



Office of Long-Term Living COVID-19 Update

March 26, 2020

Agenda

- Long-Term Services and Supports (LTSS) Activities and Guidance
 - Service Coordination Priorities
 - LTSS Provider Recommendations
 - Community HealthChoices Managed Care Organization (CHC-MCO) Updates
 - LIFE Program Updates
 - Enrollment Updates
- Office of Long-Term Living (OLTL) 1915c Waiver Appendix K

LTSS Activities and Guidance

Service Coordination Priorities

- Adult Day Services
 - Implementation of alternative services for individuals who require skilled nursing services in their homes or who typically rely on adult day program centers that are now closed.
- Emergency Back-Up Plans
 - Outreach to participants and identify emergency back-up plans.
 - Where no emergency back-up plan exists, assist the participant to create a back-up plan. Ensuring there is a plan in place will help in the event that there are call-offs by direct care workers.
 - If a participant's emergency back-up plan consists of facility placement, the CHC-MCO or SC will be responsible to work with the individual to transition back to the community upon termination of the emergency period.

LTSS Provider Recommendations

- OLTL has distributed operational recommendations for LTSS providers.
- Recommendations include:
 - Exercise and promote hygienic practices.
 - Review your agency back-up plan and infection control procedures.
 - Report all suspected cases of COVID-19 to DOH and OLTL and/or the participant's CHC-MCO.
 - Contact OLTL before making any changes to your business practice whenever possible.
 - LTSS Residential Providers Should Follow State and Federally-Issued Guidance.
 - Document any actions that were taken and maintain evidence for why actions were taken.
 - Stay Informed.

LTSS Provider Recommendations

- OLTL has been collaborating with the Department of Health to encourage providers to evaluate infection control procedures:
 - Review internal infection control protocols.
 - Evaluate staff adherence to provider infection control protocols.
 - Evaluate capacity to implement emergency backup plans in the event staffing is impacted by the COVID-19 virus.
 - Conduct an inventory of available Personal Protective Equipment (PPE) and educate staff on the proper use of gloves, gowns, respirators, and eye protection.

- Nursing Facilities, Personal Care Homes, and Assisted Living Residences
 - DOH has issued guidance on visitation in Nursing Facilities due to COVID-19. OLTL is asking that all Personal Care Homes and Assisted Living Residences adopt and implement the same guidance.
 - Annual licensing inspections will be suspended for the time being, but licensing staff will continue to conduct on-site investigations for serious incidents and complaints.
 - On-site visits may continue for facilities on provisional licenses or facilities that are appealing a revoked license.

CHC-MCO Updates

- The CHC-MCOs have established emergency response protocols to ensure the continuity of operations and services.
- Communication activities include:
 - Ongoing provider guidance and updates.
 - Participant resources include COVID-19 fact sheets, COVID-19 safety information, and behavioral health resources.

CHC-MCO Updates

- CHC-MCO priority activities related to LTSS services:
 - Address any gaps in care due to Adult Day Center closures.
 - Ensure all participants have workable back-up plans and back-up plans are updated when necessary with the participant.
 - Assess participant access to essential home items and medical equipment.

LIFE Program Updates

- All LIFE providers were instructed to close their day centers effective March 17th until further notice. This impacted 58 locations.
- LIFE providers are able to continue to utilize their clinic and therapy spaces to provide necessary medical and therapy services to their participants.
- LIFE providers are ensuring that individuals continue to receive services in their homes.
- OLTL is reviewing all LIFE Provider Emergency Preparedness Plans to ensure they adequately address pandemics.
- OLTL has communicated to all LIFE providers that no service plan reductions are to take place during this time.

Enrollment Updates

Independent Enrollment Broker (IEB)

- The IEB has implemented a process to complete initial in-home visits and the functional eligibility determinations telephonically.
- National Call Center in Chicago quarantined – sending calls to voicemails and responding within 24 hours.
- Messaging added to IVR and websites regarding change to operations.
- Enrollment brokers scheduling their own visits.
- Outreach Team completing daily calls for PCs.

OLTL 1915(c) Waiver Appendix K

OLTL 1915c Waiver Appendix K

- The Centers for Medicare & Medicaid Services (CMS) has approved the following temporary changes to the CHC 1915(c) waiver and OBRA waiver to accommodate potential issues with staffing shortages and the need for service provision outside of approved service descriptions to ensure participant health and safety needs can be accommodated for the duration of the statewide emergency due to COVID-19.
- Upon the date DHS has declared that the statewide emergency has ended, services will resume automatically, without further action by the participant or the by Person-Centered Planning Team, to the amount, frequency and duration approved in the participant's Person-Centered Service Plan (PCSP) prior to implementation of these changes.

OLTL 1915c Waiver Appendix K

- **For all waiver services:**
 - Services may not be reduced on the PCSP, except when requested by the participant or their representative.
 - Providers should be given flexibility to ensure delivery of crucial, life-sustaining services and if necessary, delay less crucial services such as laundry and changing linens.
- **Personal Protective Equipment (PPE):**
 - PPE for paid direct care workers and unpaid/informal caregivers such as gloves, gowns and masks can be obtained under specialized medical equipment and supplies.
 - PPE may be added to a participant's PCSP without the need for a comprehensive needs assessment.

▶ OLTL 1915c Waiver Appendix K

For the following services, service limitations are temporarily lifted:

- **Adult Daily Living Services**

- Long-term or continuous nursing may be provided as a discrete service during the provision of Adult Daily Living Services to ensure participant health and safety needs can be met.

- **Residential Habilitation**

- Service definition limitations on the number of people served in each licensed home may be exceeded, provided that the number of participants can be safely served in the setting
- Long-term or continuous nursing may be provided as a discrete service during the provision of Residential Habilitation to ensure participant health and safety needs can be met.

