



Washington State  
Department of Social  
& Health Services

Transforming lives

## FEDERALLY RECOGNIZED WASHINGTON STATE TRIBES AND AREA AGENCIES ON AGING

- Olympic Area Agency on Aging (PSA 1)
- Northwest Regional Council (PSA 2)
- Snohomish County Aging and LTC Division (PSA 3)
- Aging and Disability Services (PSA 4)
- Pierce County Aging and Long Term Care (PSA 5)
- Lewis/Mason/Thurston Area Agency on Aging (PSA 6)
- Southwest Washington Agency on Aging and Disabilities (PSA 7)
- Aging and Adult Care of Central Washington (PSA 8)
- Southeast Washington Aging and Long Term Care (PSA 9)
- Yakama Nation Area Agency on Aging (PSA 10)
- Aging and Long Term Care of Eastern Washington (PSA 11)
- Colville Indian Area Agency on Aging (PSA 12)
- Kitsap County Division on Aging and Long Term Care (PSA 13)

# Safe Start for Long-Term Care Facilities

## Washington State Department of Health and Department of Social and Health Services

August 2020

COVID-19 has had a disproportionate effect on Washingtonians who live in long-term care facilities or receive care from Supported Living agencies in their homes.

This phased approach to reopening is designed to keep them healthy and safe. The LTC phase that a facility or agency is in will vary by county and mirror Governor Inslee's Safe Start Washington Plan.

**Additionally, a facility or agency must meet certain criteria before entering a new LTC phase, including going 28 days without a resident/client or staff member testing positive for COVID-19 and having at least a 14-day supply of Personal Protective Equipment (PPE) on hand.** Until the COVID-19 public health threat has ended, facilities and agencies will practice social distancing, universal masking, screen all staff and residents entering for symptoms, maintain access to testing and follow all local and federal PPE guidelines. This document is a summary of the detailed Safe Start Recommendations and Requirements documents for each facility or agency type. More detail for each phase and topic is available in the full Safe Start plan.



### LTC Phase 1



### LTC Phase 2



### LTC Phase 3



### LTC Phase 4

#### Visitation

*Remote visits, window visits, and compassionate care visits are allowed in all phases. Facilities should have policies in place for remote visitation, including access to technology that allows residents to communicate with family, friends or their spiritual community regardless of phase.*

- Indoor visitation is prohibited, with the exception of compassionate care end-of-life and psychosocial need situations.
- Outdoor visitation is allowed. Residents may have two visitors each day.

- Compassionate care visits are allowed.
- Outdoor visits are permitted. Face masks must be worn and proper hand hygiene and social distancing practiced.
- If a resident or client is unable to participate in outdoor visits and cannot utilize technology for remote visitation, they are allowed to have one essential support person visit the facility as often as once a day.
- All visitors must wear a cloth face coverings or facemasks during visits.

- All residents or clients are allowed to have limited visitation.
- Outdoor visits are preferred to entering the facility or home.
- Facilities may limit the number of visitors per resident.
- Residents or clients are allowed to leave the facility as long as they practice social distancing, wear a mask and are screened for symptoms when they return.

- Regular visitation resumes.

#### Testing and screening

- The facility must maintain access to testing for all residents and staff.
- Testing will occur based on federal, Department of Health and Local Health Jurisdiction guidance.
- Residents and staff, as well as any essential health care personnel entering the building, must be screened for symptoms daily.
- Compassionate care and outdoor visitors must be screened.

- LTC Phase 1 testing and screening mandates are still required in Phase 2.
- Non-essential personnel must be screened.
- Compassionate care and outdoor visitors, as well as essential support persons, must be screened.

- Remains the same as earlier phases.

- Facilities should follow current federal, Department of Health and Local Health Jurisdiction guidance for testing.
- Continue to screen all residents, staff and persons entering the facility for symptoms.

