STATE OF NEW HAMPSHIRE  
BEAS GENERAL MEMORANDUM (GM)  

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<th>DATE:</th>
<th>March 18, 2020</th>
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<tbody>
<tr>
<td>TO:</td>
<td>Deborah Scheetz, Director, Division of Long Term Supports and Services; All BEAS Staff; Choices for Independence Independent Case Managers and CFI Providers</td>
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<tr>
<td>FROM:</td>
<td>Wendi Aultman, Bureau Chief, Elderly and Adult Services</td>
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<td>SIGNATURE:</td>
<td>Wendi Aultman</td>
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<td>SUBJECT:</td>
<td>COVID-19 Emergency Choices for Independence Waiver (CFI) Guidance #1</td>
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<tr>
<td>GM NUMBER:</td>
<td>20-06 GM</td>
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<tr>
<td>EFFECTIVE DATE:</td>
<td>March 18, 2020</td>
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<td>REGULATORY GUIDANCE:</td>
<td>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.</td>
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**MEMORANDUM SUMMARY**

The purpose of this memorandum is to:

- Provide statewide guidance to enrolled CFI Independent Case Managers and providers in light of 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. The health and safety of the people that receive support and the staff who provide that care are at the center of the Bureau’s emergency preparedness planning priorities.

In an effort to allow for greater flexibility to CFI Case Managers and CFI provider agencies to deliver services safely and efficiently while implementing precautions around COVID-19, and in accordance with the Governor’s Executive Order 2020-04 dated March 13, 2020, and Appendix K or other authority approved by CMS, BEAS has identified areas which will be adjusted on a temporary basis. These areas include modifications in policy, practice, and regulatory guidelines. The areas identified will be modified and added to as BEAS continues to identify need for additional flexibility or adjustment. Input from CFI Case Managers and CFI provider network will inform the guidance outlined in this and future memorandums.
The Division of Long Term Support and Services (DLTSS) activated its Continuity of Operations Plan effective Friday, March 13, 2020. The Bureau extends its sincere gratitude to those who are working to ensure the health and safety of the people we support while also supporting their own loved ones.

**Timeline**

COVID-19 Emergency guidance will be in place on a 30-day basis effective Tuesday March 17, 2020. The Bureau will provide, modify, and extend guidance to CFI Case Managers and CFI providers as needed based on the emerging COVID-19 Emergency.

**Considerations**

The Bureau has considered allowing for flexibility while ensuring health and safety in developing the following COVID-19 Emergency Guidance. The Bureau is, as are the CFI Providers, mindful of human rights considerations for those we serve during the COVID-19 Emergency.

Following are specific considerations that have informed this guidance:

- HIPAA requirements remain in place and must be followed.
- To support the CDC recommendations of social distancing, any meetings such as committee meetings, case consultation, team meetings and/or site visits are permitted to be held remotely through audio, video conferencing or telephonically.

**COVID-19 Response and Guidance**

**Personal Protective Equipment (PPE) and Supplies:**

- PPE includes masks, gowns, gloves, eye protection, hand sanitizer and cleaning wipes. With the assistance of Doreen Shockley from Licensing, a request was submitted today the Department of Health and Human Services (DHHS) Incident Management Team, Emergency Services Unit on behalf the Home Health Care Association and GSIL. There are a number of providers, including first responders, hospitals, and other medical providers across the state that are requesting PPE and supplies which necessitates a prioritization process for the distribution of supplies.

**Access to COVID-19 Testing:**

- See nh.gov for testing information. [https://www.nh.gov/covid19/](https://www.nh.gov/covid19/)

**Sentinel Event Reporting:**

- Sentinel Event reports will not be allowed an extension in submission and must continue to be submitted according to policy requirements. BEAS may be developing a streamlined process to address Sentinel Event reporting through an Excel spreadsheet or another method should this be needed.
CFI Case Management Quality Reviews:

- Quality Reviews will be suspended for the next 30 days. This will be revisited at that time and communicated to Case Management.

Medical Eligibility Assessments:

- Case Managers are encouraged to make themselves available by telephone to help support participant with redetermination assessments. Please know the Department is considering other options with contracted vendors.

He-E 805 Targeted Case Management Services

He-E 805.05 Case Management Services

- Initial comprehensive assessment may be performed by telephone, text, email, videoconference, or other electronical means.
- The requirement for one face to face contact every 60 days is suspended.
- Case Management contacts may be performed by telephone, text, email, videoconference, or other electronical means.
- Case Management contacts shall increase to weekly from monthly.
  - Case Management contact should:
    - Include sharing of current information about the COVID – 19 Emergency,
    - Provide guidance, and/or referral, to resources for more information,
    - Ensure a general welfare check and health status check for the client during the COVID-19 Emergency,
    - Include contacting the participant’s Managed Care Organization (MCO) if the CFI Case Manager identifies additional needs or risk for medical care or prescriptions. MCO contact information for CFI Case Management Agencies is as follows:
      - ACNH contacts:
        - Dawna Garofalo, 603-263-6639, dgarofalo@amerihealthcaritasnh.com
        - Tabitha Methot, 603-263-6624, tmethot@amerihealthcaritasnh.com
      - NHHF contact:
        - Joann Muldoon, 603-263-7208, Joann.M.Muldoon@centene.com
      - WSHP contacts:
        - Andrew Parker, 603-263-3078, andrew.parker@wellsense.org
        - Kristy Hayden-Grace, 603-263-3065, k kristy.hayden-grace@wellsense.org
    - Identify any participant barriers to continued communications with the CFI Case Manager and/or MCO. The CFI Case Manager will contact the MCO to request participant access to a phone for members based on health acuity needs, and/or access to an upgraded phone service plan (including but not limited to an increase in service minutes) to ensure adequate resources for communication with the health plan, CFI case manager, and other emergency resources during the
COVID-19 Emergency. Given present circumstances, however, please recognize that phone quantities may be limited given the local and national demand which will necessitate distribution priorities and availability.

