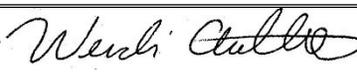


NH Department of Health and Human Services (DHHS)  
Division of Long Term Supports and Services  
Bureau of Elderly and Adult Services (BEAS)

105 Pleasant St.  
Concord, NH 03301

<b>STATE OF NEW HAMPSHIRE BEAS GENERAL MEMORANDUM (GM)</b>	
<b>DATE:</b>	May 27, 2020
<b>TO:</b>	Deborah Scheetz, Director, Division of Long Term Supports and Services; Henry Lipman, DHHS Medicaid Director, All BEAS Staff; Choices for Independence Waiver (CFI) Independent Case Managers and CFI Providers, Managed Care Organization (MCO) Contractors, Older Americans Act (OAA) Adult Day Providers, DHHS Division of Medicaid staff
<b>FROM:</b>	Wendi Aultman, Bureau Chief, Elderly and Adult Services and Jane Hybsch, Division Medicaid Services
<b>SIGNATURE:</b>	 and Jane Hybsch
<b>SUBJECT:</b>	Joint Memo: COVID-19 Emergency Guidance for Adult Medical Day Services
<b>GM NUMBER:</b>	20-22 GM
<b>EFFECTIVE DATE:</b>	March 18, 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. This communication is not intended to take the place of or alter written law, regulations or rule.

<b>MEMORANDUM SUMMARY</b>	
<p>The purpose of this joint memorandum is to:</p> <ul style="list-style-type: none"> <li>• Provide statewide Guidance for service delivery by Adult Medical Day Care (AMDC) Providers during COVID-19 Emergency to ensure essential services are delivered to participants/members*.</li> <li>• Provide Frequently Asked Questions and Answers to staff, providers, and stakeholders.</li> </ul>	

On May 8, 2020, BEAS published a [Joint Memo: COVID-19 Emergency Guidance for Adult Medical Day Services](#). Addition guidance has been created to support the frequently asked questions pertaining to the role out of the alternative delivery model for Adult Medical Day Care services during the COVID-19 Emergency. In addition to the questions submitted with the joint memo published on May 8, 2020 (GM 20-17), BEAS is publishing new guidance. Questions 12-18 address new questions submitted to BEAS.

**Temporary Closure of Adult Medical Day Care Facilities and Alternative Delivery Model:**

DHHS will allow any licensed AMDC that has suspended in-facility services due to the COVID-19 emergency order to provide services and contacts with enrolled participants in their homes in accordance with COVID-19 safety protocols defined by the state and CDC. AMDC providers must continue to provide, at minimum, certain services telephonically or via video chat to individuals for whom they provide care now. AMDC providers must complete the Daily Care Connection form issued by the DHHS every time a remote contact is made with a participant. New participant enrollments will not be permitted until the suspension of the emergency order.

## Frequently Asked Questions:

**1. Is the expectation that the AMDC that is prior authorized through a Managed Care Organization be billed with the service code S5102, as listed under the “State Plan” payer on page 3?**

- Yes

**2. Were all AMDC providers ordered to close until further notice? Does this also include Adult Social Day Care providers?**

- As we continue to monitor the developments around COVID-19 in New Hampshire, we continue taking the necessary steps to ensure the health and safety of NH residents.
- The Department is recommending closing all Adult Day Care programs until such time as the CDC indicates the threat of transmission of COVID-19 has subsided. Due to the vulnerability of the population served, discontinuing gathering in a group setting is one of the first lines of defense to reduce transmission of the COVID-19 virus.
- Until the CDC and the CMS change guidance and the [state of NH](#) modifies existing executive orders we cannot recommend re-opening adult day care programs.
- AMDC providers who choose to participate in the alternative service delivery model will need to follow these new requirements. Those who choose to participate are now required to make telephonic or video chat contact with participants between the days of Monday through Friday. Contact with participants is to be documented in the care plan for each participant. The Department has developed a Daily Care Connection form that outlines the questions, services, and supports that need to be delivered telephonically or via video chat. If a center wishes to start delivering services again per the requirements of this guidance, the center may do so, but may only bill for the days it is in operation in accordance with the guidance outlined in this memo.

**3. What will Medicaid reimburse for these telehealth/ telephonic services?**

- Medicaid will pay a COVID-19 per diem rate equal to 100 % of the current rate for each day that has been authorized in the participant’s care plan. The AMDC is required to complete the telephonic or video chat services on those days and bill for the days authorized in the person’s care plan. For instance, a Participant may only be authorized for 3 days per week. In this case, the AMDC would perform telephonic or video contact on those authorized days and would bill three times a week.

**4. Do I need to contact Participant and/or family caregiver/healthcare proxy every day of the week that they attended AMDC in order to get reimbursed for that participant? or Can I contact them weekly even if they attended AMDC 5x/week and get reimbursed for the weekly call?**

- Yes. If the Participant attended 5 days a week and you want to be able to claim for the 5 days a week you would need to provide the daily call and meet the requirements 5 days per week.

**5. What if the Participant and/or caregiver refuses to speak to providers or fails to return phone messages? Is the ADMC eligible for reimbursement?**

- If the participant and or family caregiver/healthcare proxy have consented to participate in the alternative delivery model, the ADMC should make multiple attempts to reach the participant. As long as all attempts are properly documented, the AMDC would be eligible for reimbursement.

