COVID-19 Response, Guidance, and Actions
Updated: April 8, 2020

Governor Wolf, Dr. Levine, and local leaders across the commonwealth have taken unprecedented actions to protect the health and safety of Pennsylvanians. These measures, based on the guidance of public health professionals, are necessary to slow the spread of the virus that causes COVID-19. Life has slowed and it has changed, but it has not stopped for the millions of Pennsylvanians who depend on the Department of Human Services. The essential functions of this department cannot stop. DHS has an obligation to do everything we can to ensure continuity of services and programs for people who need them. Many of these services are critical now more than ever, and we are working internally and with providers and partners around the commonwealth to make adjustments as necessary. We are putting processes in place to ensure continuity of coverage so individuals do not lose their health care, cash assistance or food assistance during this uncertain time.

We will continue to update and reissue this document following each of our weekly calls. We hope that it is helpful to have all of these updates in one place, and we will note if new or updated guidance changes previous information.

Thank you for your support and partnership,

Teresa Miller
Secretary of Human Services

April 8, 2020 Update

Education Support and Clinical Coaching Program
More than 65,000 Pennsylvanians live in over 1,200 personal care homes and assisted living residences throughout the Commonwealth, and these facilities care for some of the most vulnerable Pennsylvanians. Unlike nursing facilities, they normally lack clinical staff, and so direct care workers in these settings may feel ill-equipped to deal with COVID-19.

DHS, in partnership with health care systems and the Jewish Healthcare Foundation, is launching the Educational Support and Clinical Coaching Program to help these facilities during the COVID-19 public health crisis. The educational support component of this program includes weekly webinars hosted by the Jewish Healthcare foundation on important topics for personal care homes and assisted living residences. Our first webinar was scheduled for April 7, and so many people signed up for it that we needed to expand the technological capacity of the webinar.

The Office of Long-Term Living is also reaching out to personal care homes and assisted living facilities to conduct preliminary needs assessments. When needs are identified, they are referred to the five health
systems that are partnering with DHS for this initiative: Temple University, University of Pennsylvania, Penn State Hershey Medical Center, the Wright Center, and University of Pittsburgh Medical Center. Outgoing calls from these health systems are slated to begin this week, where the health systems will provide clinical coaching on how to prepare and manage COVID-19. Health systems are also holding daily office hours for individual facilities that need extra coaching, explaining the latest guidance from DOH and CDC.

This is a frightening time for these DHS-licensed facilities and the vulnerable residents they serve. But we have their backs. Collectively, we believe that with the additional educational support and clinical coaching that we are providing, personal care homes and assisted living residences will finally have the support they need.

**Fingerprinting**

As we discussed last week, we are aware of the ongoing concerns around fingerprinting requirements and limited access to IdentiGo scanning sites because of closures related to COVID-19.

We, in collaboration with the Departments of Education, Aging, and General Services, sent a letter to “Enroll Your Own” fingerprinting sites (approved by the fingerprinting vendor Identigo) asking that they reopen additional locations. Some of these sites have agreed to open up and we will be updating the list of open fingerprinting sites as that information becomes available. Additionally, we understand some Identigo locations are beginning to reopen, so I encourage anyone needing fingerprints to call the closest locations to verify whether they are or aren’t operating as this may begin to change. As a part of our efforts with other agencies, we were able to produce a map that shows the open fingerprinting sites across the commonwealth. We continue to monitor and update this map.

We are not able to broadly waive this requirement from the state level because it is contained in numerous federal laws like the Family First Prevention Services Act, the Adam Walsh Act, and the Child Care Development Block Grant Act. However, we continue to work towards solutions that can alleviate the challenges presented by this.

We released guidance on waiving licensing requirements in Personal Care Homes and Assisted Living Residences, but understand that this guidance does not align with information just issued by the Department of Aging. We are working with the Department of Aging to address the discrepancies and will provide clarification.

We know that there are many more people who first obtained clearances in 2015 following changes to the Child Protective Services Law who will need to renew these clearances this year. We are open to temporarily delaying the five-year requirement, but this would need to happen through legislative action. DHS and the Governor’s Office are working with the legislature to try to accomplish this, but we know this cannot be our only option. We are also pursuing potentially opening additional, temporary fingerprinting sites that can help us meet this need as we work through the public health crisis.

We will keep you informed as this moves forward and appreciate your patience as we navigate the challenges that arise due to this crisis.

**Bureau of Juvenile Justice Services (BJJS) Admissions**
Last week, there was some concern and media attention over concerns regarding transfer of youth to juvenile justice facilities operated by DHS.