#### Personal Protective Equipment (PPE)

- All staff must wear a cloth face covering or face mask while in the facility.
- All staff and essential health care personnel must wear appropriate PPE when interacting with residents.
- Facilities must follow federal PPE optimization strategies.

- LTC Phase 1 PPE mandates are still required in Phase 2.

- Remains the same as earlier phases.

- Follow federal, Department of Health and Local Health Jurisdiction guidance for PPE.

#### Group activities

- Communal dining is not recommended. If it occurs, residents must be seated at least six feet apart.
- Restrict group activities as much as possible.
- Facilities and agencies should have procedures in place that allow residents to use technology to participate virtually in activities that improve their quality of life.

- Onsite group activities are permitted, but limited to no more than 10 people.
- Outdoor activities require masking, social distancing and monitoring of residents or clients.
- Residents or clients may eat in the same room while practicing social distancing.

- Group activities remain limited to no more than 10 people.
- Visiting family members may participate in group activities, but must practice social distancing and wear a mask.
- Communal dining with six foot social distancing is permitted.

- Regular group activities resume.

### Governor Proclamations

- **20-06:** Symptom screening of all staff, symptom screening of visitors.
- **20.16:** No Visitors except in end-of-life situations or for resident representatives (There are a few exceptions in facilities for individuals with developmental disabilities).
- **20.32:** Health care worker licensing renewal.  
*\* All proclamations have been extended to May 31, 2020.*

### Resources Developed

- [FamHelp webpage](#) was developed for loved ones to have an easy place on the internet to find out current visitor status of adult family homes, nursing homes and assisted living facilities and contact information for these facilities.
- Partnership with [Department of Health](#) and Washington 2-1-1 to develop a new hotline number where public can call and find out general information on facilities and get resources related to COVID.
- Established long-term care incident command with goals including PPE distribution according to the Department of Health triaging priorities.



### Nursing Home Specific Activities

#### CMS 1135 Waiver (waives the following requirements):

- Visitation rights.
- Survey frequency.
- Minimum Data Set (MDS) assessment and transmission timeframes.
- Pre-admission screening and resident review (PASRR) timeframes.
- Nursing Assistant-Registered (NAR) to Certified Nursing Assistant (CNA) within 4 month requirement.
- Requirement for 3-day hospital stay prior to skilled nursing facility (SNF) admission to get SNF benefit.
- Submission of staffing data to payroll-based journal (PBJ).
- Certain physical plant requirements to allow for opening of temporary facilities.
- Resident group (council) requirement.
- In-person visits by physician. Allows for telehealth visits.
- Rights related to room changes to allow for quarantining of positive COVID-19 residents.

#### Other Nursing Facility Activities:

- Conducted infection control surveys at nursing facilities with positive confirmed COVID.
- Purchased Paramount nursing home in King County to treat people who are negative for COVID to free up acute care hospital beds.
- \$29/day Medicaid rate increase effective February 1 – June 30 2020.

*Using enhanced Medicaid matching rate authorized by federal H.R. 6201.*

### Nursing Home Specific Activities *Continued*

#### Governor Proclamations

- **20.18:** Suspend survey activity/  
Suspend 24/7 RN requirements.
- **20-37:** NAR Waiver (*This was done to align with the federal waiver*).
- **20.38:** Construction Review Services and Certificate of Need for SNF.
- **20.44:** Transfer and discharge notice – Resident right to remain in facility during appeal (this was done to align with current federal waiver).  
*\*All proclamations have been extended to May 31, 2020.*

#### Emergency Rules

*(All emergency rules were done to align with current federal waivers)*

- PASRR.
- Resident assessment.
- Resident groups.
- Care Planning.
- Transfer and discharge.

### Nursing Facility and Assisted Living Facility Specific Activities

- Assignment of Case Managers to nursing homes and assisted living facilities with positive confirmed COVID-19 cases.



