Developmental Disabilities Administration

Flexibilities for Supports and Services due to COVID-19

# Highlights

## Service Delivery

* Phone calls and other digital communications may be used to substitute for in-person visits for providers for all services, as long as client health and safety needs can be safely met, the intent of the service can be maintained, and the client agrees to receive remote services.
* Surveys of clients and providers are underway to inform future policy decisions on how to continue remote services beyond the emergency.

## Fabric Face Masks and Personal Protective Equipment

* Personal care and residential service providers have receive rate increases or direct payments to facilitate purchasing personal protective equipment and cleaning supplies
* Fabric face masks were mailed to all individual providers
* Individual providers home providers have a mechanism to order personal protective equipment

## Education & Communication

* Special Edition Wellness Education material created and mailed to all active DDA clients
* Increased messaging through GovDelivery email communication system
* Established Coronavirus Information and Resource page on the Internet

## Person-Centered Service Planning and Assessments

* Federal waivers and state statutory exemptions permit telephonic assessments in place of face-to-face assessment when needed to prevent exposure related to COVID-19
* A client’s services may continue and the reassessment may be postponed up to one year on a case-by-case basis if due to illness or quarantine
* The time limit for approving a client’s expired person-centered service plan may be extended on a case-by-case basis

## Long-term care workers

* Classroom trainings replaced with online trainings when possible
* Basic caregiver training waiver for nurse delegation
* Background check requirement changes
  + Services can be provided without completing a national fingerprint-based background check first
  + The state name and date of birth check must be completed
* Long-term care worker requirements changes related to:
  + Background checks
  + Training requirements
  + Continuing education
  + Home Care Aide certification
  + Limited services providers and respite providers
  + Payments to providers
  + Provider qualifications

## Rate Increases

* Temporary COVID-19 related rate increases approved for DDA Community Residential, Nurse Delegation, Private Duty Nursing, Skilled Nursing, Alternative Living, and Individual Providers
* Retainer payments approved for Adult Family Home providers

## Medicaid Financial Eligibility

* Medicaid eligibility is continued through the end of the public health emergency unless termination is voluntary or the person is no longer a Washington resident
* States have flexibility in meeting the timeliness standards for renewing Medicaid eligibility during an administrative or other emergency beyond the agency’s control
* Self-attestation and post-enrollment verification is acceptable for some eligibility criteria during the public health emergency
* Presumptive eligibility is available to facilitate hospital discharges
* Asset Verification has changed to a post-enrollment process to expedite eligibility

## DDA Eligibility

* ICAP can be conducted remotely
* Signature requirements waived for age birth to three applications for intake and eligibility
* DDA eligibility is continued when termination would otherwise result in a loss of Medicaid and/or waiver eligibility

# Federal waivers

## 1915(c) Waiver Appendix K Amendments

DDA was the first in the nation to receive 1915(c) waiver appendix K approvals. Effective March 1, 2020, and has an anticipated end date of February 28, 2021 flexibilities are available when

* Assistive technology including tablets, switches, telephones or other devices is available under all five waiver in order to increase independence, safety or social engagement, or receive waiver-funded remote supports. Distance Based Observation and Reporting support aso becomes available under assistive technology.
* Respite hour limits suspended
* Respite provided out-of-state may exceed 30 days
* Respite care may be provided by currently contracted positive behavior support providers
* Waiver aggregate budgets may be exceeded for COVID-19-realted health and safety needs (Basic Plus, CIIBS, IFS)
* Community Guide, Community Engagement, and Staff and Family Consultation may be provided to more than one client at a time
* Staff and Family consultation may include emergency preparedness consultation support
* Transportation services may be used to travel to a place where the client will not be receiving waiver services if necessary to prevent illness or meet a client’s immediate health and safety needs (e.g. transportation to a family member’s home)
* All waiver services may be offered remotely when travel is not possible due to COVID-19 infection or exposure
* The following services may be provided in a hotel, shelter, church, other facility-based setting, or the home of a direct care worker or family member when the client is displaced from their home because of quarantine or hospitalization, or if a provider is unavailable due to illness or business closure\*:
  + Residential habilitation
  + Respite care
  + Positive Behavior Support
  + Staff and family consultation
  + Behavioral health stabilization – positive behavior support
  + Behavioral health stabilization – crisis diversion beds
  + Nurse delegation
  + Skilled nursing
* Some services may be provided in an acute care setting (e.g. hospital or short-term institutional setting) if certain criteria are met. (Congress has since approved this ongoing in the CARES Act.)
* CIIBS quarterly meetings may be provided telephonically
* Purchase cards and community choice guides can be used by providers of specialized medical equipment and supply, specialized equipment and supply, and assistive technology when supply or cost impacts occur due to COVID-19