DHS does not have a right of refusal at these facilities, but we are, however, monitoring operations closely and working with our partners at county juvenile parole offices and delinquency courts to ensure transfers are absolutely necessary and made safely as we navigate this public health crisis. We do not want to risk the health of youth or staff at our youth development centers and youth forestry camps, and operational adjustments are necessary to meet the challenges of this unprecedented period.

As of April 4, we temporarily suspended all transfers to our state-run juvenile justice facilities. This step was taken to allow staff in BJJS to create two ten-bed intake units to mitigate risk of spread at the state-run facilities. Youth awaiting transfer to the YDC/YFC system will be admitted to the intake unit on the same day and remain in the unit for 14 days until they are cleared for entry into their designated program. If any youth test positive for COVID-19 during this 14-day period, that youth will be moved into isolation and the youth who are in the intake unit will re-start their 14 days in the unit to make sure that they do not develop symptoms of COVID-19.

Screening for COVID-19 must occur and be documented prior to admission and include questions about exposure to COVID-19 and assessment for symptoms. Youth who are not documented as having been appropriately screened will not be accepted for admission. Youth who do not pass pre-admissions screening will not be accepted for admission until they are medically cleared for transport.

Youth in the intake unit will have access to a temporary counselor, psychological and medical services, physical activity, and other individualized recreational activities. Social distancing will be enforced, and youth will be able to maintain contact with their family through phone calls, video conferencing, and letters. Youth will be transported to the YDC or YFC following 14 days without testing positive for COVID-19, without symptoms, or without contact with someone who tested positive for COVID-19.

Transfers to the intake unit will be accepted based on the number of YDC/YFC beds projected to be available 14 days after intake begins and will be based on each program operating at 100 percent capacity. Youth and staff safety is our first priority, so this shift will allow us to maintain our responsibility to provide an option for youth who need these services while recognizing the risk presented by COVID-19.

**Federal Funding Requests**
Many of you have reached out regarding issuance of funding contained in the federal stimulus bill. At this point, we do not have a timeline for when these funds will become available, but I assure you that as soon as we have more information to share, we will communicate that.

We also wanted to make sure you were aware of three key elements of the federal CARES Act. For those of you that have less than 500 employees, there are the Small Business Administration (SBA) grant and Economic Injury Disaster Loan programs. Also available is the Payroll Protection Program that is available through SBA-approved banks. These programs offer a limited amount of loan forgiveness and other benefits that are designed to keep staff employed. Please consult with your accountant to see if
these are right for your situation.

Information about available federal relief programs may be found from the U.S. Treasury or the Small Business Administration.

**Low Income Home Energy Assistance (LIHEAP) update**
The LIHEAP program provides assistance with heating needs through the heating season. It was scheduled to close on April 10, and that is the last day we will accept applications for the current season.

DHS knows how vital this program will be to help those who have been financially impacted by the COVID emergency. Because of this, we started to plan a recovery program that would be made available to assist with accumulated bills. We have met with representatives from the PUC, the Energy Association, local community groups, Rural Electric, the Petroleum Association and others to discuss how this program can best be designed to meet the needs of those who need help to recover economically.

To further assist these households, the Coronavirus Aid, Relief and Economic Security Act included additional funding for the LIHEAP program. Pennsylvania anticipates receiving approximately $50 million in additional LIHEAP funding. This funding can go a long way to helping people in the economic recovery process.

We are working with partners to further develop this plan so that it will meet the needs of as many as possible. We will provide updates as this program becomes more final.

**SNAP Waivers**
We’ve previously discussed requests made to the United States Department of Agriculture’s Food and Nutrition Services regarding the Supplemental Nutrition Assistance Program – better known as SNAP. As of today, we’ve requested the following changes to SNAP:

- We sought to delay implementation of rule affecting work requirements for able-bodied adults without dependents – also known as the ABAWD rule. This request was negated by provisions in the Families First Coronavirus Response Act.
- We requested a waiver of the requirements for face-to-face interviews and interviews for expedited SNAP applications. FNS provided a blanket waiver of all SNAP interviews including expedited, application and renewals.
- We requested an extension of SNAP certification periods so households will not lose access to benefits during this public health crisis, which was also waived at the federal level by FNS.
- We are currently awaiting response on two waivers: one that would allow SNAP education providers to assist with distribution of national school lunch program meals, and another that would waive college student eligibility criteria so students and families with college students can receive their own benefits or additional benefits for the household so needs are met during this period.
- We received approval from FNS to issue emergency allotments to all ongoing SNAP households as part of the Families First Coronavirus Response Act. This approval will allow us to increase the
current monthly allotment up to the maximum monthly allotment for a household of that size. The approval is for March and April and we will make this as one payment that will be issued on a staggered basis beginning April 16 through April 29. This payment is in addition to their normal April benefit issuance that’s made in the first half of the month.