#### AFH/ALF/ESF/CCRSS Only

##### Governor Proclamations

- **20.10:** Long-term care worker training.
- **20.18:** Suspend Licensing activity/suspend Fingerprint checks.  
*\*All proclamations have been extended to May 31, 2020.*

##### Emergency Rules:

- Waives Tuberculosis (TB) testing requirements related to TB testing within 3 days of hire.

#### ALF Only

##### Governor Proclamation

- **20.38:** Waives/suspends certain Construction Review requirements.  
*\*All proclamations have been extended to May 31, 2020.*

#### ICF only

##### CMS waiver (*Not an 1135 waiver*)

- Suspend survey activity.

### Appendix K (Approved effective 2/29/20 for COPES, RSW and New Freedom waivers)

- Allows Adult Day Health providers to deliver services in the client's residence or through telephonic wellness checks as appropriate.
- Allows Adult Day Care to provide Adult Day Care activities and wellness checks through telephonic or other audio/video options, and may provide a face to face visit to the client's home and provide a meal if needed.
- Expanded the definition of "Specialized Medical Equipment and Supplies" to allow for the purchase of Personal Protective Equipment and disinfectant supplies.
- Waives initial training and certification for IPs and agency providers. Waives Continuing Education (CE) and recertification requirements and federal background check requirements.
- Expands the Home Delivered Meals service from 1 meal per day to 2 meals per day. Allows shelfstable meals when alternatives are unavailable and waives recommended dietary allowances to allow flexibility should there be disruption to the availability of food.
- Adds flexibility on who can provide initial assessments (i.e. Area Agencies on Aging (AAAs)).
- Modify timelines/processes for person centered service plans.
- Allows ability to adjust provider rates to ensure essential services continue. The add-on rate will be determined by the state, but may not exceed 25% of the provider's current rate.
- Make retainer payments to individual providers (IPs) for up to 30 days (this only applies to IP's providing services to New Freedom clients).
- Make retainer payments to Residential Providers for up to 30 days (this only applies to Residential Providers serving RSW clients).
- Restrict visitors to residential settings.

### State Plan Amendment for 1915k CFC Services

- Approved 4/13/2020.
- Allows more flexibility in who does assessments and reassessments.
- Clarified that training and certification requirements follow state law.

### Flexibilities allowable under CFR that were exercised due to COVID-19

- Allow case managers to complete assessments and service planning telephonically.
- Allow components of personal care to be delivered telephonically when appropriate.

### CMS 1115(a) Demonstration

- Approved 4/21/2020.
- Specifically intended to combat the effects of COVID-19.
- Allows the state to receive federal reimbursement for providing long-term services and supports (LTSS) to beneficiaries.
- Allows for self-attestation or alternative verification of individuals' eligibility and level of care.
- Allows the state to pay higher rates to certain home and community-based service providers.
- Allows the state to make retainer payments to maintain capacity during the emergency.

### Financial Eligibility Flexibilities

- CMS is allowing clients to self-attest to income, resources and other eligibility factors with the exception of citizenship/immigration status in order to expedite Medicaid applications.
- Waiving premiums for the Healthcare for Workers with Disabilities program.
- Extending timelines for requesting a hearing with continued benefits to the end of the month following termination of coverage.
- Continue to consider displaced Washington residents residing in other states as a Washington resident so they can maintain Medicaid coverage.
- Extend renewals out by 3 months.

### Families First Coronavirus Response Act (FFCRA)

- Receipt of 6.2% enhanced federal match (FMAP) (applicable to Community First Choice (CFC) and Money Follows the Person (MFP) program expenditures).
- Maintains ongoing Medicaid eligibility for all clients who were recipients as of March 18, 2020 and any new applications since that date through the end of the month in which the emergency ends.
- States must reinstate eligibility for any person that was terminated from coverage prior to March 18, 2020.

### What are we still waiting on?

#### Items within the 1115 waiver, including:

- Waiving the 30-day cap on retainer payments to providers
- The ability to deviate from established payment methodologies for Home and Community-based Services (HCBS) providers
- Payment of retainer rates to providers while services are being temporarily provided to COVID positive clients.