\*If not available through the Medicaid state plan or another legally liable funding source

## 1135 Waiver Flexibilities

Effective March 1, 2020, through the end of the public health emergency declared by the Sec. of Health and Human Services

* Waives community-based settings criteria for HCBS waiver program, state plan benefit, and Community First Choice State plan option – services can be provided in settings that have not been determined to meet HCBS settings criteria
* Waives conflict of interest requirements regarding reimbursement for services provided by an entity that also provides case management and/or is responsible for development of the person centered service plan
* Waives written consent requirements for Person Centered Service Plan for waiver programs, HCBS state plan programs, and Community First Choice programs – permits documented verbal consent as an alternate
* Waives certain screening requirements to allow for temporary, provisional enrollment including
  + Payment application fee when otherwise required
  + Criminal background checks
  + Site visits
  + In-state/territory licensure requirements
* Out of state providers can be used and if the provider meets certain criteria.
* Waives pre-approval requirements for services provided

Pre-Admission Screen and Annual Resident Review (PASRR)

* + Waives Level 1 and Level 2 assessments for 30 days
  + Level 1 and Level 2 screens not required for residents being transferred between nursing facilities
  + 7-9 day timeframe for Level 2 Assessments only applies to the preadmission screens
  + No set timeframe for when a Resident Review must be completed but should be conducted as resources become available
* Facilities including nursing facilities, intermediate care facilities for individuals with intellectual and developmental disabilities, etc. to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed facility if certain requirements are met
* Fair Hearing Requests and Appeal Timelines
  + Modifies timelines for managed care plans to resolve appeals to zero days
  + Allows enrollees to proceed directly to the state fair hearing
  + Modifies timeframe for enrollees to exercise their appeal rights to allow an additional 120 days to request a fair hearing
  + Modifies the timeframes to allow beneficiaries to have more than 90 days to request a state fair hearing for eligibility or fee-for-service issues
  + Allows for suspension of adverse actions for individuals for whom a determination has been completed but 1) the notice has not been sent or 2) it is believed the individual did not receive the notice.
  + Allows for delays in scheduling fair hearings and issuing fair hearing decisions
* Public Notice and Tribal Consultation
  + Waives public notice requirements for state plan amendments that increase beneficiary access to items and services related to COVID-19.

## 1115 Public Health Emergency Demonstration Waiver

Effective March 1, 2020, and terminates no later than 60 days after the end of the public health emergency declared by the Sec. of Health and Human Services

* Permits the state to target services on a geographic basis that is less than statewide
* Permits the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need. This includes:
  + Expedited eligibility for long-term care services and supports. Allows the state to: a) delay the need for income and asset verification for one year, and b) delay the need for a level of care assessment for one year.
  + Long-term Care Services and Supports – expenditures allowed even if not updated in the plan of care, or delivered in allowable alternative settings (hotels, schools, shelters, churches).
  + Home and Community Based Services Rates – Allows state to pay her rates to HCBS providers for services provided in order to maintain capacity to ensure adequate pool of providers to address needs. Allows rates to be increased by up to 50 percent.
  + Retainer Payments – Allows retainer payments to providers of personal care and habilitation services that include personal care to maintain capacity during the emergency.
  + Modified Eligibility – Allows beneficiaries to self-attest to disability or level of care to receive long-term care services and supports for the period of the public health emergency.
  + Functional Assessments – Allows delay in need for a functional assessment and level of care determination for one year, and for reassessments to be delayed one year.

## Families First Coronavirus Response Act

* Enhanced FMAP is available to states. To receive the enhanced FMAP:
  + Eligibility standards, methodologies or procedures under the state plan and any waivers may not be more restrictive during the emergency period than was in effect January 1, 2020
  + Premium amounts may not exceed the premium amounts in effect January 1, 2020
  + Individuals enrolled in a Medicaid plan or waiver at the enactment of the Act will continue to be eligible through the end of the emergency period unless the person voluntarily terminates eligibility or moves out of state

## Blanket federal waivers affecting Intermediate Care Facilities

* Active treatment and training requirements that would violate local requirements for social distancing, staying at home, and traveling for essential services only
* Staffing flexibilities that allow facilities to adjust staffing patterns while maintaining minimum staffing ratios
* Suspension of community outings requirements
* Evacuation of facilities to provide services in alternative settings when a provider’s setting is inaccessible (i.e. temporary shelter)