We will continue to keep you all informed as we receive a response on outstanding waivers and if future changes become necessary.

**CAO Operational Update**

As I’ve mentioned over the past few weeks, concerns have been raised due to CAO employees continuing to work from the office during this time. I’m aware that there have been questions of whether we would close offices.

CAO staff are the backbone of our public assistance system, and we are committed to keeping them safe as they perform their critical role. Without their work and efforts, benefits applications would not be able to be processed. As we face growing economic challenges in the wake of this public health crisis, assistance programs that help people and families access health care and keep food on the table will be vital in helping Pennsylvania recover. Programs like the Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance for Needy Families (TANF) and Medicaid will be necessary as we weather this public health crisis. We cannot eliminate this function, and we have taken numerous steps to protect the health of these workers as all essential sectors are doing at this time.

Social distancing and staggered shifts were implemented and offices are being cleaned and sanitized regularly. The Department of General Services has been in regular contact with lessors regarding this expectation. We are also working to scale up teleworking for CAO staff as quickly as we can. This week, more than 90 employees were transitioned to telework as part of a pilot, and our goal is to significantly ramp up the number of staff teleworking over the next few weeks so thousands of our staff will be able to work from home in the very near future. Additionally, over this past weekend, DHS delivered masks to CAOs in all of Pennsylvania’s 67 counties so that CAO staff were equipped on Monday morning with cloth masks to help protect against the spread of the COVID-19 virus consistent with the latest guidance from public-health professionals.

Keeping our staff safe is an utmost priority, and we will continue to do all we can to make this possible so operations that allow us to maintain our vital safety net can continue.

**Support & Referral Helpline Update**

Finally, last week we used this call to announce the launch of our Support & Referral Helpline – a resource for anyone struggling with anxiety, mental health challenges, or other difficult emotions due to the COVID-19 crisis. In the first week since this was launched, the helpline has received nearly 1,300 calls – people who may not have known where to turn without this resource.

The Support & Referral Helpline will continue to be available toll-free, 24/7 throughout this public health crisis, and helpline staff will refer callers to local resources in their community that can continue to help
if needed. It can be reached at 1-855-284-2494 or through TTY at 724-631-5600.

Thank you all who have helped us promote this resource, and I hope you’ll continue to spread the word for those who need it.
April 1, 2020 Update

1135 Waiver Approval
On Friday, March 27, Pennsylvania received approval from the Centers for Medicare and Medicaid Services for part of our 1135 Waiver request. You can read our press release here and the approval letter here.

A federal public health emergency allows the federal Secretary of Health and Human Services to grant temporary changes to Medicare, Medicaid, and the Children’s Health Insurance Program to ensure needs of people covered by these programs are met during an emergency. The waiver also allows flexibility in how providers are paid for health care services to ensure they are able to adequately respond to and adjust care in light of a public health emergency. States may request these changes through an 1135 Waiver.

Approval received Friday speaks to part of DHS’ and the Department of Health’s request, and we were given approval to:

- Suspend Medicaid fee-for-service prior authorization requirements and extend pre-existing authorizations through the end of the public health emergency;
- Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and II assessments for 30 days;
- Extend the timeframes for beneficiaries to file an appeal;
- Temporarily waive provider enrollment and screening requirements, including:
  - Payment of an application fee;
  - Criminal background checks and fingerprinting;
  - Site visits; and
  - State licensure, if the provider is licensed in good standing in another state.
- Provide payment to some out-of-state providers who are not enrolled in the Pennsylvania Medicaid program for services rendered to Pennsylvania Medicaid recipients; and
- Provide payment for facility services rendered in alternative settings.

DHS is working on guidance to providers on how we intend to implement operational changes based on these waivers and will issue it as soon as we can. We also continue to work with CMS and will keep you all in the loop if we receive further approval for other requests.

We are also aware that CMS issued additional guidance Monday waiving requirements from their level. We are still reviewing this action and at this time, we’re still trying to understand how this affects our programs. When this is complete, we will issue guidance as necessary.

Community HealthChoices
As we face this public health crisis, we are particularly focused on how we can maintain services and supports for the vulnerable populations we serve without jeopardizing their health and safety. A big focus for DHS over the last few years has been transitioning long-term services and supports to the managed care Community HealthChoices program. CHC was implemented statewide in January and provides assistive services through Medicaid for more than 400,000 seniors and adults with physical
disabilities.

