

## **COVID-19 Emergency Guidance (updated 3-25-20)**

In order to protect the health, safety, and welfare of Home and Community Based Services (HCBS) participants, the Division of Senior and Disability Services (DSDS) has provided an outline for programmatic flexibility in delivery of services due to the COVID-19 pandemic. Providers should use professional judgement and current staff capacity to decide what programmatic flexibility may be necessary in order to ensure participant welfare.

### **Assessments/Reassessments**

Effective immediately, all assessments completed by DSDS or Type 27 providers shall be conducted via telephone. This measure is being put in place in order to minimize any unnecessary exposure to those we serve, many of whom fall into a COVID-19 high risk category. Before an assessment is completed with a participant, DSDS staff or Provider 27 reassessors shall attempt to verify the participants identify by asking their date of birth and last four (4) digits of their Social Security Number. If an individual refuses to give the information, this should be documented in case notes.

Type 27 Providers shall follow existing claims procedures to be reimbursed for reassessments completed via telephone.

At this time, required forms and other necessary documents shall be discussed with HCBS participants or their designee via telephone. The Physician notification form (HCBS-11) does not need to be completed at this time. Participant or designee acknowledgment shall be accepted verbally by telephone for all documents/ forms. Verbal signatures must be documented with the acknowledging party's name with a case note: "via telephone." Please list documents/forms reviewed and signed via telephone in the case note. These blank documents/forms do not need to be uploaded into Web Tool.

No mailings are necessary at this time unless specifically requested by the participant or their designee.

Self-direction determination may also be conducted via telephone. Assessors should only utilize the Self-direction Questionnaire via telephone. Adverse action should only be sent for those that are obviously impaired.

If Type 27 Providers are unable to complete reassessments due to staffing shortages or other issues, providers shall notify the appropriate Person- entered Care Planning (PCCP) team in a timely manner.

PCCP Teams: <https://health.mo.gov/seniors/homecomservices/pdf/BHCS-EvalTeam.pdf>

### **Service Delivery**

As health care providers, HCBS providers are expected to continue delivering services as authorized to participants at this time.

### **Safety**

Providers of Home and Community Based Services are encouraged to review COVID-19 safety precautions and transmission information on the [DHSS website](#).

In an effort to protect Missouri's most vulnerable populations, providers of in-home service providers are reminded to screen staff to ensure they are free of communicable diseases per the code of state regulations. Staff who have signs and symptoms described in CDC guidance should not report to work.

In the event a participant is confirmed or presumed to be COVID-19 positive, the provider shall continue providing care as needed while following CDC guidance for precautions. Providers should evaluate all available options, including the use of family members or friends, in the event a participant's needs cannot be met. If there is still a need for services after this evaluation, contact the appropriate [Person Centered Care Planning \(PCCP\)](#) team.

### **Tasks UPDATED 3/25/20**

Providers may limit service delivery to essential services if needed due to staffing shortages or in order to limit exposure to COVID-19. If a provider limits service delivery, they should coordinate directly with participants to best meet their needs and preferences regarding care plan delivery. For example, a participant may prefer to limit exposure to personal care aides and therefore agree to a temporary reduction in services.

Providers able to meet the needs of participants may deliver any necessary tasks within the total authorized unit limit, even if the specific tasks are not listed on the current care plan. The [Person Centered Care Planning \(PCCP\)](#) team should only be notified if an INCREASE in total units is needed as it is anticipated there will be a high volume of requests during this period.

For state plan personal care participants (agency-model and consumer-directed) receiving services in their home, providers also have the option to conduct telephone checks for participants in order to ensure their health, safety and welfare in these circumstances. (i.e. additional time to go over back-up plans, checking on symptoms prior to sending an aide, general questions related to resource needs during COVID-19 and the stay-at home order, and/or the participant is refusing services due exposure risk or there are staffing limitations so multiple phone checks are needed, etc.). These services are in addition to and - not in lieu of telephone nurse visits discussed below.

An [example form](#) developed by fellow providers has been attached for you to utilize if you choose but is not required. Telephone checks should be documented by the provider/vendor by following normal timesheet guidelines. For task, indicate – telephone check. (See separate section for signature guidance).

Up to five (5) hours or 20 units per month of personal care can be utilized (above the normal authorization level) for each participant to complete these vital checks. Additional details on billing is forthcoming in the days ahead. Please do not bill for these units until this guidance has been provided. As with all COVID-19 related emergency guidance, effective dates will be retroactive to the date of the emergency declaration by Governor Parson. Please do not contact the local PCCP team regarding billing questions.

