



Department of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
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March 18, 2020

Re: COVID-19 Guidance for the Authorization
of Community Based Long-Term Services
and Supports Covered by Medicaid

The New York State Department of Health (NYSDOH) is providing this guidance to Medicaid Managed Care Plans, Local Departments of Social Services (LDSS), and Consumer Directed Personal Assistance Program (CDPAP) pertaining to the current novel coronavirus (COVID-19) outbreak. The guidance applies to Medicaid covered services as described below when delivered through either Licensed Home Health Care Services Agencies or CDPAP. Topics include: (1) physician orders; (2) the initial Community Health Assessment; (3) Community Health Reassessments; (4) Annual Health Assessments for Personal Assistants; and (5) Facility-Based Assessments. Guidance provided herein should be shared by CDPAP Fiscal Intermediaries with Consumers and by Consumers with their Personal Assistants. This guidance is provided in light of the COVID-19 outbreak and the state disaster emergency declared by Executive Order No. 202 and shall remain in effect until subsequent notice from the NYSDOH which will be provided prior to or upon the expiration of such state disaster emergency.

Background

The health and safety of the State's health care workforce and our ability to provide and support patient care remain our priorities. Recently, community-wide transmission of COVID-19 has occurred in the United States (US), and the number of both Persons Under Investigation (PUIs) and confirmed cases are increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve and is very rapidly changing. It is important for all agencies, Medicaid Managed Care Plans, LDSS and Consumer Directed Personal Assistance Program (CDPAP) consumers keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information for healthcare providers.

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus>
- HCS: <https://commerce.health.state.ny.us>

It is important to keep staff, enrollees, and Consumers updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control to protect themselves and the people they serve. NYSDOH distributes alerts and advisories on its website and, therefore, it is vital that all organizations maintain up-to-date contact with both the CDC and NYSDOH. Additionally, Medicaid Managed Care Plans, LDSS and CDPAP Consumers may wish to provide internal contact information for their staff, enrollees and Consumers, as applicable, to call with concerns, reports or questions.

Guidance

1. *Physician Order:* Initial authorizations for Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS) will continue to require a physician order. Pursuant to applicable state regulations, the physician's order documents the medical examination that assess an individual's needs for PCS or CDPAS and describes the patient's medical condition and regimes and the patient's need for assistance with personal services tasks. Based on this information, the physician must certify as part of the order that the patient is able be cared for at home. To promote compliance with CDC and NYSDOH guidance and avoid unnecessary exposure to COVID-19, effective immediately, and until further notice is provided by NYSDOH, the ordering physician is encouraged to use the telephone or permitted telehealth modalities in connection with completion of the required physician order. Physicians should consult with applicable provisions of NYSDOH's recently issued special guidance on the use of telehealth for a description of permitted telehealth modalities (https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm).
2. *Initial Community Health Assessment:* Initial authorizations for PCS, CDPAS, and other community based long term services and supports (CBLTSS) (i.e., nursing services in the home, therapies in the home, home health aide services, adult day health care, and private duty nursing) and requests for changes in service authorizations, will continue to require a completed Community Health Assessment (CHA). To promote compliance with CDC and NYSDOH guidance and avoid unnecessary exposure to COVID-19, effective immediately, and until further notice is provided by NYSDOH, registered nurses may conduct the CHA by telephone or permitted telehealth modalities, as described in the applicable provisions of the Telehealth Guidance. During this time period, CHAs conducted by telephone or telehealth, which would otherwise require a face-to-face assessment to be fully completed, may be used to develop an initial plan of care for the recipient and to authorize necessary CBLTSS, both through fee-for-service and Medicaid managed care.

Notwithstanding the ability to conduct a CHA by telephone or through telehealth, eligibility requirements and standards for services and Managed Long-Term Care (MLTC) plan enrollment are not being changed. To that end, a CHA conducted by telephonic or through telehealth, but that cannot be fully completed (e.g., the functional assessment) may not be used to determine initial eligibility for members to enroll in MLTC plans. Until such time as the CHA may be fully completed, the member's LDSS will develop and monitor the plan of care. Additionally, this guidance does not preclude completion of a full CHA and enrollment in an MLTC if consistent with CDC and NYSDOH guidelines. For individuals already enrolled or newly enrolled in a Mainstream, HIV-SNP or HARP Medicaid Managed Care plan, the member's plan will remain responsible for completing the CHA and monitoring the plan of care.

3. *Reassessments and Home Visit:* Effective immediately, and until further notice, NYSDOH is suspending all required periodic re-assessments of CHAs through Medicaid managed care (including MLTC) or fee-for-service Medicaid. In addition, the six-month in-person care management home visit requirement is also suspended. CHAs and in-person care management home visits otherwise due, but not conducted

under this suspension should be noted in the plan of care and care management records for audit purposes.