We are very cognizant of both the risk of exposure for this population and the importance that this population still gets care. We’re working very closely with the three CHC managed care organizations, their network providers, and our stakeholder partners to ensure that necessary care is not disrupted.

This public health crisis a difficult test of a still new system, but so far we are not aware of major disruptions of life sustaining services, and our CHC MCOs are in regular communication with participants to educate them about COVID-19 and encourage use of telemedicine to keep both participants and direct care professionals safe during this time. On behalf of all of DHS, I am grateful for their partnership and their efforts to keep this population safe while ensuring continuity of services during this unprecedented period.

**Personal Care Homes & Assisted Living Facilities**
On Sunday, March 29, the Office of Long-Term Living (OLTL) suspended, with conditions, specific license regulations for Personal Care Homes and for Assisted Living Residences. OLTL has also imposed restrictions on visitations and temporarily suspended annual inspections. This guidance is available online [here](#).

**MATP**
As we face this public health crisis, we are doing all we can to ensure continuity of services however possible. We know, though, that there will be and should be some level of disruption in order to mitigate the spread of COVID-19 and protect people served by DHS’ programs.

We know that this crisis is having a significant impact on the Medical Assistance Transportation Program, or MATP. We’ve advised county administrators and other MATP providers that MATP use should be limited during this time. Elective procedures have been prohibited in certain medical facilities, and non-urgent routine visits should be limited or handled through telehealth, if possible.

Despite this, there are still driver and vehicle shortages. We are encouraging individuals to use personal vehicles whenever possible and will be increasing the mileage reimbursement rate for personal vehicles. More information on this increase is forthcoming. We are monitoring this situation and plan to issue guidance soon.

**Mental Health/Warmline**
As I’ve mentioned previously, we’re in an unprecedented time for everyone. It’s uncertain and very scary. This fear is completely understandable, and the indefinite timeline is likely creating a lot of anxiety during a time where we may be or feel more removed from our support networks. But social distancing doesn’t have to mean social isolation, and we want people to know that even as we all face this difficult period, no one is alone.

Beginning at 6 p.m. on April 1, we are partnering with the Center for Community Resources to offer a 24/7 mental health and crisis support line for people dealing with anxiety or other difficult emotions. Callers will be able to speak with staff who are trained in trauma-informed principles and will listen,
assess the person’s needs, triage, and refer to other local supports and professionals as needed.

The Mental Health Support Line can be reached toll-free, 24/7 at 1-855-284-2494. We’re going to be formally announcing this soon, but I hope you all help us spread the word on this critical resource.

It’s a difficult time, and it’s easy to feel alone and cut-off from the world, but we need people to know that they are not alone, and support is available. Thank you for the help in advance. We will be sharing information about this resource on our social media accounts, but if you need more information, feel free to reach out to our Communications office at RA-PWDHSPressOffice@pa.gov.

**Fingerprinting**
We continue to monitor access to fingerprinting services in order to obtain FBI clearances and fully appreciate the impact the closure of fingerprinting sites has had on our providers that offer services to children. This is a critical issue, and we continue to explore all options with our state and federal partners.

Just yesterday and as a result of the approval of our 1135 waiver request, the Office of Developmental Programs (ODP) announced that it will suspend the FBI fingerprinting check for employers hiring staff serving adults and will accept a self-attestation on a temporary basis for staff serving adults if an FBI clearance is unable to be obtained. We are hoping to issue similar guidance for OLTL’s providers.

Unfortunately, the ability to provisionally hire is prohibited by federal law for programs and providers serving children so this remains an issue. We are working closely with the Pennsylvania departments of Education and General Services on potential paths forward, but as mentioned in our written update following last week’s call, we encourage interested parties to discuss this with federal lawmakers as well.

**Federal Funding**
I understand that there are likely questions about legislation being passed at the federal level in response to the COVID-19 crisis and how this stimulus funding will be allocated in Pennsylvania. We do anticipate receiving stimulus funds that may affect DHS’ programs, but we are still evaluating the level of funding and the exact method of distribution.

One thing we are happy to report, is that it was determined that the federal stimulus check issued to individuals will not be considered income for eligibility purpose for our federal benefit programs, and from what we’ve been told, individuals who did not file taxes because they receive Social Security will be able to receive this as well.

Once we have more information to share, we will communicate with you all.

**CAOs/Essential Staff**
As this public health crisis progresses, we find ourselves in an increasingly challenging position with regards to continuity of government. The health and safety of our team is a primary objective and will
continue to be at the forefront of our decisions as we move forward.

