

COVID-19 Provider Webinar: Interim Guidance on Care Planning

May 22nd, 2020

Thank you for joining us today! We will get started shortly after 1 PM.

Due to increased traffic, WebEx may be experiencing some technical difficulties.

Please take a moment to **ENSURE YOU ARE MUTED** upon entering the webinar.

Thank you!

COVID-19 Provider Webinar: Interim Guidance on Care Planning

Including Retainer and Community
Habilitation-R Programs

May 22, 2020



COVID-19 Care Planning Topics

Retainer Program

Group
Community
Habilitation-R

Service
Authorization
and Amendments

April 17, 2020
Care Planning
Interim Guidance



RETAINER PROGRAM



Service Authorization & The Retainer Program

- Agencies that opt into the Day Service Retainer Program (signed attestation), have the flexibility to offer DH, CH and PV to meet the needs of a person they are presently serving, without seeking an additional authorization through the DDRO or submitting a Developmental Disabilities Profile 1 (DDP1)/DDP1 Supplement – within the limits of the Day Services Retainer Program
- These same agencies can also offer these same services to address a crisis situation for someone they are presently serving without the need for DDRO authorization or submitting a DDP1/DDP1 Supplement



Retainer Program & Life Plans (LPs)/Staff Action Plans (SAP)

- COVID-19 Addendum serves as the update to the Life Plan and Staff Action Plan and can be done retroactively to the start of the new service(s) in the Retainer Program, per applicable federal authorities
- Services can and should be initiated as needed for the person as soon as possible. You do not need to wait for sign-off on the COVID-19 Addendum
- During the public health emergency, the written approval of the individual or his/her representative can be done verbally and retroactively as noted on the COVID-19 Addendum
- NYS has approval from CMS through the 1135 waiver to permit documented verbal consent in lieu of written informed consent for care planning documents including the COVID-19 Addendum



COVID-19 Addendum

Insert Agency Name

Addendum to Life Plan and Staff Action Plan for the Retainer Program and Community Habilitation-R During COVID-19

Name of Individual: _____ Medicaid Number (CIN#): _____
 Addendum Date: _____
 Provider Name: _____ Provider CORP ID: _____
 Name of Care Coordination Organization (CCO): _____

This Addendum serves as a temporary change to the Life Plan¹ and the Staff Action Plan (SAP)² for _____ (individual) to receive (select option below) effective _____ (date)³ and continuing for the duration of the COVID-19 Retainer Program/Community Habilitation-R Program. This service change is authorized to be initiated prior to the approval/signature of the Care Manager as long as the individual's verbal approval⁴ or signature has been obtained/documented below. Once the Care Manager signs this Addendum, the Care Manager should distribute the signed Addendum to the individual, the implementing service provider, and email securely to OPWDD Central Operations at help.tabs@opwdd.ny.gov.

Retainer Program⁵
 Community Habilitation (Hourly/ongoing)

Community Habilitation-R (hourly/ongoing) for individuals residing in supervised IRAs and community residences who previously received day services from another service provider prior to COVID-19. Agency may bill up to the authorized number of hours per day, in accordance with the individual's prior authorized weekly schedule for receiving day services.



COVID-19 Addendum continued

My Goal (Individual's Valued Outcome)

Example: To be Safe

Provider Assigned Goals/Supports/Safeguards (to be delivered) and Frequency⁶ (Section II or III of Life Plan)

Example: Teach safety skills

Frequency: Weekly

Staff Actions

Habilitation staff will work with the individual during the COVID-19 emergency to teach safety skills such as handwashing, social distancing, and wearing a mask when in the vicinity of others two times per week for 30 minutes through Telehealth.

COVID-19 Addendum continued

Signatures

Individual or Representative's Approval (note date and method of approval (e.g., verbal).

_____ Date: _____

Provider Agency Author's Name: _____ Title: _____

Provider Agency Author's Signature: _____ Date: _____

Care Manager Name: _____

Care Manager Signature: _____ Date: _____

¹ This Addendum meets the minimum requirements for Life Plan changes.

