The Bureau of Elderly and Adult Services (BEAS) 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 families and individuals continue to receive supports and services during the COVID-19 Emergency. The health and safety of the individuals that receive supports and the staff who provide that care are at the center of the Bureau’s emergency preparedness planning priorities.

In an effort to allow CFI Case Managers and CFI provider agencies greater flexibility in delivering 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. As identified in GM 20-06, BEAS will continuously modify guidance as the need for additional flexibility or adjustment is identified. Input from CFI Case Managers and the CFI provider networks will inform the guidance outlined in this and future memorandums.

**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 virtual means.
  - The requirement for one face to face contact every 60 days is suspended until further notice.
  - Case Management contacts may be performed by telephone, text, email, videoconference, or other electronic means.
  - Case Management contacts may decrease from the current schedule of weekly to a minimum of every other week based on the Case Manager's knowledge of the client and an assessment of the need for a weekly contact.
  - The needs assessment should be based on client risk, including stability of medical diagnosis, living situation, ability to manage medications, ability to obtain nutrition and their support systems in place.
  - Case Managers may resume weekly contacts at their discretion. For example, if there is a rise in the number of COVID-19 cases in New Hampshire and/or the client’s situation changes and the need for more frequent contact becomes necessary to assure their wellbeing.
  - 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,
    - 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
        - Back coverage: 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,
Identify any participant barriers to continued communications with the CFI Case Manager and/or MCO. The CFI Case Manager will contact the MCO to provide participant access to a phone 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.