As we’ve discussed previously, our County Assistance Office workers had to be recalled so we can keep eligibility determinations and benefits issuance going. Our CAOs are the backbone of DHS, and their work is needed now more than ever.

Operational adjustments have been implemented in response to the ever-changing tide of this emergency situation. To date, we are doing the following in an effort to protect OIM staff:

- Closing CAOs to the public indefinitely to limit person-to-person contact;
- Enacting staggered shifts in large CAOs, with two groups of staff rotating shifts in a 2-days-on, 2-days-off pattern;
- Mandating social distancing practices such as seating people at least 6ft. apart in offices or switching to staggered shifts in spaces where this is not possible;
- Ordering antibacterial soap, hand sanitizer, and cleaning supplies for all offices and supporting CAOs purchasing items if they become available;
- Collaborating with DGS to send a communication specifically to the CAO lessors reminding them of their contractual obligation to properly clean our offices and requesting that they complete a log identifying when the office was cleaned; and,
- Continuing to explore and evaluate other solutions such as telework and the identification of alternate work sites that will ensure the safety of our staff while maintaining the ability to ensure access to critical benefits.

Since this crisis began more than two weeks ago, there has been significant attention and questions about continuing this work while responding to employee concerns. And that concern extends beyond our CAO staff – while our licensing operations are altered, we are still responding to and investigating complaints. We are still investigating cases of abuse and neglect. We are still maintaining operations at our state-run facilities. There are many functions of government and DHS that cannot run on telework, and we must keep these going to keep the people we serve safe and healthy. We also have an obligation to protect our staff as they do this critical work.

As we make operational shifts to keep these functions going, we must remember that our first priorities are to keep staff safe while ensuring continuity of operations and services. We are doing all we can to respond to suggestions for improvements during this period and new guidance from the federal level, but we must keep these services going. Other states are seeing significant spikes in applications for benefits due to economic challenges associated with the public health crisis, and we expect that this will occur in Pennsylvania as well.

Our staff are working through an incredibly difficult situation – a situation that is likely to become more challenging before it eases. We are and will be receptive to opportunities to make adjustments as we can, but we must remember that the staff who make these adjustments are also the staff that we need to keep essential operations going. As COVID-19 spreads, our staffing levels are being impacted, creating new challenges we have to overcome. We expect our resources to become increasingly strained in the coming weeks and are trying to remain cognizant that we not overload staff, who have a myriad of competing priorities at times.
This is an unprecedented period for all of us, and we really appreciate your partnership and support as we navigate it together.

March 25, 2020 Update

**1135 Waiver Request**
DHS and the Department of Health submitted our request for an 1135 Waiver on March 24. The application [letter](#) and [checklist](#) are available on DHS’ COVID-19 Provider Resources page. As of March 25, we are still waiting for a response from the federal government.

When the president declares a disaster or emergency under the Stafford or National Emergencies Act and the Secretary of Health and Human Services (HHS) declares a public health emergency under Section 319 of the Public Health Service Act, the HHS Secretary is granted additional authority. Under section 1135 of the Social Security Act, this authority permits changes to Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) to ensure needs of people covered by these programs are met during an emergency.

DHS and the DOH submitted an 1135 waiver request to the federal government seeking temporary changes to our Medicaid Fee-for-Service Program, the HealthChoices managed care programs for both physical and behavioral health services, Community HealthChoices (CHC), Home and Community Based Services (HCBS) waivers, the Section 1115 Demonstration waiver for Former Foster Care Youth and Substance Use Disorder, and Children’s Health Insurance Program (CHIP). If granted, this waiver request would allow us to:

- Enhance provider access by expediting provider enrollment, permitting services from providers not yet enrolled in the Medicaid program, permitting services from providers enrolled in another states’ Medicaid program, and permit payment for services provided in alternate sites of care;
- Enhance benefit access by suspending some prior authorization requirements, permitting non-physician directed services by physician assistants and certified registered nurse practitioners, reducing limitations on institutions serving people with mental illness, reducing need for face-to-face visits for durable medical equipment prescriptions, reducing limitations on service locations, and reducing acute care hospital space demand;
- Enhance benefit access in eligibility by extending continuous eligibility periods and suspending the Pre-Admission Screening and Annual Resident Review (PASRR) assessment for 30 days;
- Ease state administrative burdens by permitting eligibility determinations to exceed typical timeframes, extending grievance and appeal timeframes, and implementing a lock-in period for CHC participants.

Now that the waiver has been submitted, we will keep you all informed of its progress and, ideally, when our request is granted.