² This Addendum meets the SAP billing standards in ADM #2018-09 R with Safeguards and/or reference to another document. Providers should ensure SAPs are updated with all required programmatic standards in ADM #2018-09R (if not included in this Addendum) as soon as possible but no later than 60 days after cessation of the state of emergency.

³ Effective dates can be retroactive in accordance with OPWDD guidance/requirements and applicable federal authorities.

⁴ Documentation of verbal consent will suffice per CMS approval of NYS 1135 waiver on 5/6/2020: written consent requirement for OPWDD HCBS waiver services (42 C.F.R. §441.301(c)(2)(ix)) is temporarily waived during the COVID-19 public health emergency. The individual's approval can be retroactive to the effective date of the change, but no earlier than March 1, 2020.

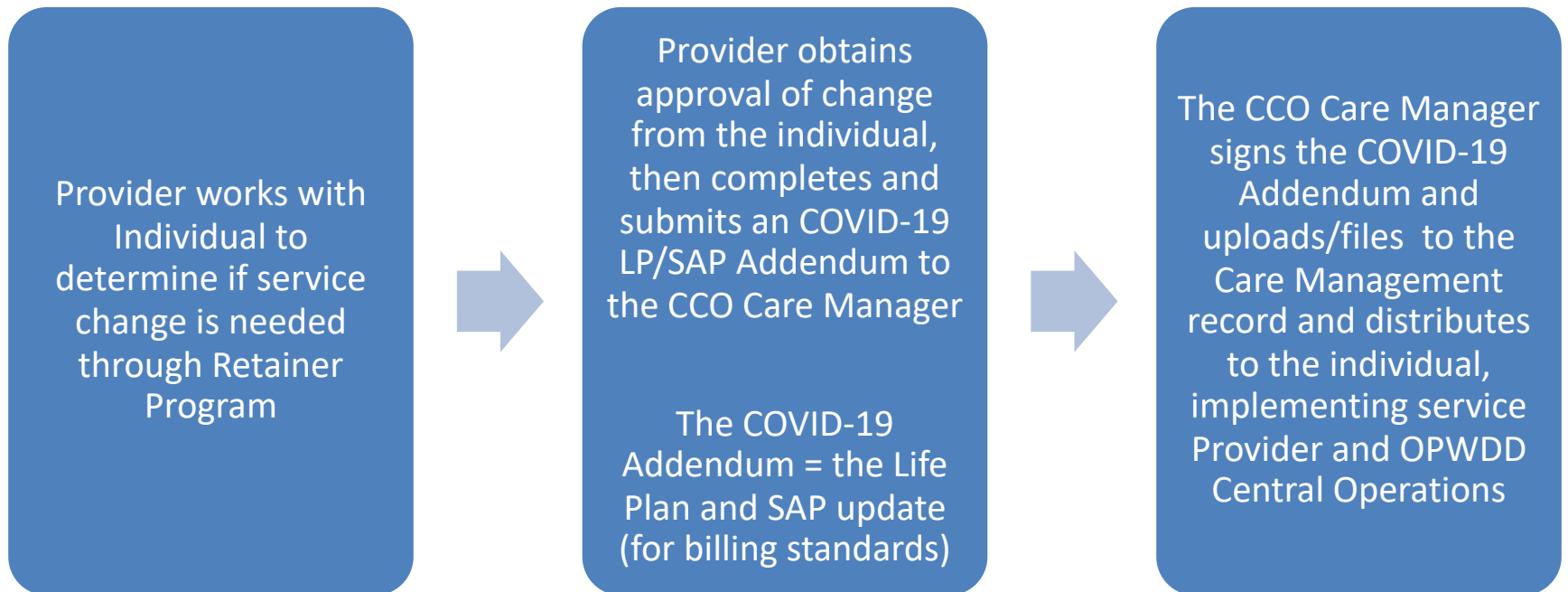
⁵ Each service identified includes the frequency and duration which meets the 4/17/2020 Interim Care Planning Guidance requirements for amount and duration of the change to be identified in the Life Plan.

