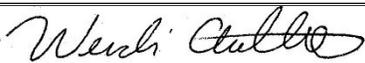


NH Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services
Bureau of Elderly and Adult Services (BEAS)

105 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS GENERAL MEMORANDUM (GM)	
DATE:	May 8, 2020
TO:	Deborah Scheetz, Director, Division of Long Term Supports and Services; Henry Lipman, DHHS Medicaid Director, All BEAS Staff; Choices for Independence Independent Case Managers and CFI Providers, MCO Contractors, OAA Adult Day Providers, DHHS Division of Medicaid staff
FROM:	Wendi Aultman, Bureau Chief, Elderly and Adult Services and Jane Hybsch, Division Medicaid Services
SIGNATURE:	 and Jane Hybsch
SUBJECT:	Joint Memo: COVID-19 Emergency Guidance for Adult Medical Day Services
GM NUMBER:	20-017 GM
EFFECTIVE DATE:	March 18, 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	
<p>The purpose of this joint memorandum is to:</p> <ul style="list-style-type: none"> • 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*. • Inform AMDC Providers that claiming for AMDC services provided to participants in the Choices for Independence (CFI) Waiver cannot be billed until the Department's Appendix K is approved by CMS. 	

Who are the providers impacted by this guidance? Adult Medical Day Care (AMDC) providers licensed under New Hampshire RSA 151:2 and enrolled for service provision under the Choices for Independence Waiver and Medicaid State Plan, as well as those contracted with BEAS to provide AMDC through Title XX and Title III Older Americans Act Funding.

Background:

In an effort to allow for greater service delivery flexibility to licensed AMDC providers to continue to provide services safely and efficiently while implementing precautions around COVID-19, in accordance with the Governor's Executive Order 2020-04 dated March 13, 2020, and pending Appendix K approval by the Centers for Medicaid and Medicare Services (CMS), the Department of Health and Human Services (DHHS) has developed an alternative service delivery model to continue support to participants of AMDC programs. This alternative service delivery model includes modifications in policy, practice, and regulatory guidelines. Input

from AMDC programs around the state will assist DHHS to inform the guidance outlined in this and future guidance documents.

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.

Requirements:

Prior authorization for AMDC services must be obtained from a Medicaid Managed Care Organization, Choices for Independence Waiver, or BEAS contract for Title XX/Title III for this alternative delivery model. AMDC services provided to participants in the Choices for Independence (CFI) Waiver cannot be billed for until the Department's Appendix K is approved by CMS. AMDC services provided to Participants through Managed Care Organizations and BEAS Contracts can be billed in accordance with this guidance document.

- 1) The Participant and/or family caregiver/healthcare proxy must be contacted 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.
- 2) 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.
- 3) A phone contact with the Participant and/or family caregiver/healthcare proxy will be made by a trained AMDC staff person to the Participant on each prior authorized day of service, which is documented in the record. One contact a week must be made by the Registered Nurse (RN) or Licensed Practical Nurse (LPN) on staff with the AMDC. Staff assess the Participant's health and mental status, including plans/opportunities for social activities, need for personal supplies, and in particular checks on the presence of COVID-19 symptoms, such as evidence of fever, shortness of breath, or flu-like symptoms. If any indication of COVID-19 or other serious health status issues are identified, a RN or LPN from the AMDC will immediately contact the Participant and/or family caregiver/healthcare proxy to further assess services needed and develop an updated Plan of Care. The Participant and/or family caregiver/healthcare proxy will also be reminded to follow all physician orders for medication and treatments as reflected in the AMDC Plan of Care for the Participant.
- 4) During the Participant telephonic or video chat contact, the AMDC will assess Participant's need for food and beverages, offer meal delivery to the Participant if needed, and will arrange for and complete this food/meal delivery if the Participant and/or family caregiver/healthcare proxy requests this service. All meal and personal supplies that are delivered by the AMDC to a Participant will be documented by the staff delivering these items to the Participant. The AMDC's staff will document the time, date, and types of meals and supplies delivered.
- 5) The AMDC will also assess daily whether there are concerns with the Participant's levels of personal care supplies and confirm that prescription medications are in stock. If necessary personal supplies are requested that are available to the AMDC, those will be delivered to the Participant upon request. Policies will be developed and circulated by AMDC, identifying the types of limitations on personal supplies that can be made available to Participant at no cost. Arrangements or directions on how to obtain prescription medications will be provided to participant by the AMDC.
- 6) When the Participant is determined to need and requests health care services, the AMDC shall either directly provide such services to the Participant, or make referrals to an appropriate health care provider. The AMDC

