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COMMONWEALTH of VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

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To: CCC Plus Managed Care Organizations

From: Karen Kimsey
Director
DMAS

Tammy Whitlock
Deputy Director
Complex Care and Services

Cheryl Roberts
Deputy Director
Programs and Operations

Subject: MCO Services Delivery Flexibilities related to COVID-19 update

This memo is one in a series that sets out the Agency's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. These flexibilities are relevant to the delivery of covered services for COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact.

Please note that the policy changes set out in this memo are in effect during the public crisis, as set out in the Governor's Emergency Declaration. This is a rapidly emerging situation and additional changes will be forthcoming. Providers are encouraged to frequently access the Agency's website to check the central COVID-19 response page for both FAQ's and guidance regarding new flexibilities as they are implemented. For additional questions about this memo or other COVID-19 related issues, the agency has created a centralized point of access for submission at http://dmas.virginia.gov/contactforms/#/general. Any flexibilities listed in the March 19, 2020 Medicaid Memo are still in effect during this current state of emergency unless explicitly stated otherwise.

Updates for all HCBS Waivers

The following guidance is pertinent to the state's current HCBS waivers. Unless otherwise noted, these changes are effective March 12, 2020.

- Waiver individuals who receive fewer than one service per month will not be discharged from a HCBS waiver. Waiver individuals shall receive monthly monitoring when services are furnished on a less than monthly basis. Monthly monitoring may be in the form of telehealth visits including phone calls. Monthly monitoring shall be performed by the CCC plus waiver provider including the personal care agency, services facilitator, or adult day health center for those enrolled in the waiver.

- Effective April 20, 2020, legally responsible individuals (parents of children under age 18 and spouses) shall be permitted to provide personal care/personal assistance services and be paid during the emergency period. Any legally responsible individual who is a paid aide or attendant for personal care/personal assistance services shall meet all the same requirements as other aides or attendants. Respite requirements remain unchanged; there must be an unpaid primary caregiver to be eligible to receive respite services. For consumer-directed services, the legally responsible individual cannot be both the paid provider and the Employer of Record (EOR). Legally responsible individuals who are currently serving as the participant's back-up plan will not be required to identify a new back-up plan while serving as the paid attendant.

- Effective April 20, 2020, personal care, respite, and companion care agency providers may permit aides to provide services prior to receiving the standard 40- hour training requirement. The provider must ensure that the aide is competent in performing the tasks required in the plan of care prior to the aide delivering services in the home. This should be documented in the employee's personnel file. Providers may utilize online training to meet aide training requirements. Aides must receive the 40- hour training within 90 days of starting care.

- For services facilitation providers, the Consumer (Individual) Training (S5109) may be conducted using telehealth methods.

- Face-to-face visit requirements with members are now waived for initial visits and transfers for personal care, respite, and companion services. Face-to-face visits shall be replaced with telehealth methods of communication including phone calls and video conferencing. Documentation of visits conducted through telehealth must meet the standards required for face-to-face visits. Details on how the information was obtained in lieu of the face-to-face meeting must be documented within the member's record and on documentation submitted to the appropriate service authorization entity. Existing face-to-face visit requirements continue to apply in cases where there is a compelling concern for the member's health, safety and welfare based on the professional judgement of the provider. This applies to both agency-directed and consumer-directed service. This is a change from the March 19, 2020 previous Medicaid Memo and is effective March 31, 2020.

CCC Plus Waiver

- Correction from March 19, 2020 Medicaid Memo: Providers shall document in their records the member's verbal consent, authorization, and confirmation of participation. The provider shall not be required to obtain written signatures after the end of the emergency.

- All face-to-face requirements to conduct the annual level of care evaluations (LOCERI) are waived. This waiving of face-to-face requirement is for both past due and currently due level of care evaluations. For CCC Plus Waiver members who have had a face-to-face health risk assessment (initial or reassessment) from October 1, 2019 through March 12, Medicaid Memo: DD and CCC Plus Waivers: Provider Flexibilities Related to COVID-19 April 22, 2020 Page 4 2020, the information from this assessment may be used to submit LOCERI data in lieu of the face-to-face meeting to complete and to submit the annual level of care evaluation. The due dates for re-evaluations for level of care have been extended from 12 months to 18 months.