

Transition Plan to Phase Out Temporary Changes to the Act 150 Program

Note: This transition plan is intended to be used in conjunction with the March 25, 2021 [Temporary Changes to the Act 150 Program \(Revised\) Guidance](#). That guidance contains complete descriptions of the temporary changes and guidelines for implementation.

The Centers for Medicare & Medicaid Services (CMS) approved temporary changes to the OBRA and Community HealthChoices (CHC) 1915(c) waivers beginning March 6, 2020 in response to the COVID-19 pandemic. Approval of these changes is covered under Appendix K, Emergency Preparedness and Response, which states may use during emergency situations to request amendments to their approved waivers. These changes addressed potential staffing shortages and the need for service provision not included in approved service descriptions to ensure participant health and safety needs could be accommodated for the duration of the COVID-19 statewide emergency. The Office of Long-Term Living (OLTL) extended the same flexibilities to the Act 150 Program.

As described in the Temporary Changes to the Act 150 Program (Revised) Guidance, the changes were not intended to apply to all participants nor to be considered across-the-board changes that must be implemented for each participant. These flexibilities were to be evaluated on a case-by-case basis by the Act 150 Service Coordinators and providers. CMS recently approved an amendment to Appendix K which allows some flexibilities to continue until six months after the end of the federal public health emergency, or another date determined by OLTL.

As the number of COVID-19 cases in each county continues to fluctuate, the temporary waiver changes can be phased out in some cases, provided participants can be safely served and providers and Service Coordinators are taking proper precautions; however, in other cases the temporary waiver changes may need to continue based on the circumstances present. The chart below provides guidance to Service Coordinators and providers on the flexibilities that are still available. This guidance replaces and rescinds the Appendix K transition plan guidance dated January 15, 2021.

The following flexibilities are available until six months after the end of the federal public health emergency, or another date determined by OLTL. The federal public health emergency is set to expire on April 21, 2021; however, it's possible the federal government will decide to extend the emergency beyond April.

Appendix K Flexibility	Guidance
<p>Personal Assistance Services (Agency and Participant-Directed)</p>	<p>On a case-by-case basis, spouses, legal guardians, and persons with power of attorney may serve as paid direct care workers. These situations must be reviewed and approved by OLTL on a case-by-case basis.</p> <p>This flexibility is only available when scheduled workers are not available due to COVID-19 and the participant’s emergency backup plan cannot be implemented. Spouses, legal guardians and persons with power of attorney will be allowed to serve as paid direct care workers only until a replacement direct care worker is in place and in no case beyond the duration of the COVID-19 emergency declaration.</p> <p>This temporary flexibility does not apply in circumstances where a participant or their representative refuses services due to COVID-19 safety concerns despite the direct care worker(s) being available to provide services.</p>
<p>Initial Level of Care Assessments</p>	<p>Assessors must receive education and training from the Independent Assessment Entity on how to evaluate individual risk factors and protect themselves from potential exposure according to the guidance issued by the CDC and the Department of Health</p> <p>Initial level of care assessments using the FED that take place in the participant’s home should be conducted face-to-face when possible. Assessments may be conducted remotely using phone or video conferencing at the participant’s choice or when risk factors may be present in the participant’s home. Assessors must follow the guidance issued by the Independent Assessment Entity for resuming face-to-face assessments and maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>Initial level of care assessments using the FED that take place in nursing facilities should be conducted remotely using phone or video conferencing. Assessors should follow guidance around visitation in nursing facilities that is issued by the CDC and the Department of Health.</p>
<p>Needs Assessments/ Reassessments</p>	<p>Service Coordinators must receive education and training from the Service Coordination Entity on how to evaluate individual risk factors and protect themselves from potential exposure according to the guidance issued by the CDC and the Department of Health.</p>

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	<p>Annual Reassessments, including the needs assessment, may be conducted face-to-face when possible. Service Coordinators should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>Reassessments may be conducted remotely using phone or video conferencing at the participant’s choice or when the Service Coordinator and/or participant identifies that risk factors may be present.</p> <p>Annual reassessments, including the needs assessment, that were delayed beyond the 365th-day must be completed no later than December 31, 2020, which is 6 months after the issuance of the June 26, 2020 transition plan.</p> <hr/> <p>Comprehensive Needs Reassessments that are conducted when a participant’s needs change, when the participant requests a reassessment or following trigger events may be conducted face-to-face when possible. Service Coordinators should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>Reassessments may be conducted remotely using phone or video conferencing when the Service Coordinator and/or participant identifies that risk factors may be present.</p>
<p>Individual Service Planning/Service Coordination</p>	<p>Service Coordinators should monitor participants and Individual Service Plans (ISPs) through face-to-face contacts when possible. Service Coordinators should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.</p> <p>When risk factors may be present in the participant’s home, Service Coordinators may monitor participants and ISPs remotely by telephone where face-to-face contacts are usually required. Service Coordinators are encouraged to contact participants frequently to ensure participants’ needs are being met during the COVID-19 emergency declaration.</p> <hr/> <p>Service Plan meetings and ISP development should be conducted face-to-face if possible. Service Plan meetings and ISP development may be conducted remotely using telecommunications when risk factors may be present in the participant’s home. Other individuals, determined at the discretion of the participant, may also participate remotely using phone or video conferencing. Service Coordinators and</p>

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	any other members of the planning team should maintain safe behavioral practices as defined by the CDC and the Department of Health when doing so.
Retainer Payments to Address Emergency Related Issues	During the COVID-19 emergency, retainer payments to direct care workers providing Personal Assistance Services in both the agency and participant-directed models may be made when the participant is hospitalized, absent from their home, or in isolation and unable to receive services 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.