⁶ Frequency is normally included in Section II and III of the Life Plan. Frequency options: once, daily, weekly, monthly, quarterly, as needed, ongoing, NA. The Frequency from Section II or III of the Life Plan is required to meet the SAP billing standards.

COVID-19 Addendum Information

- Only one program choice per person
- Must select either the Retainer Program or Group Community Habilitation-R
- While the COVID-19 Addendum meets SAP billing standards, Providers should ensure SAPs are updated with all required programmatic standards in ADM #2018-09R (if not included in the COVID-19 Addendum) as soon as possible but no later than 60 days after cessation of the state of emergency.

Retainer Program & Life Plans/Staff Action Plans - Process



COMMUNITY HABILITATION – RESIDENTIAL PROGRAM



Group Community Habilitation-R (Group CH-R)

- Used for people previously identified for Enhanced Residential Habilitation rates
- This includes only people residing in a Supervised IRA of one agency, who traditionally received Day Habilitation (DH) or Prevocational (PV) Services through a different provider agency
- This does not apply to people who may have traditionally participated in other activities during the day (e.g., Supported Employment (SEMP), etc.)
- Group CH-R billing should be used only on the weekdays that the person attended another agency's DH or PV Services

Group CH–R Service Authorization & Life Plan/SAP

- OPWDD will send the **COVID-19 DDRO Service Authorization Group Community Habilitation – Residential Letter** to each applicable Provider agency with the applicable individuals authorized
- The letter serves as authorization to deliver Group CH-R
- The COVID-19 Addendum is used to update the Life Plan and the SAP
 - CH-R Provider initiates updates and sends to the CCO Care Manager
 - CCO Care Manager signs and distributes to the individual, service provider and emails a copy to OPWDD Central Operations

COVID-19 DDRO Service Authorization Group Community Habilitation – Residential

Agency Name:

Agency Corporate ID:

This service authorization allows <Agency Name> to deliver Group Community Habilitation-Residential (Group CH-R) services to the individuals identified in Attachment A who live in this agency's Supervised Individual Residential Alternatives (Supervised IRAs) or Community Residences (Supervised CRs) and participated in Day Habilitation or Prevocational Services operated by a different agency prior to the mandated closure of these services on March 18, 2020. Any CH-R services delivered to individuals not identified in Attachment A must be authorized by the DDRO using the normal service authorization process initiated by the Care Manager.

This Group CH-R authorization is effective retroactively to March 18, 2020. Your agency's Group CH-R billing to Medicaid is limited to:

- No more than XXX hours per day per individual, and
- Only billable on weekdays in accordance with the individual's schedule for participating in the other agency's Day Habilitation or Prevocational services program prior to the program closure.

This service authorization will remain in effect until OPWDD ends this program or until the person can resume participation in Day Habilitation or Prevocational Services delivered by the other agency.



Group CH-R DDRO Service Authorization Letter continued:

For service billing from March 18, 2020 through XXXX, 2020, given the retroactive approval of this service, your agency may bill eMedNY for services based on your agency maintaining a signed attestation that:

- The individual was in residence at the Supervised IRA or CR on any date for which Group CH-R services are billed
- Agency staff provided Community Habilitation during the hours billed
- Group CH-R units are only billed on days when the person would have attended Day Habilitation or Prevocational services delivered by a different agency.

For Group CH-R services delivered on or after XXXX, 2020, your agency will be expected to deliver and document Group CH-R services in accordance with the COVID-19 Addendum or a Staff Action Plan and as described in Administrative Directive Memorandum #2006-01, Group Day Habilitation Service Documentation Requirements.