4. *Personal Assistant Annual Assessments.* Effective immediately, and until further notice, to ensure continuity of care for individuals receiving PCS through CDPAP, NYSDOH is suspending the annual renewal of the health assessment, immunizations and TB test required for personal assistants providing services to Consumers in CDPAP. This suspension does not apply to new personal assistants. Renewals that do not occur as a result of this suspension should be documented in the employee's record.
5. *Facility-Based Assessments.* When scheduling the CHA with a skilled nursing facility or other health care facility, LDSS and Conflict-Free Evaluation and Enrollment Center (CFEEC) staff must rely on the guidance and direction of facility medical director as to whether it is medically necessary for the individual to have a CHA evaluation. This guidance is consistent with Executive Order 202.1, which states only medically necessary visits will be allowed at skilled nursing facilities.

Guidance on Home Care Services and Close or Proximate Contacts

To help protect consumers and personal assistants, attached are two NYSDOH COVID-19 guidance documents related to home care services and close or proximate contact of a confirmed or suspected case of COVID-19. The links to those guidance documents are provided below:

- Interim Guidance for Home Care Services Regarding COVID-19
https://coronavirus.health.ny.gov/system/files/documents/2020/03/03-16-20_home_care_services.pdf
- Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19
https://coronavirus.health.ny.gov/system/files/documents/2020/03/contacts_of_contacts_guidance.pdf

Instructions for provider personnel who are at risk of being a Person Under Investigation (PUI)

Staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)), if community transmission of that illness is occurring. Providers should ensure they have a policy in place to speak with staff prior to them conducting face-to-face visits with enrolled members in order to screen the staff for symptoms or contacts that might have put them at risk. It is important that providers strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

Staff who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, might be placed under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If a staff person is found to be ill upon screening, the agency should send the person home and suggest that they contact their primary care physician immediately or refer them to immediate medical care, if indicated.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov; or to the toll-free call center at 888-364-3065.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to MLTCinfo@health.ny.gov.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Sincerely,



Jonathan Bick
Director
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs



Lana I. Earle
Director
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Interim Guidance for Home Care Services Regarding COVID-19

March 16, 2020

This document provides agencies and organizations with information about home and community-based services as it relates to the 2019 novel coronavirus disease (COVID-19).

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2)

Health officials are still learning how a newly discovered respiratory virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), spreads and how severe the infection can be. SARS-CoV2 is the virus that causes COVID-19 illness. As surveillance activities continue and additional cases are detected, we will update information about the community spread of COVID-19.

Important Information About How COVID-19 Spreads

- The virus is thought to spread mainly from person to person.
 - Between people who are in close contact with one another (within 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.
- People are thought to be most contagious when they are most symptomatic (the sickest).
- Spread before people show symptoms may be possible.

Considerations About Your Agency's Services

- Is it critical that this service be provided now, can it be postponed until the risk of COVID-19 is lower, or can this service be done remotely by other mechanisms (e.g., phone call, video conference)?
- If NO, then staff should call ahead and ask the clients or family members, if applicable, the questions in the algorithm in **Appendix A**.

General Infection Prevention Strategies

Organizations should encourage staff to routinely employ infection prevention strategies to reduce transmission of common respiratory viruses (e.g., influenza or "flu" or "the common cold").

- Stay home if you are sick.



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- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm).
- Keep your hands clean (wash your hands often with soap and water for at least 20 seconds). Use an alcohol-based hand sanitizer, if soap and water are not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Get the flu shot (at this time, there is no current vaccination for coronaviruses).

The routine use of these infection prevention strategies cannot be overemphasized, especially washing your hands often with soap and water. Alcohol-based hand sanitizers are also effective.

About Facemasks:

In line with the Centers for Disease Control and Prevention (CDC), the NYS Health Department does not recommend the routine use of masks if you are healthy. Facemasks are not warranted for general/routine tasks by staff – even those who have frequent interaction with the general public.

Guard Against Stigma

Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19 or appear to be targeted at one group of people. There is absolutely no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.

More information:

NYS Department of Health Novel Coronavirus hotline: **1-888-364-3065**.

New York State Department of Health's COVID-19 Webpage:
<https://www.health.ny.gov/diseases/communicable/coronavirus/>

Local Health Department Contact Information:
https://www.health.ny.gov/contact/contact_information/index.htm

Centers for Disease Control and Prevention Webpage:
<https://www.cdc.gov/coronavirus/2019-ncov/>

Appendix A. Recommended Questions and Guidance for Home Care Services Regarding COVID-19

Q1. Have you or anyone in the household been tested and confirmed to have COVID-19?