**6. Should providers continue to pre-pack medications and deliver to Participants?**

- This is not a requirement. Participants should follow physician orders and get medications from the physician. Assisted Living Facilities (ALF) will follow their own licensing requirements to include assessments and medication administration.

**7. What should an AMDC provider do if a Participant, representative, or ALF asks us to stop calling to check on the Participant?**

- Please inform them that this is a Medicaid policy requirement during the State of Emergency and to contact the Bureau of Elderly and Adult Services with concerns at 603-271-9203 or by email [BEAS@dhhs.nh.gov](mailto:BEAS@dhhs.nh.gov).

**8. Are AMDCs required to get updated medical orders on all Participants while under temporary closure?**

- AMDCs should utilize Participant medical orders that were on file at the time of the closure. Since AMDCs do not have medical oversight, medical orders do not need to be maintained for the duration of the closure.

**9. Will the existing prior authorizations from the MCOs continue to be in place?**

- Yes

**10. Will the authorizations that were in place prior to closure be re-authorized for Participants who agree to participate in the telehealth model?**

- Yes. CFI Case Managers will work with participants and the AMDC agencies to re-authorize AMDC services.

**11. If a phone call from the AMDC occurs at the same time as a homemaker might be in the home, is this ok?**

- Yes. If agreeable to the Participant and or the family caregiver/healthcare proxy.

**12. For retro-periods back to 3/18/2020 if other services have been added to replace AMDC, should AMDC authorizations be entered to cover that same period? Isn't that duplicative? Case Managers have a hard time verifying that any AMDC Telehealth service was provided during that time period and have concerns with entering retro-service authorizations that they can't verify.**

- Prior authorization is required, and retro authorization would need to take place for any CFI participant the AMDC provider was serving between date of in-facility closure and issuance of GM 20-17.
- In many instances there is presence of personal care, nursing, and other services in the participant comprehensive care plan that included "in-facility" AMDC, based on needs of that individual. A comprehensive care plan will look different for everyone based on the needs and circumstances of the transition to not having AMDC available to provide care in full or in part.
- CFI Case Managers and AMDC providers serving CFI individuals are encouraged to work in partnership to identify any individuals who have been served during the retroactive period.
- AMDC providers are willing to identify those they have served during the retroactive period to aide in coordination efforts.
- Currently there are 3 AMDC that have reported that they are providing nursing and home health services. Documentation can be provided as applicable. There may be some instances of AMDC telehealth and support that was provided before home health started and once home health services began. Not all in home services receive nursing authorization.

**13. Going forward if we are adding back in AMDC, should the other CFI services that had been added (homemaker, home delivered meals, personal care) be ended or changed? If they all continue to be authorized then there is potential that the plan may exceed the 80% of Nursing Facility cost. Should the CFI Case Managers reach out to clients and AMDCs to see what they want and what they are doing?**

- AMDC will be another choice to our individuals as it has been when "in-facility" AMDC was a choice. Case Managers will need to reach out to learn what the AMDC will be able to provide for services and what that will look like. The Case Manager will need to have a discussion with each individual/guardian and ask them if they wish to continue with their current supports or would they like to receive services from the AMDC.
- The AMDC provider will contact the Participant and/or family caregiver/healthcare proxy to discuss obtaining ongoing services from the AMDC in this alternative service delivery model. Consent for meal

delivery, and/or supplies and services including any face-to-face visit, must be documented in the Participant's record.

- If the Participant and/or family caregiver/healthcare proxy wishes to discontinue AMDC services or AMDC contact at any time, then this refusal must be documented by the AMDC and billing must be discontinued. The AMDC must only submit claims for the maximum days of service authorized per week. Services may be offered on any approved, scheduled, prior authorized days of service.
- Retroactive service authorizations will only be approved for days that the participant, and/or family caregiver/healthcare proxy were contacted. If the AMDC provider was not providing services that meet the requirements outlined in GM 20-17 the authorizations should not be requested.
- Any care plan that meets or exceeds the 80% of nursing facility cost would follow current procedures for approval.

**14. How should the plans of care be updated going forward?**

- Plans of care should address participant need and choice, provider availability, and be adjusted as needed.

**15. Is it possible for a Participant to receive Nursing from the AMDC but continue to receive the CFI Personal Care Services (PCSP) from another provider?**

- YES, it would be allowable. The choice to continue with services from the AMDC program they know and that they will return to is an option for participants.
- In many instances there is presence of personal care, nursing, and other services in the Participant's care plan that included "in-facility" AMDC, based on needs of the individual. A care plan will look different for everyone based on the needs and circumstances of the transition to not having AMDC available to provide care in full or in part.
- Skilled nursing is part of the service mix of AMDC. AMDC providers cannot be authorized to provide skilled nursing and AMDC Telehealth separately.

**16. If Participant consents to adult day services via telehealth will they have to give up the additional services they are receiving in place of adult day?**

- No. See numbers 13 and 15 above.

**17. I have heard some concern from a CFI case manager that adult day services provided by telehealth may not meet the Participant's needs and home care is a better option. Can adult day telehealth be added in these cases without removing other services in place?**

- Yes. See numbers 13 and 15 above.

**18. In the case of Title XX adult day services, does a form 3000 need to be completed for telehealth services if the renewal was due during the time adult day was closed?**

- Yes.

\*For the purposes of this guidance, Member or Participant is defined as the eligible individual participating in the Adult Medical Day Alternative Delivery Model. Participant will be used to represent this definition throughout the remaining guidance document.