**Child Care Updates**
Child care centers and group child care homes outside of a residence were closed under the Governor’s order to close non-life-sustaining businesses, but waivers are being granted to continue operation.
recognizing that these services are necessary to allow essential personnel like health care workers, first responders, home care workers, and grocery and food service staff to keep doing the critical work they provide. We continue to receive and process waiver requests for child care centers and group child care homes seeking to continue to operate during this time, and as of March 25, more than 690 child care providers continue to operate with a waiver.

As the non-life-sustaining business closure order is being enforced around Pennsylvania, we are working closely with law enforcement agencies so they know that some child care providers may continue to operate. Child care providers operating with a waiver should be prepared to present this waiver if contacted regarding how or why they are operating during this time. The Office of Child Development and Early Learning (OCDEL) also recently issued guidance to operating child care providers on keeping children, their families, and staff safe during this public health emergency. We encourage all providers to take this guidance seriously.

We are also urging these essential services personnel to consider their options if their child care provider chooses to close even if they are operating with a waiver. If families are able to make alternative child care arrangements at home, we are encouraging them to allow vacancies to be used for those who do not have other options, and begin to make an actionable contingency plan if their child care arrangement has to change.

We centralized a list of open child care facilities if families working in essential jobs need to contact a new provider. This is now available on DHS’ COVID-19 resources section on the resources for citizens page. We are updating it regularly as new providers request waivers and as some may choose to close.

**Early Intervention Guidance**
OCDEL continues to develop guidance responsive to child care and early learning providers’ needs. Guidance was recently issued for early intervention providers and is available here.

**County Assistance Office Updates**
Our county assistance offices (CAOs) continue to operate as closed to the public during this time. We are working closely with the unions and the commonwealth’s labor relations staff to ensure both continued operations and safe workspaces for our staff doing this essential work.

We are monitoring this situation hour-by-hour and actively working to address employee concerns and implement strategies that mitigate the risk of exposure to the coronavirus while maintaining these essential functions. For example:

- CAOs with large staff complements are implementing staggered shifts – two days on, two days off – rotated between total staff. The Office of Income Maintenance (OIM) is also actively evaluating the use of alternative office locations so that employees will have more space to work and reduced contact with each other. Although the initial focus is on the larger CAOs, 50 or more staff, we will extend mitigation efforts to all CAOs as soon as feasible.
- The Department of General Services, which manages leases with the owners of many CAO offices, is in communication with landlords across the commonwealth about proper cleaning and CDC guidelines. All of these leases include requirements for regular cleaning;
We have ordered additional sanitation supplies and CAOs have been provided the ability to purchase these items as they become available;

DHS is also actively evaluating the feasibility of and options to facilitate telework for CAO staff.

We are in constant contact with employee unions to address concerns and collaborate on solutions that protect employees and maintain these essential functions.

**SNAP and Food Security Efforts**

Maintaining access to food – one of our most basic needs – continues to be a top priority for DHS during this period.

The federal government approved our request to extend the time that people are eligible to receive benefits. This will allow us to continue benefits during this crisis. We also continue to engage with Food and Nutrition Services regarding additional SNAP benefits that may be issued to eligible households during this crisis. We hope to have guidance soon so we can offer additional SNAP assistance to all the SNAP eligible households.

We are also submitting a waiver request to waive restrictions preventing most college students from receiving SNAP. The waiver will allow for low-income households with a student who is attending an institution of higher education to receive additional SNAP benefits to feed the whole family during the COVID-19 emergency.

Federal regulations state that an individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP unless they qualify for an exemption or are employed for a minimum of 20 hours per week. The Wolf Administration’s waiver request seeks to give DHS the ability to waive these regulations for students that meet the income thresholds for SNAP benefits until COVID-19 health emergency has ended.

Current federal regulations also state that students not meeting additional eligibility criteria are not included in their household’s SNAP eligibility. For example, in a household of three where one member is a student, the household would only receive SNAP benefits for two of the members, despite the student still residing and eating meals with that household. Now that students are home, these families may not have the resources, either monetarily or in food supply, to support the additional person now residing with them.

We know that this pandemic has caused many people and families to find that they are suddenly food insecure and require assistance. The Feeding Task Force has been operationalized to support Pennsylvanians and charitable food networks during this time. The task force is comprised of public, private, and non-profit partners from across the state, including, among others, the Governor’s Food Security Partnership state agencies, the Salvation Army, Feeding PA, and the Pennsylvania Food Merchants Association. This centralized hub allows us to determine where our needs are, how many meals are needed, how we are getting food to people, and how we are getting volunteers to help charitable food networks across Pennsylvania.
One example of the task force’s work is coordinating a donation of 19 pallets of milk from Powers Brand Communications LLC (Giant Distribution center) to an anti-hunger program serving Centre and Clearfield Counties. If you know of other businesses with resources to share, the task force is collecting this information. Companies can share information about resources available with the Feeding Task Force here.

