

COVID-19 Emergency Guidance

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.

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

At this time, required and other necessary documents shall be discussed with HCBS participants or their designee via telephone. Participant or designee acknowledgment shall be accepted verbally by telephone. Verbal signatures must be documented with the acknowledging party's name with a case note: "via telephone."

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

If Type 27 Providers are unable to complete reassessments due to staffing shortages or other issues, providers shall notify the appropriate Person Centered 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.

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, 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 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 of the 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)

The state will waive the requirement for the FCSR background check to be returned prior to the individual to start 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.

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

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 a 21-day supply of medications. DSDS encourages providers to assist in this effort in preparation for potential service delivery barriers.

Provider Operations

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.

Questions

Due to staff capacity, phone coverage is low. Please direct all questions to DSDS by email at ltss@health.mo.gov.