



March 20, 2020

Re: COVID-19 Guidance for Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915 (c) Medicaid Waiver Providers

Dear Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) 1915(c) Waiver Service Provider:

The New York State Department of Health (NYSDOH) is providing this guidance to NHTD/TBI Waiver Service providers pertaining to the current novel coronavirus (COVID-19) outbreak.

Face-to-Face Requirements Waived for Home and Community-Based Services Provided under the NHTD/TBI 1915(c), Unless Medically Necessary

In response to concerns relating to the novel coronavirus (COVID-19) and to protect waiver participants and providers, effective immediately, the New York State Department of Health has authorized Home and Community-Based Services to be provided telephonically or via telehealth, whenever possible. This guidance is provided in light of the COVID-19 outbreak and the state disaster emergency declared by Executive Order No. 202 and shall remain in effect until subsequent notice from the NYSDOH which will be provided prior to or upon the expiration of such state disaster emergency.

In lieu of face-to-face contact, NHTD/TBI providers may utilize telephonic or telehealth following applicable NYS Telehealth Guidance and the guidance provided below.

The following NHTD/TBI waiver services may be provided via telephonic or telehealth methods: Service Coordination (SC), Community Integration Counseling (CIC), Nutritional Counseling (NHTD), Wellness Counseling (NHTD), Substance Abuse Counseling (TBI). Independent Living Skills Training (ILST) may also be provided via telephonic or telehealth method if the activity is identified as habilitative in nature.

Background

The health and safety of the State's health care providers and our ability to provide and support patient care remain our priorities. Recently, community-wide transmission of COVID-19 has occurred in the United States (US), and the number of both Persons Under Investigation (PUIs) and confirmed cases are increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve and is very rapidly changing. It is important for all agencies to keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information for healthcare providers.

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>
- HCS: <https://commerce.health.state.ny.us>

It is important to keep staff updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control to protect themselves and the people they serve. The NYSDOH distributes alerts and advisories on its website and Health Commerce System (HCS) and therefore it is vital that providers maintain up-to-date contact with both the CDC and NYSDOH. Providers may wish to provide internal contact information for their staff and clients to call with concerns, reports or questions.

Criteria for screening waiver participants prior to conducting a Face-to-Face Visit

While some HCBS can be delivered effectively via telehealth, in certain instances, face-to-face contact may still be clinically indicated and may be a life safety-issue. Prior to conducting face-to-face activities, the provider should ask the participant and/or their guardian or legally authorized representative the following questions:

1. Ask whether the participant has a fever, cough or shortness of breath.
2. Ask the participant, "Have you, or has someone with whom you have had close physical contact, traveled out of the United States within the last 14 days?"
3. (If yes) "To which countries did you/your contact, travel?" For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
4. Ask the participant, "Within the last 14 days, have you had contact with any person(s) under investigation (PUI) for COVID-19, OR with any person(s) known to have COVID-19?"
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If the participant screens positive in response to any of these questions, the HCBS staff should ensure that the person has been referred to the appropriate health care provider and coordinate next steps with the participant, their guardian or legally authorized representative, Service Coordinator and their public health/primary care provider.

If the participant has immediate needs, the HCBS provider should take appropriate measures to ensure service needs are met to safeguard the health, safety and welfare of the participant. HCBS provider staff should follow CDC guidance to make sure precautions are used when conducting face-to-face visits. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

If the participant does not screen positive in response to any of these questions, the face-to-face visit may proceed at the discretion of the provider and with the consent of the participant.

Service Coordination

All service plan and related program documents currently requiring original signatures may be executed using electronic signature consent via tablet, email, fax. Verbal consent from the participant may be used on a temporary basis until an original signature can be secured by mail or other means.

If the waiver participant chooses not to have a face-to-face meeting with their Service Coordinator (SC), the SC should use telephonic or telehealth capabilities. A minimum of one monthly contact with the participant is required.

If a SC is using telephonic or telehealth capabilities in lieu of a face-to-face visit, the SC should respond to all communication from the participant within 24 hours. All communications must be documented and noted in the participant's Service Coordination file. With the participant's approval, the SC is encouraged to contact informal supports and family members to ensure other support is in place.

