Office of Long-Term Living COVID-19 Update

April 1, 2020



Agenda

- Long-Term Services and Supports (LTSS)
 Activities and Guidance
 - LTSS Provider Recommendations
 - Personal Care Homes and Assisted Living Residences
 - 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



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 federallyissued 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.



Personal Care Homes and Assisted Living Residences

Personal Care Homes and Assisted Living Residences

- OLTL has suspended, with conditions, specific license regulations for Personal Care Homes and for Assisted Living Residences.
- OLTL has also imposed restrictions on visitations and temporarily suspends annual inspections.
- Additional detail on the temporary suspension of specific licensing requirements is included in guidance that has been released through the OLTL listservs.



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.
 - 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.
 - 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 provided 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 inhome 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.
- Outreach Team completing daily calls for physician certifications.





- The changes outlined in Appendix K provide flexibilities for CHC-MCOs and providers as they work with participants who may be facing a disruption in services due to COVID-19 related issues.
- The flexibilities outlined in Appendix K will not apply to all participants and should not be considered broad changes that must be implemented.
- The Appendix K changes have been approved from March 6, 2020 through June 30, 2020. The duration of the approval may be extended depending on the length of the declared emergency.



Guidance for Determining Whether Appendix K Applies

- Flexibilities outlined in Appendix K should be evaluated on a case-by-case basis in coordination with the CHC-MCOs.
- The revised Appendix K guidance that will be released on the OLTL listservs includes questions that can be utilized to determine whether requests and authorizations will be covered under Appendix K.



All Waiver Services:

- Services may not be reduced on the Person-Centered Service Plan (PCSP), except when requested by the participant or their representative. However, it is possible that not all services on the PCSP will be delivered during the emergency.
- 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.
- The CHC-MCOs may need to identify and prioritize services to participants with critical issues and simultaneously allow for missed shifts for participants who have adequate informal supports or less-critical issues.



- Personal Protective Equipment (PPE) for paid direct care workers (DCWs) and unpaid/informal caregivers such as gloves, gowns and masks can be obtained under specialized medical equipment and supplies.
- Use of PPE is not required or appropriate for every participant.
 Purchase and utilization of PPE must be in accordance with CDC guidelines and CHC-MCO guidance.
- For DCWs employed by an agency, the agency should provide the PPE. Only if the agency is unable to provide the equipment should it be ordered under specialized medical equipment and supplies.



Adult Daily Living Services (upon reopening)

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

Residential Habilitation

 Long-term or continuous Nursing may be provided as a separate service during the provision of Residential Habilitation to ensure participant health and safety needs can be met.

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.

Personal Assistance Services (Agency and Participant-Directed) and Participant-Directed Community Supports –

- Spouses, legal guardians and powers of attorney may serve as paid DCWs only when scheduled workers are not available due to COVID-19 and the participant's emergency backup plan cannot be implemented.
- Spouses, legal guardians and powers of attorney will be allowed to serve as paid DCWs only until a replacement DCW is in place and in no case beyond the duration of the emergency.



Expanded Settings Where Services May Be Provided

- Residential Habilitation and Structured Day Habilitation
 may be provided to participants by Residential Habilitation and
 Structured Day Habilitation staff in private homes.
- Structured Day Habilitation may be provided remotely using videoconferencing during this this time period only to participants who are currently receiving these services.
- 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.



Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living (upon reopening), 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.

Licensed Residential Habilitation, Structured Day Habilitation Services and Adult Daily Living (upon reopening)

 The maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.



Level of Care Assessments, Needs Assessments and Reassessments

- Initial Level of Care Assessments and Annual Reassessments 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.



Annual Reassessments

- 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

- 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 remotely.
- 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

- If delays are occurring while waiting for approval and authorization of PCSP changes in HHAeXchange, documented email approval of changes and additions to PCSPs will suffice as authorization.
- Upon validation that an email approval was provided for requested changes, CHC-MCOs may backdate authorizations for waiver services.
- Once the plan update is finalized in HHAeXchange, the provider should receive official authorization through HHAeXchange or other means to help ensure the provider has accurate documentation in place.



Retainer Payments to Address Emergency-Related Issues

- Personal Assistance Services retainer payments to Direct Care Workers in agency and participant-directed models 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.
- CHC MCOs will provide additional guidance regarding these retainer payments.



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 and Provider Documentation

 Please reference the Appendix K guidance for incident management reporting requirements and Provider documentation requirements.



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?