Your agency must inform the person's Care Manager of the emergency provision of Group CH-R using the COVID-19 Addendum. Any questions related to this action, may be addressed to <CENTRAL OPERATIONS CONTACT>

CC:

Attachment A

COVID-19 DDRO Service Authorization Group Community Habilitation – Residential (Group CH-R)

Name	Medicaid ID (CIN #)



SERVICE AUTHORIZATION AND AMENDMENT — OUTSIDE OF RETAINER AND CH-R PROGRAMS



Service Authorization

- If an agency has not opted into the Day Service Retainer Program, the care manager must go through the normal process (i.e. seek DDRO authorization through the service amendment process) to secure services from this agency for a person
- When service authorization for Day Services (DH, CH or PV) is being sought for a person at an agency that has not opted into the Day Service Retainer Program, any increase in hours or new services should NOT be authorized unless it is necessary to address an emergency situation and is necessary to ensure the health and safety of that person. If there is no emergency situation, the service request will be denied as it is not “clinically justified”

Service Authorization - continued

- People in the following categories would go through the normal Front Door process for service authorization through the DDRO:
 - Net New People – New to OPWDD, eligibility has not been established
 - An OPWDD-eligible person who is not currently Home and Community Based Services (HCBS) Waiver enrolled and is now requesting HCBS Waiver enrollment and HCBS Waiver services
 - People transitioning into the community from specialized Waiver-ineligible settings such as Developmental Centers, Nursing Homes, Prisons, Residential Schools or Intermediate Care Facilities
 - People transitioning from local schools
- DDP1 submission will be required once the service provider is identified

Service Authorization - continued

- The requirement that a Service Authorization Request must be accompanied by a Life Plan or in-process Life Plan is suspended
- When determining authorization of a service, Front Door staff can use documents previously provided during the Eligibility or Level of Care Eligibility Determination (LCED) processes to justify the need for the requested service.

Service Amendment Requests

- Service Amendment Requests can be considered without an updated Life Plan using other documents and a statement from the Care Manager about the need for any additional services or increase in services

Service Authorizations and Requests for Service Amendment

- Further information on Service Authorization/Amendment documentation from January 7, 2019 found here:
https://opwdd.ny.gov/system/files/documents/2020/03/care-coordination-organization-policy-update_service-authorizations-post-july-1-2018.pdf



Review

APRIL 17, 2020 CARE PLANNING INTERIM GUIDANCE



COVID-19

INTERIM GUIDANCE REGARDING CARE PLANNING ACTIVITIES

PUBLISHED APRIL 17, 2020

[HTTPS://OPWDD.NY.GOV/SYSTEM/FILES/DOCUMENT
S/2020/04/4.17.2020-
OPWDD COVID19 CAREPLANNINGGUIDANCE.PDF](https://opwdd.ny.gov/system/files/document/s/2020/04/4.17.2020-opwdd_covid19_careplanningguidance.pdf)



Life Plan & Staff Action Plans

- The person's current Life Plan and Staff Action Plans remain in place until changes are made in accordance with OPWDD's COVID-19 Guidance
- Providers should be certain that staff know how to safely serve the person, but the formal update of the Life Plan and Staff Action Plan can occur later as indicated in the following slides

Life Plan Changes During COVID-19 Emergency

Life Plan support/services changes due to COVID-19:

- Will be made no later than 60 days after change
- Changes will be retroactive to date changes were approved
- Life Plan Addendum for Retainer Program and Community Habilitation-R should reflect date the changes were approved

Life Plan Changes Due to COVID-19 And Approvals/Signatures

- Services may be initiated while awaiting the Care Manager's and individual's/representative's signatures on the Life Plan
- Documentation of verbal consent will suffice per CMS approval of NYS 1135 waiver on 5/6/2020: written consent requirement for OPWDD HCBS waiver services 42 C.F.R. §441.301(c)(2)(ix) is temporarily waived during the COVID-19 public health emergency
- The individual's approval can be retroactive to the effective date of the change, but no earlier than March 1, 2020

Corresponding Staff Action Plan Changes

- Changes to the Staff Action Plan that are needed to reflect the Life Plan Changes during COVID emergency may be deferred until 60 days after the end of the state of emergency.
- For the Retainer Program and Community Habilitation-R, the COVID-19 Addendum meets the SAP billing standards in ADM #2018-09 R with Safeguards and/or reference to another document.
 - Providers should ensure SAPs are updated with all required programmatic standards in ADM #2018-09R (if not included in the Addendum) as soon as possible but no later than 60 days after cessation of the state of emergency.