- Case Management contacts may be conducted with collateral contacts/natural supports in cases where the participant is not able to adequately participate in contingency planning independently though remote access during the COVID-19 Emergency.

Authorized Services -- Home Delivered Meals and Adult Day Service Program:

- As part of contingency planning, Case Managers should assess participants who utilize the home delivered meals services and update authorizations as needed to meet needs.
- If Meals on Wheels quarantine meals are needed for a two week period; the providers who provide home delivered meals can claim up to 14 meals per day. Authorizations can be entered to reflect this.
- As part of contingency planning, Case Managers should assess alternative services to support those who are unable to attend suspended Adult Day Programs.

Adult Protective Services:

- The Bureau of Elderly and Adult Services is open and prepared to continue operations.

Background Checks:

- Background checks completed within 60 days at one agency will be transferable to other agencies for employment requirements. This is a waiver of licensing and credentialing requirements of RSA 151 and accompanying regulations under the authority of Executive Order 2020-04. Rulemaking authorities indicate that the provider agency must complete a BEAS registry check and a criminal record check “prior to hiring or contracting”.

- TB testing requirements will be suspended for up to 60 days to reduce the burden on the health care system and reduce exposure of new employees to environments where sick individuals are present. This is a waiver of licensing and credentialing requirements of RSA 151 and accompanying regulations under the authority of Executive Order 2020-04. At time of hire, please assess applicants with the screening tool provided. The waiver form can be found at the following link: https://www.dhhs.nh.gov/oos/bhfa/documents/waiver.pdf

Additional Flexibility and Adjustments will be considered and communicated as the COVID-19 Emergency continues to unfold.
的症状。肺结核细菌通常生长在肺部（肺结核）。肺结核可能会导致以下症状：
* 持续3周或更长的咳嗽
* 胸部疼痛
* 咳嗽带血或痰液（肺部深处的粘液）

其他肺结核的症状包括：
* 未解释的虚弱或疲劳
* 未解释的体重减轻
* 无食欲
* 寒战
* 未解释的发烧
* 夜间出汗

肺结核在身体其他部位的症状取决于受影响的区域。 latent TB感染者不感到不适，没有症状，并且不能传播结核病给他人。

这个结核病筛查工具可以替代结核病皮肤测试（PPD）。由于我们居民的健康状况脆弱，员工在受雇前会进行结核病筛查。请诚实地、完整地完成以下问卷。

1. 你曾有结核病皮肤测试（PPD）的阳性结果？ ( ) YES ( ) NO
   最后一次结核病测试或胸部X光日期： ________________________

2. 自你上一次胸部X光/结核病皮肤测试后，你曾出现以下症状/体征中的任何一项？
   - 未解释的疲劳 ( ) yes ( ) no Comments: ______________________________
   - 未解释的体重减轻 ( ) yes ( ) no Comments: ______________________________
   - 无食欲 ( ) yes ( ) no Comments: ______________________________
   - 未解释的发烧 ( ) yes ( ) no Comments: ______________________________
   - 夜间出汗 ( ) yes ( ) no Comments: ______________________________
   - 持续咳嗽超过3-4周 ( ) yes ( ) no Comments: ______________________________
   - 慢性未解释的呼吸症状 ( ) yes ( ) no Comments: ______________________________
   - 痰液生产 ( ) yes ( ) no Comments: ______________________________
3. To the best of your knowledge, have you had contact with anyone with active tuberculosis disease in the past year?  (   ) YES  (   ) NO

4. Do you have a medical condition, or are you taking medications, which suppress your immune system?  (   ) YES  (   ) NO

5. Have you ever lived with someone known or suspected to have active TB?  
   (   ) YES  (   ) NO

6. Were you born or have you lived in a country that has a high incidence of active tuberculosis disease to include any of the following (Please circle the country name(s)):
   Angola  Bangladesh  Brazil  China
   Democratic Peoples Republic of Korea  Democratic Republic of Congo
   Ethiopia  India  Indonesia  Kenya
   Mozambique  Myanmar  Nigeria  Pakistan  Philippines
   Russian Federation  South Africa  Thailand  Tanzania
   Vietnam  Cambodia  Central Africa Republic  Congo
   Lesotho  Liberia  Namibia  Papua New Guinea
   Sierra Leone  Zambia  Zimbabwe

7. What countries have you traveled to in the last 2 years?  Please write the country name(s)

   The CDC website states the majority of U.S. cases among foreign-born individuals are in people from 7 countries (Mexico, Philippines, Vietnam, India, China, Haiti, and Guatemala).

   If the answer is YES to any of the above questions, the employee must be referred for a chest x-ray and/or attain a letter of medical clearance from a physician prior to employment.

   Employee signature: _______________________________  Date: _____________________

   Facility nurse signature: _______________________________  Date: _____________________

   If referred to a physician:
   Physician Name: _______________________________
   Date referred: _______________________________