DATE: April 8, 2020
FROM: Ieisha Gray
Director, Long Term Care Administration
SUBJECT: Fifth COVID-19 Update for Long Term Care Providers

News since our last bulletin:

- During the public health emergency (PHE), DHCF will not effectuate any adverse actions terminating or reducing Medicaid eligibility or benefits. Practically speaking, this means that:
  - Waiver beneficiaries with an assessment indicating unmet level of care will not be terminated from the waiver and will not receive any notice of termination. Such notice will be issued subsequent to the termination of the PHE declaration;
  - Waiver or state plan beneficiaries assessed to require fewer hours of PCA services than they currently use will not have their hours reduced and will not receive a notice of same. Notices issued to this effect between March 18, 2020 and April 2, 2020 are being rescinded. Such notice will be issued subsequent to the termination of the PHE declaration;
  - Case managers for beneficiaries experiencing either of the above scenarios should pay attention to a note in the assessment details to this effect. PCSPs should be created, submitted and approved in accordance with existing service levels in these cases; and
  - Assessments confirming level of care, current service levels, or authorizing an increase in services will all be implemented according to normal process.

- The District’s 1135 waiver seeking certain state plan-related flexibilities was approved. This grants DHCF formal and official approval to waive the requirement for a physician or APRN signature on the POF and to allow remote supervisory nurse visits for state plan personal care aide services. The District is awaiting formal, official approval for its Appendix K and other authorities.

- Once all approvals are received, DHCF will be issuing general and provider-specific billing and documentation guidance for services delivered remotely, for signatures, and other temporarily altered practices and processes. At minimum, providers should already be documenting all services delivered & communications with beneficiaries.
  - Where signatures are typically required but unattainable through remote contact, providers must document agreement and approval for such items through either written agreement (obtained by US Mail or email) or a DC Care Connect-timestamped attestation to the beneficiary’s assent recorded by provider staff.
  - Existing minimum standards for documentation of monthly supervisory nurse or case manager visits, PCSP planning meetings, and all other contact with beneficiaries remain in place. All providers are required to over-document given the reduced face-to-face exchange of information,
and evidence in DC Care Connect will serve as justification for billing and reimbursement for services delivered during the PHE.

**Important reminders:**

- **Preservation of Medicaid eligibility.** DHCF and DHS have issued yearlong extensions to all Medicaid enrollees typically required to actively recertify their eligibility in the Medicaid program, including waiver enrollees. Case managers must complete and submit application packets for all waiver renewals. Liberty continues to process and complete all assessments and attestations and one must be completed prior to the completion and submission of the LTC application, as is standard practice. Case managers must complete, review and submit all person-centered service plans (PCSPs) once the application submission is complete.

- **Staff or beneficiary COVID infections.** If a staff member, beneficiary, or beneficiary’s household member tests positive for COVID infection, please contact DC Health immediately for guidance. Additional resources you should consult include
  - DC Health Guidance for Healthcare Personnel Monitoring, Restriction and Return to Work
  - DC Health guidance for patients and home health aides about home quarantine
  - DC Health guidance about testing, testing sites & testing priorities

  **For aides exposed or infected who may be employed by multiple agencies,**
  - Correspond closely with other agencies when staff have been exposed or infected.
  - Inform DHCF; as a last resort, DHCF can examine claims records to identify other agencies with which the aide may be affiliated.

As always, we extend our thanks for your continued partnership and commitment to the care and safety of District residents in these challenging and unprecedented circumstances. We will continue to be in touch with updated information as it becomes available. Please continue to take good care of yourselves as well.