

Interim Guidance Regarding Care Planning Activities

April 17, 2020

Interim Care Planning and Related Activities Guidance Under COVID-19

Pursuant to [Executive Order 202](#), issued on March 7, 2020, and the Centers for Medicare & Medicaid Services' (CMS) approval of Appendix K to the Office for People With Developmental Disabilities (OPWDD) 1915(c) Comprehensive Home and Community Based Services (HCBS) Waiver, the following waivers will temporarily apply to Life Plans and Staff Action Plans during the COVID-19 state of emergency.

This guidance outlines the compliance requirements that are temporarily waived by Appendix K and the Executive Order, retroactive to March 7, 2020. These actions provide the greatest amount of flexibility possible to Care Coordination Organization Health Homes (CCO/HHs), Intellectual and/or Developmental Disabilities (I/DD) service providers, and waiver recipients, to facilitate a primary focus on monitoring individuals' health and safety, and delivering needed supports/services, during the COVID-19 public health emergency. OPWDD will provide additional details regarding completion of documentation and waived procedures, subsequent to the state of emergency.

A. Face-to-Face Requirements Waived Unless Medically Necessary

Guidance on face-to-face meetings for CCO/HHs and Basic HCBS Plan Support Services is available in the New York State Department of Health (DOH) "Guidance for Health Homes" at https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-14_guide_hhsa_hhsc.pdf, issued March 14, 2020.

B. Life Plan Changes/Updates/Signatures and Corresponding Staff Action Plan Changes/Updates

During this public health emergency, services may be initiated while awaiting the Care Manager's and individual's/representative's Life Plan signatures. Documentation of verbal or e-mail approval of the proposed changes and additions to Life Plans will suffice as authorization for providers to deliver the services. Verbal approval may only be used to initiate services while awaiting signature.

Life Plan service and support changes prompted by the COVID-19 state of emergency, including changes to the amount, duration, and scope of any service, must be updated in the Life Plan as soon as possible, but not later than sixty (60) days after the initiation of the service or change. Signatures must be obtained to finalize these changes to the Life Plan. A COVID-19 addendum can be used to describe any needed updates. Such COVID-19 related Life Plan changes may be retroactive to the date the changes were approved. The date(s) of such approval should be specified within the Life Plan, as it will differ from the Care Manager's and individual's and/or representative's Life Plan signature dates. Corresponding Staff Action Plans must also be updated, although timelines have been waived until sixty (60) days following the cessation of the state of emergency.

Timeframes for finalization of non-COVID-19 related Life Plan changes that were in-process 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.

Additional information will be forthcoming on Life Plan and Staff Action Plan timelines, which will include details for Life Plans initiated during the state of emergency.

C. Life Plan Annual Face-to-Face Meetings/Updates and Related Activities

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 face-to-face Life Plan meeting, 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.

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.

D. Life Plans and Service Authorizations and Amendments

During the state of emergency, 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 amendments 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.

E. Requests for Service Authorization (RSAs) and Service Amendment Request Forms (SARFs)

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.

F. Level of Care Eligibility Determination (LCED) Annual Redeterminations

During the state of emergency, the annual LCED redetermination can be deferred for no more than six (6) months from the original due date. For example, if the LCED is due April 1, 2020, which is during the state of emergency, then the LCED must be completed on or before October 1, 2020.

G. Medicaid Extensions

Pursuant to Department of Health guidance, no person who currently has Medicaid coverage will lose their coverage during the COVID-19 public health emergency. Any person receiving notice that their Medicaid enrollment is discontinued after March 18, 2020, will be reinstated so there is no gap in coverage. For more information, please see the April 2, 2020 General Information System message sent by DOH's Division of Eligibility and Marketplace Integration, available at 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.

H. Coordinated Assessment System (CAS) Assessments

CCO/HH Care Managers are temporarily relieved of the duties related to coordinating CAS assessments; this includes actively gathering initial contact data for assessors, participating in the scheduling of assessments, actively providing the supporting documents necessary to complete a CAS assessment, and attending a CAS assessment. This relief is contingent upon expedited efforts by the CCO's to develop direct access to the CCO care management system for CAS assessors, by way of designated user roles, effectively facilitating assessors' ability to complete the CAS independent of Care Managers.

Care Managers should share and review the outcome of a completed CAS (the "CAS Summary document") with the individual (including by telephone or by mail, as appropriate) within thirty (30) days of receipt of the report.

I. Willowbrook Class Members

Throughout the state of emergency, 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, 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.