The Feeding task force has also created a second survey that’ll attempt to capture where people who are suddenly food insecure are so we can operationalize and allocate resources appropriately. If people suddenly find themselves needing help keeping food on the table due to COVID-19 mitigation efforts, we are encouraging them to fill out this survey to help the task force meet food needs around Pennsylvania. If people are in immediate need of food assistance, Feeding Pennsylvania and Hunger-Free Pennsylvania are hubs of information for where people can get assistance locally in their communities.

We know that this time is also creating an incredible strain on charitable organizations, so if organizations need volunteers or resources, they may visit the United Way of Pennsylvania’s 211 website. We are also encouraging anyone who is healthy and able to consider taking some time to volunteer with their local food bank. Their operations are seriously altered because of this situation, but their services are and will continue to be incredibly needed as COVID-19 continues to disrupt daily lives. We need to be sure our charitable food networks are able to continue their daily operations and meet the needs of their communities, so we will continue to encourage healthy and able people to contact their local food bank to get involved and help their neighbors and community during this time of great need. To find a food bank or pantry in your community, visit Feeding Pennsylvania and Hunger-Free Pennsylvania.

**Protective Services**

We’ve made adjustments to ensure continuity for ChildLine and Adult Protective Services, but these critical outlets are not effective if potential abuse or neglect is not being reported.

People who are mandated reporters under the Child Protective Services Law should report online at www.KeepKidsSafe.pa.gov, but ChildLine is also available to anyone wishing to report, 24/7 at 1-800-932-0313.

Adult Protective Services protects adults who are 18 to 59 and have a physical or intellectual disability. Reports can be made 24/7 to 1-800-490-8505. Reports submitted are still fielded and directed to the appropriate parties to investigate. We appreciate you continuing to lift these resources so we can keep Pennsylvanians safe.

In addition, domestic violence programs and rape crisis centers continue to provide services to victims and survivors. If you need to find rape crisis services, please call 1-888-772-7227 or visit www.pcar.org to be connected with your local rape crisis center. For domestic violence services, please visit www.pcadv.org or call the National Domestic Violence Hotline at 1-800-
799-7233 (SAFE), 1-800-787-3224 (TTY for people who are deaf). If you are unable to speak safely, you can also log onto [www.thehotline.org](http://www.thehotline.org) or text LOVEIS to 22522.
March 17, 2020 Update

Medicaid and CHIP Programs
Our offices that oversee and administer Medicaid access for the millions of Pennsylvanians who rely on it – the offices of Developmental Programs (ODP), Long-Term Living (OLTL), Medical Assistance Programs (OMAP), and Mental Health and Substance Abuse Services (OMHSAS) - are working closely together to get guidance out to providers to support operational changes while aiming for continuity of services.

COVID-19 Diagnostic Testing and Treatment
OMAP is also working with CHIP and Medical Assistance program-enrolled providers and managed care organizations to ensure that people needing testing and treatment related to COVID-19 are able to get this without copays or prior authorizations.

Home and Community-Based Services
ODP and the OLTL have submitted waiver requests to the Centers for Medicare and Medicaid Services allowing for flexibility around staffing for direct care and direct support workers. We are working to create flexibility given the evolving situation but are communicating with participants in these programs to ensure that services are still being rendered when needed. The Appendix K waivers OLTL and ODP submitted were approved on March 18, and we are in the process of drafting guidance to providers pursuant to this.

Update: March 25: The Appendix K waivers were approved.

OLTL has also directed the Community HealthChoices managed care organizations (CHC-MCOs) to not reduce or terminate any personal assistance services or reassess long-term services and supports for at least the next three months. The three CHC-MCOs will also verify service continuity with all long-term care and HCBS participants and to ensure all HCBS participants have an executable back-up plan in place to guard against potential disruptions in service with personal assistance providers and direct care workers.

Telehealth Services
OMAP and OMHSAS issued guidance around telehealth to ease this option for providers around Pennsylvania and Pennsylvanians seeking services while observing social distancing and mitigation guidelines.

County Assistance Offices and Public Assistance Programs
We are also doing everything we can to ensure continuity of benefits and application processing for new applications for benefits that come in during this period. This uncertain time is undoubtedly going to create difficult situations for people around Pennsylvania, and we need to continue to administer these vital programs for those who need it most. We also recognize that there may be changes based on federal action that will affect these programs, and we continue to monitor and will adapt if necessary.