### Dedicated COVID-19 Facilities

- Establishment of designated nursing home and assisted living facility units for residents with confirmed COVID-19 diagnoses.
- These facilities will transition residents from residential or acute care settings into a specialized care setting.
- As of May 4, three contracts have been signed by facilities in King, Pierce and Whatcom counties.

### Biweekly Surveys

- AL TSA requested that all long-term care facilities report COVID status twice per week.

## Protecting Clients and Long-Term Care Workers

### PPE Distribution

- Long-term care incident command post developed systems to distribute critical PPE to Residential Care Services (RCS) investigators, Adult Protective Services (APS) investigators, long-term care providers and more.
- Distribution of PPE is an evolving process that includes the long-term care incident command post, State Emergency Operations Center and local Emergency Management Agencies.

### Cloth Face Covering Distribution

- Long-term care incident command post procured and distributed cloth face coverings to home care agencies, individual providers, facilities and Medicaid clients.
- AL TSA staff and Area Agency on Aging (AAA) were also given cloth face coverings.

# New Employer for Individual Providers



## How will this benefit IPs?

- More options for recording hours worked (mobile device, computer connected to the internet, telephone call or in-home device)
- Assistance with payment, training and credentialing
- Face-to-face assistance
- Assigned Service Coordinators
- Growth and retention of workforce

## Where can I get more information?

Stay Informed about the CDE Project  
[www.dshs.wa.gov/altsa/cde](http://www.dshs.wa.gov/altsa/cde)

- Sign up to receive Consumer Directed Employer updates by email.
- Sign up to attend a monthly informational webinar or stakeholder meeting.
- Review the latest Materials & Resources.

## Contact Us

Email:  
[CDE@dshs.wa.gov](mailto:CDE@dshs.wa.gov)

Web:  
[www.dshs.wa.gov/altsa/cde](http://www.dshs.wa.gov/altsa/cde)



*Consumer Directed Employer*

## What is happening?

In 2021, Consumer Direct Washington (CDWA), a private company, will become the Consumer Directed Employer (CDE) in Washington State. CDWA will be the employer of all the Individual Providers (IPs) who care for clients receiving services from the Department of Social and Health Services (DSHS).

## Who will this affect?

This will affect IPs who are contracted with DSHS and clients who receive a service from an IP.



## What will change?

- IPs will be employees of the CDE and will no longer contract with DSHS.
- Authorizations will be made to the CDE instead of IPs.
- The CDE will issue payment to IPs.
- Clients and IPs will contact the CDE with IP-related questions.
- Client responsibility will be paid directly to the CDE.
- Clients will work with the CDE and IP on assignment of authorized hours.
- The CDE's system will support Electronic Visit Verification (EVV).
- Paydays will be every other week.
- The CDE will have an issue resolution process for clients and IPs.

## What will stay the same?

- Clients are the managing employer and determine who provides care and when services are scheduled.
- Work week and overtime limits
- Case manager assessing benefit level and authorizing services
- DOH credentialing, training and background check requirements
- Rate of pay and benefits

## What are the next steps?

1. Keep your personal information current in IPOne, including mailing and email address.
2. Stay current with training and background checks.
3. If not already receiving electronic payments, sign up for electronic funds transfer (EFT) to your bank account or choose to receive an ALINE Pay debit card.
4. Attend CDE webinars to stay up to date.
5. Stay connected to know when changes will occur.



## ABOUT

Electronic Visit Verification (EVV) is a federal requirement from the 21st Century Cures Act, passed by Congress in 2016. States are required to have EVV systems in place for personal care services by January 1, 2020.

Washington State received a good faith exemption which extended the requirement of an EVV system in place for personal care services to January 1, 2021.