### **Referrals/Care Plan Change Requests**

Due to high call volumes and electronic requests the PCCP team is experiencing delays. DSDS is working quickly to develop staffing solutions to improve processing time. Send all referrals or care plan change requests via email or fax. Decreased call volume will allow requests to be processed more quickly.

The following are forms that may be utilized:

- [Referral Form](#) - used to refer new participants

- [Provider Communication Form](#) – used for all change requests for current participants

### **Nonessential Emergent Medical Transportation (NEMT)**

In the event that NEMT is unavailable to provide transportation to medical appointments due to staffing shortages, the HCBS provider or the participant's family/friend may complete this task and request mileage reimbursement through NEMT for this purpose.

### **Curfew/Quarantine UPDATED 3/25/20**

Certain areas of the state are enforcing curfew/quarantine (shelter in place) restrictions. Health care providers are not subject to curfews/quarantine when delivering essential health care services, this includes in-home and CDS providers. Please continue to provide HCBS to participants. All provider staff are encourage to carry this curfew/quarantine exemption [letter](#) to avoid any potential care interruptions. If you are unable to print the letter, we encourage you to take a photo of it on your phone to have with you.

### **Staffing Shortages**

It is anticipated some providers may be unable to continue serving a participant due to staffing shortages. If a provider is unable to continue providing care to a participant to meet their essential needs and the participant does not have a backup plan, the provider shall contact the [PCCP team](#) immediately, so the state can address the participant's needs.

### **Electronic Visit Verification (EVV)**

EVV exception documentation will not be required as providers may not have time to set up/train new participants and aides in order to provide care in a timely manner. Additionally, EVV requirements may be waived for shopping/errands as providers may need to assist multiple participants at one time.

## **Caregiver Requirements**

### **Eligible Caregivers**

Family members and household members (spouse and legal guardian excluded at this time) will be eligible to be hired as an aide to provide the care if no aide is available. This will be extremely critical in situations where a participant may be diagnosed with COVID-19 and the member of the household or family is the only willing individual to provide care. Family Care Safety Registry (FCSR) filing is still required (see below for further guidance).

Experience/certification requirements for employees providing direct care except those providing Authorized Nurse Visits will be waived. Graduate nurses may be hired to complete authorized nurse visits.

## **Training and Oversight**

All training and annual oversight visit requirements will be suspended. Providers are expected to train each individual on the person-specific needs of each participant they will begin serving via telephone or other means.

## **Family Care Safety Registry (FCSR) UPDATED 3/25/20**

The state will waive the requirement for the FCSR background check to be returned prior to the start of the individual providing care as it is anticipated there may be a delay in background check processing. The provider shall file the FCSR request prior to the aide providing care, and the aide/attendant may begin providing care immediately. If a potential aide/attendant requires a Good Cause Waiver, the state will waive the requirement for the waiver to be returned prior to the individual providing care. Providers shall only make this exception for crimes that are typically waived with the Good Cause Waiver.

## **Nurse Visits**

### **General**

Graduate Nurses may be hired to complete Authorized Nurse Visit tasks. Family Care Safety Registry filing is still required (see above for further guidance).

### **General Health Evaluations**

At this time, GHEs may be conducted via telephone or tele-monitoring. Required and other necessary documents shall be discussed with HCBS participants or their designee via telephone. Participant or designee acknowledgement shall be accepted verbally and documented in the HCBS Web Tool. The GHE shall continue to be uploaded to the Web Tool.

Portions of the GHE will not be able to be completed via telephone. Providers are encouraged to use professional judgment to discuss the participant's current condition and conduct a face-to-face visit, if necessary.

### **Advanced Personal Care (APC) Evaluation**

At this time, The Authorized Nurse Visit task Evaluate Advanced Personal Care may be conducted via telephone or tele-monitoring. Providers are encouraged to use professional judgment to determine whether a face-to-face visit or other appropriate follow up is needed.

## **Medication Set Up UPDATED 3/25/20**

Note: This only pertains to Authorized Nurse Visits for Medication Set Up in the participant's home

The Center for Disease Control and Prevention (CDC) recommends individuals maintain a 14-day supply of medications. Where possible, the Medication Setup task through Authorized Nurse Visits may be expanded to allow for up to a 21-day supply of medications if the participant has this amount of medication supply on hand. (Please note: Pharmacies must adhere to current dispensary and prescription guidance and are not able to fill more than 2 weeks in advance.) DSDS encourages providers to assist in this effort in preparation for potential service delivery barriers.