will assist the Participant as needed to contact their Primary Care Physician (PCP), go to an urgent care center, or notify local public health authorities in connection with COVID-19 symptoms or screening tests. If life-threatening conditions are present, the AMDC shall ensure “911” is called immediately. The AMDC shall only provide direct services in the home within the scope of its license or its staff’s professional license, and only with the Participants or Participant’s family caregiver/healthcare proxy consent. Any services provided or arranged for the Participant will be documented in the Participant’s records.

- 7) The AMDC will consult with the Participant’s Managed Care Organization (MCO) once a month to discuss any significant change in the Participant’s condition. MCO contacts are listed below:

Trina Loughery
Director of Local Plan Operations
tloughery@amerihealthcaritasnh.com
603.703.3395

Amy Pidhurney
Director of Provider Network
apidhurney@amerihealthcaritas.com
603.703.4213

Director, Care Management
joann.m.muldoon@centene.com
Office 603-263-7208
Cell 603-213-0338

Kristina Griffin
Director of LTSS Contracting and Provider Engagement, Network Management
Kristina.Griffin@BMCHP-wellsense.org
(603) 263-3151 Office

- 8) The AMDC will consult with the Participant’s PCP about any significant change in the Participant’s condition if Participant is enrolled in Title XX/Title III AMDC.

Billing for COVID-19 Incentive Per Diem Rate

AMDC will be permitted to bill for COVID-19 Incentive per diem rate based on payer, coding and rates indicated in the chart below.

Payer	COVID-19 Billing code	Modifier 1	Modifier 2	Place of Service	Unit of Service	Current Rate
CFI CLAIMING PENDING CMS APPROVAL	S5102	HC	GT	02	AMDC COVID-19 Telehealth per Day	52.80
State Plan	S5102	GT		02	AMDC COVID-19 Telehealth per Day	50.77
TXX	106			02	AGDC COVID-19 Telehealth per day	60.00
TIII	306			02	AGDC COVID-19 Telehealth per day	60.00

Providers may bill for the COVID-19 Incentive per diem rate effective March 18, 2020. This model will be in place until New Hampshire is no longer under a State of Emergency. Providers may bill this COVID-19 Incentive per diem rate for eligible individuals enrolled in the AMDC as of March 18, 2020.

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 plan of care 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 plan of care. 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 plan of care. 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.

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.

*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.

New Hampshire Adult Medical Day Care - Daily Care Connection		
Name of Participant:		Date of Birth:
Who did you speak with?		Date and Time of Contact:
Daily Care Connection Questions:		
Daily Care Connection Questions:		Circle One:
1. Are you eating and drinking beverages regularly?		Yes No
2. Are you taking all of the medicines your doctor told you to take?		Yes No
3. Are there any essential personal supplies that you need?		Yes No
4. How are you feeling health wise? Do you have any pain or discomfort from a medical, dental concern or a fall? (Remind the participant to contact their doctor if they don't feel well. If the participant has any significant change in their health or reports new medical complaints, then the caller shall notify the AMDC's nurse.)		Yes No
5. Social Connections and Activities: <ul style="list-style-type: none"> • Are you participating in any social activities? • Do you see or talk to family members and/or friends at least once a week? If Participant/member is engaged in Social Activities please describe:		Yes No Yes No
General Comments:		
6. Have you been hospitalized since the last date of attendance or since we have talked?		
7. Is everything okay with your housing? Are utilities on? Can you lock your doors?		
8. Do you feel safe? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, why? <i>Comments:</i> Click here to enter text.
9. Are you feeling more sad or anxious since the last time we talked? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments: (If the member is experiencing anxiety, the AMDC RN/LPN should be involved to contact the member/caregiver)</i>		
10. Did you receive home health aide visit today? If yes how many hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i> Click here to enter text.		
11. Are there any additional questions you need to ask me or things you want me to know? Click here to enter text.		
Additional Comments:		
Signature of Employee:		Print Name:
<p>By signing above, I hereby certify, under penalty of perjury, that the foregoing information is true and correct. This record will be maintained for at least 5 years from the date of creation and shall immediately be made available to the Department of Health and Human Services upon request.</p>		