilled nursing furnished under the State Plan. This service includes the home health benefit available under the Medicaid state plan as well as expanded nursing services coverage under this waiver. Services listed in the plan of care that are within the scope of Florida's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Skilled nursing services must be listed in the enrollee's plan of care and are provided on an intermittent basis to enrollees who either do not require continuous nursing supervision or whose need is predictable. | HN | Visit | \$60.00 |
| <b>Intermittent and Skilled Nursing RN</b>  | T1002 | The scope and nature of these services do not differ from skilled nursing furnished under the State Plan. This service includes the home health benefit available under the Medicaid state plan as well as expanded nursing services coverage under this waiver. Services listed in the plan of care that are within the scope of Florida's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Skilled nursing services must be listed in the enrollee's plan of care and are   |    | Visit | \$50.00 |



|   |       |  |  |       |         |
|---|-------|--|--|-------|---------|
|   |       | provided on an intermittent basis to enrollees who either do not require continuous nursing supervision or whose need is predictable.  |  |       |         |
| <b>Intermittent and Skilled Nursing LPN</b> | T1002 | The scope and nature of these services do not differ from skilled nursing furnished under the State Plan. This service includes the home health benefit available under the Medicaid state plan as well as expanded nursing services coverage under this waiver. Services listed in the plan of care that are within the scope of Florida's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Skilled nursing services must be listed in the enrollee's plan of care and are provided on an intermittent basis to enrollees who either do not require continuous nursing supervision or whose need is predictable. |  | Visit | \$40.00 |



|                                  |       |   |    |        |         |
|----------------------------------|-------|---|----|--------|---------|
| <b>Medication Administration</b> | T1502 | Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by BSN   | HN | Visit  | \$60.00 |
|                                  | T1502 | Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by RN  | TD | Visit  | \$50.00 |
|                                  | T1502 | Medication Administration, administration of oral, intramuscular, and/or subcutaneous medication by LPN   | TE | Visit  | \$40.00 |
|                                  | T1503 | Medication Administration, administration of medication, other than oral and/or injectable by BSN   | HN | Visit  | \$60.00 |
|                                  | T1503 | Medication Administration, administration of medication, other than oral and/or injectable by RN  | TD | Visit  | \$50.00 |
|                                  | T1503 | Medication Administration, administration of medication, other than oral and/or injectable by LPN   | TE | Visit  | \$40.00 |
| <b>Medication Management</b>     | H2010 | Medication Management, Comprehension Medication Services, BSN   | HN | Visit  | \$60.00 |
|                                  | H2010 | Medication Management, Comprehension Medication Services, RN  | TD | Visit  | \$50.00 |
|                                  | H2010 | Medication Management, Comprehension Medication Services, RN  | TE | Visit  | \$40.00 |
| <b>Personal Care</b>             | T1019 | A service that provides assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. This service includes assistance with preparation of meals but does not include the cost of the meals. This service may also include housekeeping chores such as bed making, dusting |    | 1/4 hr | \$4.50  |



|                     |       |   |  |        |        |
|---------------------|-------|---|--|--------|--------|
|                     |       | and vacuuming, which are incidental to the care furnished or are essential to the health and welfare of the enrollee, rather than the enrollee's family |  |        |        |
| <b>Respite Care</b> | S5150 | Respite (in-home) Services<br>Max Limit 96 units per day (24 hours)   |  | 1/4 hr | \$4.00 |