CAO Operations
On March 16, the decision was made to continue to operate county assistance offices but close them to the public. This is necessary to ensure continuity of program operations so we may continue to process applications and maintain existing cases.

I recognize the frustration and concern that this decision has prompted. However, these job functions are essential and cannot be performed off-site with existing technological capacity. We continue to monitor this on a day-to-day, hour-by-hour basis. If additional adjustments become necessary, decisions will be made and communicated, but this work is essential and we cannot abandon the people who need or may need these programs when they need them most.

Medicaid
We continue to accept and process Medical Assistance applications. Individuals can notate on the application if they have a health emergency including COVID-19. We will continue to prioritize Medical Assistance applications where there is an immediate health concern. Self-attestations will be accepted.

SNAP
SNAP certification periods will be extended at least for the next three months so SNAP cases will not be terminated during this period. We have submitted a waiver request to the federal Food and Nutrition Service (FNS) for this extension.

When processing changes to hours worked, we are exercising flexibility as we recognize that this may be difficult to verify as business operations shift across the private sector as well. We are also closely monitoring developments related to the Able Bodied Adults Without Dependents (ABAWD) rule at the federal level. Last week, we submitted a waiver request to FNS to delay implementation of this rule. On Friday night, the DC Federal District Court issued an injunction for the rule. The Commonwealth is exploring ways to ensure ABAWDs do not lose benefits due to the time limits.

We also submitted a request for a SNAP Issuance Waiver that would allow us to issue a payment of 50 percent of a household’s maximum SNAP grant to ensure food security and the ability of SNAP recipients to comply with CDC guidelines calling for households to have two weeks’ worth of food available. If this is granted, we will communicate this broadly.

TANF
We are encouraging employment and training providers to provide remote services where possible and, if not, exercise flexibility for participants. We are also suspending face-to-face interviews and will not terminate or sanction recipients based on RESET requirements.

LIHEAP
We are evaluating the best possible way to support the needs of the LIHEAP eligible population with the limited federal funds available.

Protective Services
Protective services also continue to be administered by DHS. The Office of Children, Youth, and Families (OCYF) and OLTL continue to operate both ChildLine and Adult Protective Services and will continue to
work with our partners at the county level to ensure these vulnerable populations are protected and referrals are investigated.

**State-Run Facilities**
The offices that oversee our state-run facilities – ODP, OMHSAS, and OCYF – are restricting access to these facilities, exercising increased cleaning and sanitation efforts, and screening staff to protect the health of people we serve. We recognize that this may create challenges for individuals under the care of these facilities and their loved ones, and we are working to facilitate visiting and interactions through programs like FaceTime and Skype.

**Licensing Operations**
DHS' routine annual licensing visits are on hold at this time. DHS' licensing offices will continue to monitor facilities and are prepared to respond to and investigate complaints as they are received.

**Child Care Operations**
Child care facilities were closed statewide on March 16 to support COVID-19 mitigation efforts. Exceptions to this policy are family child care homes and group child care homes operating inside a residence. All child care providers will continue to receive Child Care Works payments through April. Closures and operational guidance are communicated directly to child care providers and other early education and early intervention providers through the child care certification listserv and the Pennsylvania early education listserv.

This temporary closure of child care facilities may be a burden for Pennsylvania families who depend on this service. Because it is especially burdensome for essential personnel such as health care workers and first responders who must have safe and stable care options for their children in order to report to work, the Office of Child Development and Early Learning (OCDEL) has implemented a waiver process for child care centers and group child care homes that serve these families. Operators of these facilities who seek a waiver from the Governor’s temporary closure order should contact OCDEL at RA-PWDRACERT@pa.gov. Waiver requests will be processed as quickly as possible.

**Coordinated State Response**
The Office of Administration’s Division of Emergency Preparedness and Safety Operations (DEPSO) team has been working closely with state agencies and partners around the state to support the COVID-19 response across Pennsylvania since the beginning of February. DEPSO has provided ongoing support to DOH and PEMA at the CRCC through coordination and communications as needed. We have responsibility for Emergency Support Function #6, which is to provide for mass care, shelter and human services including food distribution.

Currently, the Mass Task Force is coordinating multiple food distribution programs to ensure appropriate food availability to our children, older Pennsylvanians and families. The Sheltering Task Force is supporting quarantining and sheltering coordination. The Disabilities Integration Task Force is working to ensure that those with access or functional needs are supported during these trying times.