Signatures on Service Authorization Request Forms (SARFs) and Requests for Service Amendments (RSAs)

- During the state of emergency, if hand-written signatures are not possible or would cause undue delay, Care Managers and/or Supervisors may use electronic signatures for the RSA and SARF
- Individual/family/representative signature is not required on the RSA if the Care Manager has documented that verbal agreement has been obtained. When possible, the Care Manager may write or type “Verbal Agreement Obtained” on the individual/family/representative signature line

Non-COVID-19 Life Plan Changes that were in-process prior to March 7, 2020

- Timeframes for finalization of non-COVID-19 related Life Plan changes that were in-process, but not yet final, prior to March 7, 2020, or which result from any Life Plan meetings or reviews held during the emergency, are waived until after cessation of the state of emergency
- The corresponding changes to Staff Action Plans can similarly be deferred

Annual Life Plan Meetings

- The requirement that at least one (1) face-to-face Life Plan meeting is conducted each year is waived during the period of the state of emergency
- The annual assessments that CCO/HHs complete to inform the Life Plan, including the annual Developmental Disabilities Profile - 2 (DDP2) and finalization of the Life Plan, may be postponed until the next semi-annual Life Plan review occurs but no later than six (6) months after the cessation of the state of emergency

Annual Life Plan Meetings

- Whenever possible, and if the individual and/or their representative would like to go forward with the Life Plan meeting during the state of emergency, the Care Manager should conduct the annual Life Plan meeting (including the circle of support, major service providers, and anyone else the individual chooses to include) using telephonic, telehealth or other appropriate non-face-to-face methods in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements

Annual Level of Care Determination- Redetermination (LCED)

- During the state of emergency, the annual LCED redetermination can be postponed for no more than six (6) months from the original due date
- For example, the LCED is due 4/1/2020 (during the state of emergency); this LCED must be completed on or before 10/1/2020



Medicaid Eligibility Redeterminations

- Per Department of Health (DOH), no person who currently has Medicaid coverage will lose their coverage during the COVID-19 pandemic emergency
- Any person receiving notice that their Medicaid enrollment is discontinued effective after March 18, 2020 will be reinstated so there is no gap in coverage. For more information, please see this message from DOH's Division of Eligibility and Marketplace Integration:
https://health.ny.gov/health_care/medicaid/publications/docs/gis/20ma04.pdf
- Please direct questions to the local district or the New York State Medicaid Helpline at 1-800-541-2831



Coordinated Assessment System (CAS) During COVID-19

- CCO/HH Care Managers are temporarily relieved of most CAS administration process duties
- CAS assessors may continue assessments and share relevant information with Care Managers
- Care Managers should share and review the outcome of the completed CAS with the individual (by telephone or mail, as appropriate) within 30 days of report receipt



Willowbrook Class Members

- CCO/HH Care Managers are required to contact Willowbrook Class Members living in non-certified community settings at least three (3) days of each week during the state of emergency to assess the health and safety of Class Members
- The Care Manager Observation Reports for Willowbrook Class Members due during the state of the emergency must be completed within one hundred eighty (180) days of the cessation of the state of emergency



Staying Informed

Finding What You Need to Know

New York State Department of Health has provided extensive information about Coronavirus on its public website:

<https://coronavirus.health.ny.gov/home>

- Precautions
- Symptoms
- Updates
- How to plan and stay informed



Additional Resources

Department of Health provider guidance can be found here:
<https://coronavirus.health.ny.gov/information-healthcare-providers>

OPWDD Issued Guidance available at <https://opwdd.ny.gov>

Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-ncov/>

Guidance is updated frequently and providers are strongly encourage to continually review these resources

For questions related to retainer day payments, email:
central.operations@opwdd.ny.gov

For questions related to Care Planning and Service Delivery, email:
care.coordination@opwdd.ny.gov



Thank you to all CCOs, Care Managers, and Provider Staff for your dedication during this crisis.

