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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, most recently amended on August 18, 2020, and on certain federal waivers under Section 1135 of the Social Security Act, the following modifications to Life Plans and Staff Action Plans will be temporarily permitted during the COVID-19 public health emergency.

This guidance outlines the compliance requirements that are temporarily modified 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 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/family/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. Pursuant to a Section 1135 waiver, documentation of the individual's verbal informed consent suffices during the public health emergency and it is not necessary to later obtain a written signature. Please note, however, that this Section 1135 waiver will automatically sunset at the conclusion of the federally declared COVID-19 public health emergency, which may be a different date than the end date of any modifications permitted under the Appendix K authority.

Life Plan service and support changes prompted by the COVID-19 public health 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 approval of the service or change. Signatures must be obtained to finalize these changes to the Life Plan. As indicated above, documentation of an individual's verbal informed consent is acceptable. The COVID-19 Life Plan/Staff Action Plan

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 individual's approval can be retroactive to the effective date of the change, but can be effective no earlier than March 1, 2020. The date(s) of such approval should be specified within the Life Plan, as it will differ from the Care Manager's and individual/family/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 state of 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 modified during the period of the state of emergency as follows:

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, must now be conducted prior to the original due date or as soon as possible thereafter. Telehealth or telephonic capabilities may continue to be used in lieu of face-to-face in accordance with the DOH Health Home Guidance located here:
https://www.health.ny.gov/health_care/medicaid/covid19/docs/2020-03-14_guide_hhsa_hhsc.pdf.

The Care Management record must clearly document the reason for the delay if the annual meeting did not occur on time. A Life Plan for which an annual meeting did not occur on time will reflect an effective date of the day the annual meeting actually occurred. The prior Life Plan will be extended to that date to avoid any gaps in Life Plan and/or waiver service coverage, as long as the Care Management record documents the reason for the delayed annual meeting, and the CCO/HH made reasonable efforts to complete the Life Plan as soon after the original due date as possible.

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. Return to Day Services and Decision Making

During the reopening of day program services, the decision of whether or not to return to a day

program during the COVID-19 public health emergency must be person-centered and based on the informed choice of the individual and/or their family/representative and in conjunction with the care planning team (i.e. interdisciplinary treatment team). In accordance with OPWDD Person-Centered Planning Regulations at Part 636, these discussions should be led by the individual (to the extent possible and desired), in conjunction with the support and facilitation of the individual's Care Manager and care planning team. Supported decision making must be based on the best interest and informed choice of the individual and what the individual and/or their family/representative wants and conveys during this meeting.

F. 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.

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

During the state of emergency, the annual LCED redetermination can be deferred for no more than one (1) year 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 April 1, 2021.

H. Medicaid Extensions

Pursuant to DOH 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.

I. Coordinated Assessment System (CAS) Assessments

CCO/HH Care Managers will resume all regular 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.

J. 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 emergency, must be completed within one hundred eighty (180) days of the cessation of the state of emergency.