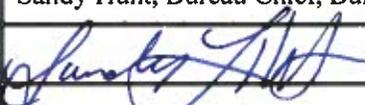


NH Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services
Bureau of Developmental Services

105 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BDS GENERAL MEMORANDUM (GM)	
DATE:	March 19, 2020
TO:	Area Agency Executive Directors, Area Agency Business Managers, Area Agency Service Coordinator Supervisors, Provider Agencies, Bureau of Developmental Services Staff, Bureau of Family Centered Services, Office of Client and Legal Services, Christine Tappan, DHHS, Kerrin Rounds, DHHS.
FROM:	Sandy Hunt, Bureau Chief, Bureau of Developmental Services
SIGNATURE:	
SUBJECT:	COVID-19 Emergency Guidance #2 March 18, 2020
GM NUMBER:	02-20 GM
EFFECTIVE DATE:	March 13, 2020
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

MEMORANDUM SUMMARY
<p>The purpose of this memorandum is to:</p> <ul style="list-style-type: none"> • Provide statewide guidance to state designated area agencies and private provider agencies relative to COVID-19 Emergency preparation, response, and continuity of service delivery for the developmental services system.

Area Agencies and providers that deliver services to people with developmental disabilities and those with acquired brain disorders are responsible for daily operations and management of their COVID-19 emergency local responses and are prepared to manage operations during an emergency or other disruption to normal activities. The Bureau of Developmental Services continues to work with the Area Agencies and providers to adhere to the guidance outlined by the Centers for Disease Control (CDC), the state's Division of Public Health and other federal and state partners. On March 16, 2020 BDS issued Emergency Guidance #1. BDS has received a number of questions relative to Guidance #1. Following are questions and answers:

Remote Operations

- **Can case managers electronically sign during this time period?** Yes. Electronic signatures are already accepted and agencies use them consistently (electronic signature must have a date and time stamp - it cannot be just a typed name).

- **Can we use a phone call or a text for Service Agreement Amendments?** A phone call or text may be used for individual/legal guardian approval, but it must be followed with electronic (email) or paper documentation.
- **Is it an option to fax prior authorization (PA) renewals?** The current practice for prior authorization processing has not changed. If an Area Agency has a specific need outside of this process, please email your Liaison regarding any PA unit questions and include the PA Unit supervisor.
- **If an individual/legal guardian suspends services should there be an amendment indicating this decision was a response to COVID-19 response?** Yes. If there are any changes to the individual's services that are a result of COVID-19, it should be indicated in an amendment to the service agreement. This can be approved via phone and documented within 30 days of the change.
- **Are FaceTime (Apple App) and Skype (Microsoft App) the ONLY two forms of video conferencing software that are permissible? What if we wanted to use Zoom, for example?** Zoom is allowable.

Medication Administration and Documentation

- **Some vendors are having a difficult time submitting their medication administration reports. This may affect the ability of the Area Agency to complete their final Medication Committee Report. Will there be an extension for medication administration reports?** The Bureau will grant a 30 day extension to the regions that are scheduled for the April meeting, therefore the submission date will be April 15, 2020.
- **When will the virtual medication administration be scheduled?** This will be determined as we continue to explore what options are available.
- **When will the He-M 1201 Med Administration rules be finalized?** Our interim rule expires on 3/23/20. The final proposal was scheduled to go to Joint Legislative Committee on Administrative Rules (JLCAR) on 3/20/20. Due to the closure of the NH Legislature currently effective 3/16/20 through 4/10/20 there has been an emergency rule developed and is under review by the DHHS Commissioner. The emergency rule is the same as the current rule and does not include any of the proposed changes. The formal rulemaking process, which will address the proposed changes will resume after the Legislature reopens.
- **Is it possible to postpone the provider's medication administration recertification date?** Yes. We are delaying the medication administration recertification for up to 30 days with the permission of the Nurse Trainers. This must be documented by the Nurse Trainer and filed with the medication log.
- **Can the Nurse Trainer conduct monthly med reviews remotely?** Yes. Nurses are allowed to conduct visits remotely and are asked to use their own judgement to demonstrate due diligence for the oversight of certified programs. Due diligence includes a review with the provider of medication orders, medication supply, controlled medication count and certification of people that are administering medications. This must be documented by the Nurse Trainer on the review form for future reference. Any components of the review that were not completed will be completed at the next in person visit. Remote visits are also allowable for the 5 day and 30 day post-transition visits (see Guidance Memo #1)

Finance and Billing

- **Is the Area Agency Executive Director required to participate on high cost calls?** On a temporary basis, the Executive Director does not need to be present on the call but must review the budget and provide their approval to their agency designee that is participating on the call. The Executive Director will still be invited to join the call.

- **The previous guidance from the Bureau regarding day billing for people who are staying in their residential program only refers to Community Participation Services. Is this going to be allowed for Supported Employment Program (SEP)? We have many individuals who are in a SEP program and have started staying home.** Please review each situation with your Bureau Liaison to determine if the individual needs support in the home environment to maintain health and safety. If so, and upon approval from your Liaison, SEP will be allowed to be billed in the home environment. The Bureau is learning more about options for this with our federal partners and other states.

Respite

- **If a home care provider or family is in need of respite, does the respite provider need to be med certified, would the residence need to have a fire and safety inspection and an evacuation plan or are those requirements being waived during the allowable 14 day time frame.** If the residence is certified, the respite provider would follow regulations as outlined under He-M 1001. If the residence is not certified, the 14 day time frame should be viewed the same as if the individual were going to a respite provider for 14 days. If not certified, the respite provider should be trained on individual specific information as noted in He-M 1001.04 (rights, health-related issues, communication needs/methods, behavioral supports required, and assistance needed to evacuate in the event of a fire). Guardian approval is still needed.
- **Can an Area Agency request additional Medicaid Waiver Respite funding on behalf of families?** Please submit to the Bureau Liaison the funding amount needed for your agency.

Employment Data

- **The first set of guidance indicated that employment data entry is not required for Quarter 2. We assume that refers to the Calendar Year Second Quarter (i.e. ending June 30, 2020), or does it refer to the Fiscal Year Second Quarter (i.e. ending December 31, 2019)?** This was not accurate. The guidance should have said Quarter 3 (March 31, 2020). Please know that this may be waived again and the Bureau will advise.

Training Requirements and Background Checks

- **We understand that allowing a delay of 60 days in TB tests is designed to help the healthcare system deal with capacity issues. But if an agency or a guardian has any concern that an individual we serve may be a special risk, there is no restriction on our requiring a TB test, is there?** There is no restriction.

Certification

- **During this emergency we will be able to utilize a vacant bed for another individual. In order to maintain HIPAA privacy will we need to obtain a release from the guardians of current individuals in a home and the individual we are proposing to place in the home?** A release from the other guardians is not needed during this emergency situation. Keeping guardians informed is always best practice.

In Home Supports and Participant Directed and Managed Service (PDMS)

- **Would it be possible for someone to convert their entire \$30,000 IHS budget to respite?** It is recommended that families convert their budget to respite 30 days at a time since we are not sure how long this situation will last. Please know that this is a fluid situation and we are working with federal partners and other states to consider best approaches.

Out of State Placements

- **What is the expectation of AA's for out of state placements?** The expectation for Area Agency oversight of out of state placements has not changed.