SCs should continue to receive all Serious Reportable Incidents and to keep the Regional Resource Development Center (RRDC) apprised of all abuse, neglect and death-related incidents. All other incident categories will not require immediate investigation at this time. Paper records of all incidents must be maintained.

SCs should continue to conduct service plan reviews and team meetings according to established timeframes, however, these meetings may be conducted telephonically.

Face-to-face visits by supervisors for: Service Coordination Independent Living Skills Training (ILST) and Positive Behavioral Intervention Specialist (PBIS) Program Directors are suspended until further notice.

All Service Coordinators are advised to update and revise as necessary Participant Waiver Contact lists, Plans of Protective Oversight (PPOs) and complaint protocols with participants during their "well care" calls.

Structured Day Programs and Other Services

NYSDOH recognizes that the provision of Structured Day Programs cannot be provided in a group setting on location. Providers should contact the RRDC to discuss alternative programming plans which may include wellness calls, and other telehealth measures.

Providers are reminded that all waiver services continue to require prior authorization via the approval of a service plan or addendum by a Regional Resource Development Specialist. During the effective period of this notice, participants/providers must request and addendum to the service plan should there be a change in services or a need to increase waiver services above current service limitations.

Pending Nursing Home Transitions to the Community

Applicants pending nursing home discharge to the community (i.e., transitions) may proceed to waiver services if the nursing home approves the safe discharge of the individual; the services included in the individual's plan of care are in place; and the RRDC and SC are satisfied such services will ensure the welfare of the individual.

The HC-PRI instrument will be utilized for individuals who are transitioning out of a nursing home or hospital. The HC-PRI instrument is used to identify medical events, including current medical diagnosis, prognosis, capabilities of the individual to perform Activities of Daily Living (ADL), and behavioral difficulties. The PRI and SCREEN must be completed, signed and dated by a certified PRI screener using PRI form dated 12/05 and SCREEN form dated 04/04. The UAS-NY Community Health Assessment (CHA) will be conducted on these individuals within 90 days of his/her enrollment into the waiver. If a participant /applicant has a

CHA completed for managed care or state plan services, this assessment may be used to establish waiver eligibility provided it is completed within ninety (90) days of the effective date of waiver services. NYSDOH will provide further guidance on conducting the CHA within 90 days of waiver eligibility when a risk of exposure is present and the CHA cannot be conducted face-to-face

UAS-NY Community Health Assessments (CHAs)

Community admissions to waiver services may also proceed. NYSDOH will provide further guidance on conducting the CHA to determine waiver eligibility when the CHA cannot be conducted face-to-face

If a participant /applicant has a CHA completed for managed care or state plan services, this assessment may be used to establish waiver eligibility provided it is completed within ninety (90) days of the effective date of waiver services.

Effective immediately, and until further notice, NYSDOH is suspending all required annual CHA re-assessments.

Training for new staff and annual training requirements may be conducted using telephonic and web-based systems. Curricula content is addressed in the recent eMedNY listserve guidance regarding staff training.

The RRDCs may offer provider meetings through telephonic means as needed.

Review of new provider applications will continue to be processed by the RRDC, and provider interviews may be conducted through telephonic means.

All current protocols regarding discontinuation of services by providers remain unchanged including but not limited to thirty (30) and ten (10) day notices regarding discontinuation of services.

Instructions for HCBS provider personnel who are at risk of being a Person Under Investigation (PUI)

Staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)), if community transmission of that illness is occurring. Providers should ensure they have a policy in place to speak with staff prior to them conducting face-to-face visits with enrolled members in order to screen the staff for symptoms or contacts that might have put them at risk. It is important that providers strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

Staff who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, might be placed under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If a staff person is found to be ill upon screening, the agency should send the person home and suggest that they contact their primary care physician immediately or refer them to immediate medical care, if indicated.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov; or to the toll-free call center at 888-364-3065.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to Bureau of Community Integration and Alzheimer's Disease Waiver Unit at waivertransition@health.ny.gov or call 518-474-5271.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Sincerely,



Lana I. Earle
Director
Division of Long Term Care
Office of Health Insurance Programs