STATE OF NEW HAMPSHIRE
BEAS GENERAL MEMORANDUM (GM)

DATE: March 27, 2020

TO: Deborah Scheetz, Director, Division of Long Term Supports and Services; All BEAS Staff; Choices for Independence Independent Case Managers and CFI Providers

FROM: Wendi Aultman, Bureau Chief, Elderly and Adult Services

SIGNATURE: 

SUBJECT: BEAS COVID-19 Emergency Guidance for Medicaid Funded Long Term Supports and Services (LTSS) #3

GM NUMBER: GM 20-11

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

The purpose of this memorandum is to:

- Provide guidance regarding the Medicaid Funded LTSS during the COVID-19 Emergency.

The Bureau of Elderly and Adult Services (BEAS) is working with its federal and state partners, as well as other divisions within the Department of Health and Human Services, to ensure that families and individuals continue to receive supports and services during the COVID-19 Emergency.

- BEAS has received further requests for clarification and is responding with Guidance #3. Following are responses to questions and further guidance.
Can you provide guidance and communication about the importance of connecting to the CFI Case Manager if there is a disruption in the service plan?

- It is critical that provider agencies inform the CM of any disruption in an individual’s service plans as soon as possible. The CM must be informed within 24 hours if the CFI participant no longer has care staff so the CM may assist with enacting a contingency plan.

For which services are electronic service delivery methods (e.g. telephone, text, email, and videoconference) permitted?

- Case Management services
- Personal care services that only require verbal cueing
- Monthly monitoring services (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers)
- Other services may be considered in future guidance.

Will individuals who are receiving Adult Family Care Services be able to add Home Delivered Meals to their service plan as needed?

- We are working with our federal partners on this. Further guidance will be issued.

If the Meals on Wheels agencies have the capacity to increase their deliveries per week for clients in need beyond 14 meals a week, will the system be adjusted so CMs can enter a Service Authorization to reflect that increase?

- The system will allow up to 3 meals a day. For CFI service authorizations, if the number of meals needs to be increased, please end date the current authorization and put up a new authorization reflecting the increased units. When providers submit claims, no more than 21 units can be billed per claim line.
- CFI Home Delivered Meals Emergency Meal Packs:
  - A new procedure code will be set up in the MMIS for the emergency meal packs. The date this will be available is TBD
  - Procedure Code = S5170 HC U1
  - Unit = Per Meal
  - Rate = $7.49 (same as the regular meals rate)
  - Maximum # of meals in a pack = up to 14
  - Limit = Providers can bill for meal packs 2 times per month up to 14 meals per pack.
  - The start date for this service will be March 1, 2020
  - This service will not require a prior authorization. CFI Independent Case Managers will not authorize this service. Meals providers will be able to bill the MMIS directly without an authorization
  - New HEIGHTS/NH EASY will not have this service in the drop down to authorize and no data on the new service will be in New HEIGHTS/NH EASY
Has there been any guidance or protocol developed for if/when a CFI participant tests positive for Covid-19?

- DHHS Bureau of Elderly and Adult Services encourages providers to consult resources provided by CDC and NH Division of Public Health-Infectious Disease Control; the updates are daily and often several times a day. Also, it is important to stay informed on any Governor Emergency Orders: [https://www.governor.nh.gov/news-media/emergency-orders/](https://www.governor.nh.gov/news-media/emergency-orders/)

Will Medicaid benefits be impacted by receiving any additional funds as a result of the COVID-19 Emergency? CFI Participants were concerned about whether it will count as income and thus put them over the resource limit.

- Guidance will be provided from the Division of Medicaid Services.

What are some alternative ways Nursing Homes and Hospitals can confirm and exchange Change of Status information with BEAS staff?

- Effective immediately, the following requirements of Administrative Rule He-E 802.02 may be met by phone call or secure encrypted email to the department:
  - The information may be relayed either to an LTC Medical Eligibility Staff person or to the LTC Medical Determination Unit Supervisor; that a person is discharging.
    - To relay the information by phone, please call 603-271-9088.
    - Emails may be sent to Karen Campbell karen.campbell@dhhs.nh.gov with the Subject Line: URGENT – Change of Status.
- Please be sure to provide the following details related to the change of status:
  - MID and the disposition of the case,
  - Details of the transfer to a facility/discharge to the community, etc.,
  - Date of discharge, and
  - Name and call back number of the person leaving a voice mail message or an email address to which Department staff may respond.
- The Change of Status form should still be submitted.

Are CFI providers of services that require professional licensure permitted to hire registered nurse and LNA staff if they are licensed in another state and not in NH? Some of our facilities are being told that Agency staff do not need to have NH license currently, as long as they hold a valid license in another state.

- This question is being shared with the DHHS team and guidance will be provided when it becomes available.
**Will providers still need to comply with HCBS settings requirements?**

- Pending CMS approval of the Appendix K Addendum: COVID-19 Pandemic Response, the following HCBS settings requirement will be requested to be waived: 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**What other processes is BEAS requesting to be waived for CFI?**

- The Department is reviewing the K Appendix submission for all the state’s 1915 (c) waivers. Additional guidance and communication will be available.

**Sentinel Event Reporting**

COVID-19 related deaths are considered “unanticipated deaths” for the purpose of sentinel event reporting for individuals receiving DHHS funded services captured in the Sentinel Event Reporting Policy PO.1003. The following updates are for agencies reporting sentinel events to assist with administrative burden in completion of written reporting forms:

- During this COVID-19 pandemic, **BPQ is waiving the 72-hour written notification requirement and instituting a 7-calendar day timeframe for the completion and uploading of the Sentinel Event Reporting Form.** The 24-hour verbal notification to the appropriate DHHS Bureau Administrator or designee remains in effect.
- On the reporting form, for those events that are believed to be COVID-19 related, in **Section III, Sentinel Event Details, #13a, please start the description with a header of “COVID-19 Related”**.
- If eStudio is an obstacle to timely written reporting, please e-mail Suzanne Lamontagne (Suzanne.lamontagne@dhhs.nh.gov) for an alternative means of submitting the sentinel event form securely and/or for assistance in uploading sentinel event reporting forms directly to eStudio.