pennsylvania
DEPARTMENT OF HUMAN SERVICES
OLTL Communication

To: Community HealthChoices Managed Care Organizations

Subject: Temporary Changes to the Community HealthChoices 1915(c) Waiver

The Centers for Medicare & Medicaid Services has approved the following temporary changes to the Community HealthChoices (CHC) 1915(c) 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 the Department of Human Services 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.

Waiver Services

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) 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.

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.

- **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.

- **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 undergo criminal background checks and child abuse clearances as appropriate.

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.

- **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.

- **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.

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.

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-MCO 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** - The CHC-MCO 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. The CHC-MCO must ensure that participants at highest risk continue to receive services.

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.

Authorization for Changes to the PCSP

- **Verbal and Email Approval** – If delays are occurring while waiting for approval and authorization of PCSP changes in 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, CHC-MCOs may backdate authorizations for waiver 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. In general, 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.** Example: Provider's employees are unable to report to work due to COVID-19-related reasons. Provider attempts to secure temporary staff from three staffing agencies, but each agency reports that they too are experiencing staff shortages. As a result, Provider is out of compliance with required staffing ratios. Provider should retain copies of correspondence with each of the three staffing agencies to demonstrate that all possible efforts were made to secure enough staff.

- **Records demonstrating changes made in staffing or location of service provision.** Example: Provider temporarily closes its Structured Day Program and reassigns staff to provide services to participants in their homes. The provider should retain a copy of this notice, documentation of staff reassignments and steps taken to ensure reassigned staff have required training to ensure health and safety support of the participant.