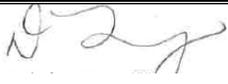


<b>STATE OF NEW HAMPSHIRE FCESS GENERAL MEMORANDUM (GM)</b>	
<b>DATE:</b>	April 13, 2020
<b>TO:</b>	Bureau for Family Centered Services (BFCS) staff, and contracted programs & providers of Health Care Coordination, Complex Care Network, Comprehensive Nutrition and Feeding & Swallowing Networks, Child Development Clinic, and Partners in Health
<b>FROM:</b>	Deirdre Dunn Tierney, Chief, Bureau for Family Centered Services
<b>SIGNATURE:</b>	
<b>SUBJECT:</b>	BFCS COVID-19 Emergency Guidance #4
<b>GM NUMBER:</b>	BFCS-GM-004APP-20
<b>EFFECTIVE DATE:</b>	3/13/2020
<b>REGULATORY GUIDANCE:</b>	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.

<b>MEMORANDUM SUMMARY</b>
<p>The purpose of this memorandum is to:</p> <p>Provide statewide guidance to Bureau for Family Centered Services (BFCS) programs and staff relative to COVID-19 Emergency preparation, response, and continuity of service delivery for the system of care for Children with Special Health Care Needs.</p>

The Bureau for Family Centered Services (BFCS) continues to work with its federal and state partners, as well as other divisions within the Department of Health and Human Services, to ensure that Children with Special Health Care Needs (CSHCN) and their families continue to receive uninterrupted supports and services during the COVID-19 Emergency

To assure continuity of care following the Governor’s Executive Order #26, April 4, 2020, extending the State of Emergency, BFCS further reviewed policy, practice and regulatory guidelines related to the application process and is issuing this guidance to be effective through May 31, 2020.

## **SIGNATURES**

He-M 520.02(a) and He-M 523.04(a) require the submission of a signed, dated, and completed application, entitled “Special Medical Services (SMS) – Application for All Services,” (August 2018).

In an effort to avoid exposure to the virus through the exchange of original paperwork, the following alternative procedures will be permitted. Where feasible, applications should be provided to the applicant for completion and signature either electronically or by mail. For electronic return of documents with original signatures, the following options should be used. Options 2 and 3 should only be used in the case where Option 1 is not possible.

- **Option 1: Electronic Return of Signed Document**  
Where the individual has the capacity, they should be instructed to scan or take a photo of each of the pages of the scanned document and email to [BFCS@dhhs.nh.gov](mailto:BFCS@dhhs.nh.gov).
- **Option 2: Electronic Authorization**  
If the individual does not have the ability to transmit an image but does have the ability to communicate via text or email, BFCS or program staff may execute the document for an individual in accordance with the “procedure for signing for applicants” detailed below, only after receipt of the written authorization.
- **Option 3: Verbal Authorization**  
If, after exhausting all options for electronic transmission, it is determined to be impossible, BFCS or program staff may, with verbal authorization, sign the document on behalf of the individual in accordance with “procedure for signing ‘For’ applicants” detailed below.

### **Procedure for Signing “For” Applicants**

In accordance with the proper authorization as described in Options 2 & 3 above, BFCS or program staff may sign an application on behalf of a client using the following procedures. The signature should be executed as follows and include:

1. Signature of BFCS or program staff;
2. Title;
3. “For;”
4. Name of applicant
5. Date; and,
6. Time

Example: Jane Doe, Health Care Coordinator, for Applicant Jay Smith. March 26, 2020 at 12:30 PM

A record of the authorization to sign shall be maintained in the paper and electronic record with the signed document by including either:

- A A copy of the electronic communication providing consent including but not limited to a screenshot of a text message or a copy of an email.
- B A copy of the Affidavit of Verbal Consent to Sign During COVID-19 State of Emergency

The attached “Affidavit of Verbal Consent to Sign During COVID-19 State of Emergency” shall be completed for each document signed with authorization. The applicant shall be provided with a copy of the document including the Affidavit if applicable either electronically or in paper as soon as practical. The above noted procedure for signing for an Applicant may also be used for submission of an annual application update during the COVID-19 Emergency.

### **SUPPORTING DOCUMENTATION**

He-M 520.02(b)(1) requires the submission of supporting documentation of income and resources. For new applicants and applicants seeking to renew applications for seeking financial assistance, BFCS will accept self-attestation for income, assets, and transfer of assets that BFCS is unable to verify due to absence of documentation.

### **ELIGIBILITY**

Pursuant to He-M 520.02(e) and He-M 523.04(d), an eligibility determination is effective for 12 months except when any household changes affect the recipient’s eligibility status.

Beginning March 13, 2020 and through May 31, 2020, individuals will remain enrolled without the need to file a new application, regardless of changes in circumstances in the household, unless the following exceptions apply:

- Child/adult moves out of state,
- Young adult/guardian voluntarily chooses to be discharged from program,
- Young adult turns 21, or
- Child/young adult passes away.

This and all BFCS guidance documents are posted and updated on the NH.GOV website. Please visit frequently for the latest COVID-19 Emergency information, resources, and guidance.

<https://www.nh.gov/covid19/>

Do not hesitate to contact the Deirdre Dunn Tierney, at 603-271-8181 or [Deirdre.dunn@dhhs.nh.gov](mailto:Deirdre.dunn@dhhs.nh.gov) with any questions.

**Affidavit of Verbal Consent to Sign During COVID-19 State of Emergency**

I, \_\_\_\_\_, hereby swear and affirm that on this date,  
(Name of BFCS or program staff)

\_\_\_\_\_  
(Name of Individual Who is Unable to sign the document in person)

1. Was unable and/or unwilling to sign the attached document due to the risk of exposure to the COVID-19 virus by either staff or the individual, and
2. After reviewing the document with the Individual, the Individual has verbally authorized me to execute the document on their behalf.

Consistent with the verbal authority received, I have executed the document by signing my name and title to the document in the place designated to the individual followed by "for" and the printed name of the Individual and the date and time of the authorization.

Example: *Lane Doe, CPSW*, For Client A, March 26, 2020, at 12:30 PM.

This Affidavit will remain with corresponding document in both paper and electronic files.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of BFCS or program staff

Name of BFCS or program staff: \_\_\_\_\_

Title of BFCS or program staff: \_\_\_\_\_