EVV is required for Home Care Agencies contracted to provide Medicaid services in Washington state. EVV will apply to providers who serve people receiving in-home personal care services from the Department of Social and Health Services, (DSHS) Aging and Long-Term Support Administration and the Developmental Disabilities Administration. Licensed residential services and supported living services are not required to comply with EVV requirements.

## CONTACT INFORMATION

Email:  
[EVVQuestions@dshs.wa.gov](mailto:EVVQuestions@dshs.wa.gov)

Website:  
[Click Here](#)

## EVV FOR HOME CARE AGENCIES

Due to the Covid-19 impact, in order to meet federal timeline and avoid significant penalties, the Home Care Agencies will locally collect and store their EVV data for monitoring and reporting purposes.



Home Care Agencies have their own vendors providing their EVV solution



DSHS has published the [WA EVV Implementation Guide for Home Care Agencies](#)



Submission of EVV data into ProviderOne will be a requirement in 2021; date to be announced in a forthcoming Management Bulletin

## EVV FOR INDIVIDUAL PROVIDERS VIA IPOne

DSHS has initiated the process to start implementation of EVV for Individual Providers (IPs) in the IPOne system. DSHS remains committed to initiating the transition of IPs to the new Consumer Directed Employer by the legislatively required date of June 30, 2021.

### CMS and DSHS finalized the direction regarding EVV for Live-In Provider Exemption (LIE)

- To be LIE eligible the provider and client must live together and cannot have a separate home where either reside
- The LIE provider would not have to use the Time4Care application to clock in and out and could continue to submit claims per pay period claiming hours worked in the IPOne portal or via fax

### Non Live-In provider changes:

- Faxed timesheets will no longer be used/processed
- A new app for smartphones will be available for EVV-compliant claiming
- An IVR/telephone system will be available for IPs without access to smartphones



Communication packets will be mailed to all Providers providing the necessary information



Training session schedules will be published



The planned Go-Live date for EVV is December 16, 2020



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Office of Indian Policy  
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Department of Social and Health Services began providing services in the 1970s involving social services programming and programs within various administrations. Over time, pieces began peeling away to create other departments: Corrections; Commerce; Early Learning; Health Care Authority; Children, Youth & Families; and others. During the same time frame, Government to Government relationships with tribes unfolded at the request of tribes. The Indian Policy Advisory Committee (IPAC) to the Secretary of DSHS was created with delegates and alternate members from tribes being formally appointed by tribal governments to that body. DSHS implemented Administrative Policy 7.01 in 1987, and the first Centennial Accord meeting between the Governor's Office and tribal leaders took place in 1989. DSHS' policy is the method by which DSHS honors and measures the commitments to the Centennial Accord and RCW 43.376.

With the creation of HCA and movement of DBHR to HCA in 2018; and the creation of the Department of Children, Youth & Families at the same time, tribes realized that the way we had been doing business before would not work. Discussions around addressing the fracturing from so much movement were already in progress. The IPAC model was essentially modified and elevated in the newly developed Tribal Leaders Social Services Council to the Governor. The model was discussed and agreed to during the 2019 Centennial Accord. All agencies providing social services programming are part of this new structure working directly with tribal leaders and the Governor's Office. The GIHAC and AIHC are also participating within this structure. The existing committees' structures with DCYF, DSHS, and HCA continue to work on issues and needs involving social services. They continue to resolve those needs and issues within those bodies, unless the issues need to be elevated to a higher level of decision makers. The committees are going to be expanded to include issues and needs that are or could be related and involving other partners within state government. Further, issues that must be elevated (such as for legislative fixes) will be elevated to leaders so they can act at their level. A Legislative Committee will be in place at their level as well.

This is, briefly, the vision for this Council. There are more details if there are questions. Tribes are encouraged to continue participating in the developing and monitoring the work taking place as it will take years to perfect while it is in operation.

Respectfully,

*Tim Collins [electronically signed]*

Tim Collins  
Senior Director

# Cross-Agency Government-to-Government Framework For the Department of Social and Health Services

