

Special COVID-19 Letter of Direction #6

Date: May 6, 2020 (effective March 17, 2020)

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division

Subject: COVID-19 Care Coordination & Other In-Home Services & Community Benefits

Title: Care Coordination Other In-Home Services & Community Benefits

The purpose of this revised Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for modification of services and program standards related to the national public health emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak. The purpose of these changes is to assure the continuation of essential services to Medicaid patients without disruption or delay while following Centers for Disease Control and Prevention (CDC) direction to maximize social distancing for the duration of the public health emergency.

This Special COVID-19 LOD replaces and provides clarification to LOD #31 sections:

1. 4- Care Coordination; and
2. 5- Other In-Home Services & Community Benefits

- 1. Care Coordination** – HSD is waiving the in-person, face-to-face requirements for all care coordination home visits through the termination of the emergency declaration. The Comprehensive Needs Assessment (CNA) exception form will not be required during the emergency declaration period. The MCOs are required to continue all care coordination activities using telephonic visits or, if the capacity exists for the member and MCO, virtual visits. Care coordination activities that normally require a home visit with face-to-face member interaction include initial, annual and semi-annual CNAs; semi-annual and annual in-person touch points; transition of care three-day in-home assessments; and Nursing Facility Level of Care (NF LOC) determinations for Community Benefits. Although the face-to-face home visit requirement is waived during this emergency period, the MCOs are directed to report all telephonic and virtual care coordination contacts with members into the Care Coordination Report (Report #6).

2. Other In-Home Services & Community Benefits:

- a. **Centennial Home Visiting (CHV)** - HSD is temporarily waiving the requirement that CHV program providers perform in-home visits. Instead, Nurse Family Partnership and Parents as Teachers home visitors will follow telehealth guidance in accordance with their curriculum standards, including the use of videoconferencing, if possible. Any activities that require an in-person visit with CHV clients will be deferred through the termination of the emergency declaration.
- b. **In-Home Community-Based Services & Personal Care Services (PCS)** – For in-home community-based services, including Personal Care Services (PCS), Respite, Support Broker and Home Health Aide services, the MCOs must obtain, review and ensure implementation of each agency’s emergency disaster plan. The agency disaster plans must include actions for in-person visits with members who have a confirmed diagnosis of COVID-19, and back-up plans for providing care when the member’s caregiver has been diagnosed with COVID-19.

PCS agencies should follow the guidance provided by the Centers for Disease Control (CDC) and Prevention on implementing Home Care of people not requiring hospitalization for Coronavirus Disease 2019 (COVID-19) located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html> and outlining the prevention of spreading of Coronavirus Disease 2019 in Homes and Residential Communities. Guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>. MCOs are required to work collaboratively to develop mutually agreed upon protocols to reduce the administrative burden for providers.

MCOs must ensure that PCS agencies are maintaining and providing back-up caregivers per Section 8.14 of the Managed Care Policy Manual. The MCOs are required to ensure that every member receiving PCS has a back-up plan and that members and caregivers are aware of such plans. Informal supports must be researched as back-up caregivers.

HSD is allowing for lapse in annual and an extension of 6 months for initial CPR and First Aid training requirements as outlined in section 8.14 of the Managed Care Policy Manual effective with this LOD.

HSD is suspending the in-home supervisory visit requirements for all in-home care services outlined in Section 8 of the Managed Care Policy Manual. Telephonic supervisory visits must be used instead of in-home supervisory visits.

The MCOs should continue their current processes for Electronic Visit Verification (EVV) exceptions, like substitute caregivers, while working closely with PCS providers to mitigate administrative burden. The MCOs will need to continue monitoring and reporting the exceptions as directed in MCO report 35.

Additionally, MCOs are directed to not start the timeclock for non-utilization of Community

Benefits for waiver recipients. Member's waiver services should continue without a break in service until further notice.

- c. **Nursing Facility Level of Care (NF LOC) Redeterminations** - HSD will be suspending NF LOC redeterminations (annual or LOC change) for impacted (COVID-19 positive) members through the termination of the emergency declaration. MCOs will continue to receive 112 files and should continue to submit 113 files as usual when NF LOC determinations are able to be completed.

MCOs must maintain the NF LOC approval through the public health emergency (PHE), in order to meet Federal maintenance of effort requirements. This includes maintaining the services that the member was receiving prior to the PHE.

MCOs must extend NF LOC determinations and setting of care (SOC) in Omnicaid and reissue prior authorizations for all long-term care services. HSD will provide the MCOs with lists of extended categories of eligibility (COEs) from ASPEN, that must be adjusted in the Omnicaid system for an additional three (3) months of long-term care eligibility.

HSD is not changing timeframes for completing initial NF LOC determinations as outlined in section 7.9 of the Managed Care Policy Manual at this time, however the in-person visit requirement is being waived and shall be replaced with a telephonic assessment as stated in the Care Coordination section above. If the MCO is not able to conduct a telephonic assessment for the NF LOC determination, the MCO may utilize the LOC packet from the existing NF LOC determination during the emergency declaration period. MCOs are required to track and report to HSD the members that fit in this category.

HSD values its continued collaboration and partnership with the MCOs to implement these directives as quickly as possible to help assure the health and safety of Medicaid members and our fellow New Mexicans. Further direction will be provided as guidance and authorities become available.

This COVID-19 Letter of Direction will sunset when the Human Services Department determines that the outbreak of the 2019 Novel Coronavirus (COVID-19) associated with the national public health emergency has been contained.