OLTL 1915c Waiver Appendix K

For the following services, service limitations are temporarily lifted:

- **Respite**
 - Respite in a licensed facility may be extended beyond 29 consecutive days without prior approval of the CHC-MCO in order to meet the immediate health and safety needs of program participants.

OLTL 1915c Waiver Appendix K

For the following services, service limitations are temporarily lifted:

- **Participant-Directed Personal Assistance Services and Participant Directed Community Supports**
 - Spouses, legal guardians and powers of attorney may serve as paid direct care workers only when scheduled workers are not available due to COVID-19.
 - Spouses, legal guardians and powers of attorney must be enrolled as Personal Assistance workers through PPL and will still be required to get background checks; however, they will be able to start working prior to receiving the results.
 - OLTL's Vendor Fiscal Agent, Public Partnerships Limited (PPL), has been instructed to expedite all enrollments for COVID-19 related services.

Expanded Settings Where Services May Be Provided

- **Residential Habilitation and Structured Day Habilitation Services** may be provided to participants by Residential Habilitation and Structured Day Habilitation staff in private homes.
- **Cognitive Rehabilitation Therapy** may be provided remotely using phone or video conferencing during this time period only to participants who are currently receiving these services.
- **Behavior Therapy and Counseling Services** may be provided remotely using phone or video conferencing.

Modification of Provider Qualifications

- **Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services**
 - Staff who are qualified to provide services under any of these service definitions in the 1915(c) waiver may be reassigned to provide Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services.
 - All staff should receive training on the PCSP of the participant for whom they are providing support. Training on the PCSP must consist of basic health and safety support needs for that individual.

Modification of Licensure or Other Requirements for Settings Where Waiver Services are Furnished

- **Licensed Residential Habilitation, Structured Day Habilitation Services and Adult Daily Living**
 - Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
 - Minimum staffing ratios as required by licensure, service definition or the participant's PCSP may be exceeded due to staffing shortages.

Level of Care Assessments and Needs Assessments/Reassessments

- **Initial Level of Care Assessments using the FED** may be conducted remotely using phone or video conferencing; the face-to-face requirement is temporarily waived.
- **Comprehensive Needs Reassessments** may be conducted remotely using phone or video conferencing when a participant's needs change, when the participant requests a reassessment, or following trigger events.
- The qualifications for the individuals conducting these assessments will not change.

Level of Care Assessments and Needs Assessments/Reassessments

- **Annual Reassessments, including the needs assessment and level of care** may be conducted remotely using phone or video conferencing; the face-to-face requirement is temporarily waived.
- The 365-day time limit for annual reassessments to be performed is temporarily waived. Reassessments may be delayed and go beyond 365 days.
- Provided no updates to the participant's PCSP are needed due to COVID-19 or a change in the participant's needs, the existing PCSP will remain in place until the annual reassessment can be completed.
- At the end of the emergency declaration, the Service Coordinator will have up to 6 months to complete the annual reassessment and update the PCSP.

Person-Centered Service Planning/Service Coordination

- **Monitoring of the Service Plan** – Service Coordinators may monitor participants and service plans remotely by telephone where face-to-face contacts are currently required. Service Coordinators are encouraged to contact participants frequently to ensure participants' needs are being met during this emergency.
- **Person-Centered Planning Team (PCPT) meetings and plan development** - may be conducted entirely using telecommunications. Members of the PCPT may also participate remotely using phone or video conferencing and are determined at the discretion of the participant.

Authorization for Changes to the PCSP

- **Verbal and Email Approval**
 - If delays are occurring while waiting for approval and authorization of PCSP changes in HCSIS or HHAeXchange, documented verbal approval or email approval of changes and additions to PCSPs will suffice as authorization.
 - Upon validation that a verbal or email approval was provided for requested changes, authorizations can be backdated for waiver services, as appropriate.

Retainer Payments to Address Emergency-Related Issues

- Personal Assistance Services retainer payments to Direct Care Workers may be made when the participant is hospitalized or absent from their home due to COVID-19.
- Personal Assistance Services retainer payments may not exceed 15 days – the number of days for which OLTL authorizes a payment for "bed-hold" in nursing facilities.

No Visitor Policies

- **Provider owned and operated settings where waiver services are provided** may prohibit/restrict visitation in line with CMS recommendations for long-term care facilities. The modification of this right is not required to be justified in the PCSP.

Incident Management Reporting Requirements

- **Critical Incident Reports** - The CHC-MCOs, service coordinators, and providers must submit critical incident reports for Service Interruptions even if the reason for the Service Interruption is due to insufficient staff to provide care due to COVID-19.
- **Critical Incident Investigations** – Providers and the CHC-MCOs will not need to conduct an investigation for Service Interruptions when the Service Interruption is due to insufficient staff to provide care due to COVID-19.
- Providers and the CHC-MCOs must ensure that participants at highest risk continue to receive services.

Documenting what actions were taken and maintaining evidence for why actions were taken.

- Providers should document any changes to their operations as a result of COVID-19 and maintain evidence to support why the changes were made.
- Doing so will help demonstrate the basis for an action in the event that the appropriateness of the action is questioned after COVID-19 is contained and operations return to normal.
- Evidence that should be maintained includes, but is not limited to:
 - Orders or notices from Federal, State, and local authorities that support changes to operational procedures.
 - Correspondence and other records demonstrating inability to meet required staffing ratios or response times.
 - Records demonstrating changes made in staffing or location of service provision.

COVID-19 Resources

- Department of Health website:
<https://www.health.pa.gov/topics/disease/Pages/Coronavirus.aspx>
- DHS website:
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-2020.aspx>

Questions?