## **Authorized Nurse Visits**

For all Authorized Nurse Visits, providers are encouraged to use professional judgment to determine whether a face-to-face visit is needed in order to complete the task. For example, if medications have been physically set up for two or three weeks, telephone or tele-monitoring can be used to check on clients on weeks that it is not necessary for the provider nurse to go to the home for medication set-up.

## **Adult Day Care**

### **General Guidance**

Adult Day Care (ADC) facilities are encouraged to remain open for as long as safely possible. At this time, there are no restrictions or directives for ADC Facilities to close in any location of the state. or ADC closure.

In the event an ADC Facility anticipates closure, the ADC shall notify the appropriate **Person Centered Care Planning (PCCP)** team in order to effectively plan for participants' care. It is the responsibility of the ADC to communicate with the PCCP team regarding participants who do not have a backup plan in place to receive care due to the ADC closure. ADC Facilities shall also notify Shay Patterson, Licensure and Certification Manager, of temporary or permanent ADC closure as a result of COVID-19 via e-mail at **Shay.Patterson@health.mo.gov**.

ADC Facilities are encouraged to notify the appropriate **PCCP team** if there is capacity to take on additional participants.

### **Transportation**

ADC Facilities may choose to waive their transportation service and implement a drop-off/pick-up process throughout the COVID-19 outbreak. This decision is at the discretion of the ADC Facility.

### **Respite Care**

DSDS and the Department of Social Services, Missouri Medicaid Audit and Compliance (MMAC) have partnered to take steps to ensure continued service delivery to Adult Day Care (ADC) participants during the ongoing COVID-19 outbreak. Effective immediately, DSDS is extending the opportunity to ADC Facilities to provide Respite Care to participants who would ordinarily travel to an ADC facility, but are unable to do so due to COVID-19 concerns.

Respite Care services are maintenance and supervisory services provided to a participant in the individual's residence to provide relief to the caregiver(s) that normally provides the care.

Respite time may be delivered equal to the currently authorized ADC hours. In explanation, ADC Facilities may bill for Basic Respite Care units up to the maximum of units authorized for ADC. For example, an ADC participant with 300 units of ADC services may receive up to 300 units of Respite Care. ADC Facilities shall only bill for services delivered.

The respite care rate is \$4.09 per 15 minute unit. Guidance regarding billing will be coming in the near future. Please do not contact the PCCP team regarding billing or authorization related to this.

## **Residential Care Facilities/Assisted Living Facilities (RCF/ALF)**

Due to CDC recommendations to restrict congregate dining related to the COVID-19 outbreak (see link below), all HCBS participants residing in a RCF/ALF may receive an additional three (3) units of personal care dietary assistance per day. For those HCBS participants currently residing in an RCF/ALF who do not currently receive dietary assistance, three (3) total units of personal care dietary assistance per day shall be authorized in addition to the currently authorized care plan.

Please do not contact the PCCP regarding this increase. DSDS is centrally coordinating the process to authorize the additional dietary personal care units.

Guidance regarding billing will be coming in the near future. Please do not contact the PCCP team regarding billing or authorization related to this.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#interim-guidance>

## **Provider Operations**

### **General**

Provider offices can close and staff may work remotely. Providers shall maintain phone availability to ensure participants, caregivers, and the Department are able to communicate with the provider regarding participant needs.

### **Personal Protective Equipment (PPE)**

Providers should contact their Local Public Health Association (LPHA) to request PPE once their normal supplier has been exhausted. PPE should only be used in appropriate normal circumstances or if a participant is positive for COVID-19 or under investigation for a positive diagnosis as supplies are limited.

See [DSDS webpage](#) for further PPE request information.

### **Adult Protective Services NEW 3/25/20**

Providers should explore all alternative options for participants refusing services before making a hotline to Adult Protective Services. Alternate services could include dropping of medications/meals at the door or telephone checks. Delivery of meals, medications and telephone checks in these circumstances are considered billable time. See above regarding telephone checks for additional details.

## **Questions**

Due to high call volumes and DSDS staffing shortages, additional questions should be sent via email to [LTSS@health.mo.gov](mailto:LTSS@health.mo.gov).