Yes to Q1

- Criteria for Required Mandatory Isolation for an individual in the home has been met.
 - The visit should be postponed to a later date after the disease has resolved and the client or family is medically cleared.
 - The staff member should make sure the client or family members have been in contact with their local health department (LHD) and medical provider.
 - If the service must be provided in the home, it should be done in consultation with the LHD.
- STOP HERE**

No to Q1

Q2. Has a person in the home traveled to a country for which the CDC has issued a Level 2 or 3 travel designation in the past 14 days?
 Q3. Have you had contact (close or proximate) with anyone with known COVID-19 in the past 14 days?

Yes to either Q2 or Q3

- Criteria for Mandatory or Precautionary Quarantine may have been met.
- The visit should be postponed to a later date after the client or family is medically cleared.
- The staff member must let the client or family members know that they will contact the LHD. The staff member (or the supervisor, if appropriate) must call the LHD. The LHD will evaluate the need for the quarantine and testing.
- If the service must be provided in the home, it should be done in consultation with the LHD.

No to either Q2 or Q3

Q4. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

Yes to Q4

The staff member should follow their organization's standard protocols for conducting home visits for households with sick individuals

No to Q4

The risk for exposure to SARS-CoV2, the virus causes COVID-19, is low and the visit can be conducted using the General Infection Prevention Strategies



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Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19

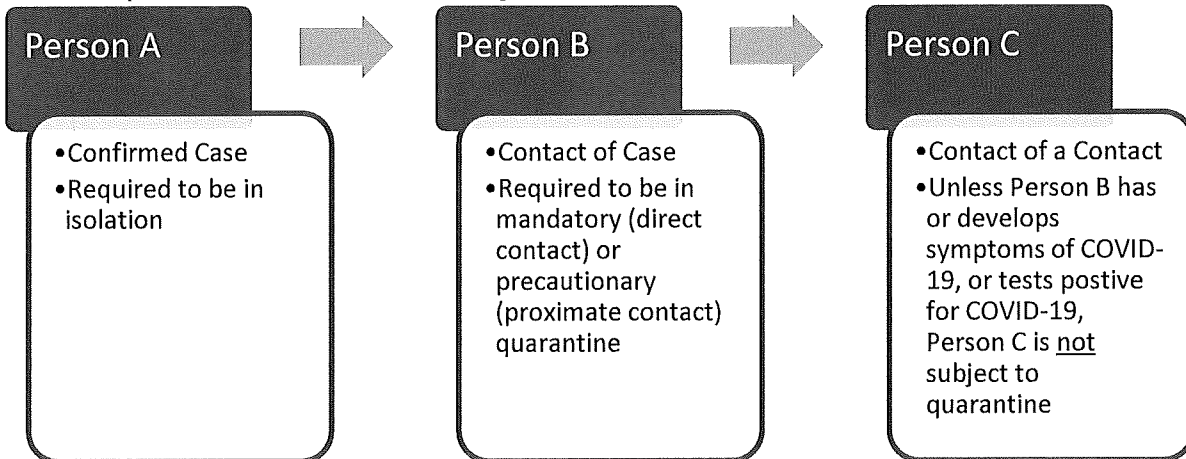
Background

As more cases of Novel Coronavirus (COVID-19) are identified or suspected across New York State, and individuals and families are required or recommended for mandatory or precautionary quarantine, it is important that there is a common understanding of the risk to contacts of contacts of a suspected or confirmed case.

DOH Policy Guidance

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had contact, close¹ or proximate², with Person A, Person B would be subject to mandatory quarantine³ (if close contact) or precautionary quarantine⁴ (if proximate contact).

Any individual (Person C) who is a contact of Person B (i.e. spouse, children, co-workers, etc.) is considered a “contact of a contact”. Person C is not at risk for infection and would not be subject to quarantine unless Person B had or developed symptoms, or tested positive for the virus causing COVID-19.



¹ Close contact is defined as “being within 6 ft of a person displaying symptoms of COVID-19 or someone who has tested positive of COVID-19”

² Proximate contact is defined as “being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19”

³ Mandatory quarantine is required for a person who “has been in close contact (6 ft.) with someone who is positive, but is not displaying symptoms for COVID-19; or person has traveled to China, Iran, Japan, South Korea or Italy and is displaying symptoms of COVID-19”

⁴ Precautionary quarantine is required for a person who “meets one or more of the following criteria: (i) has traveled to China, Iran, Japan, South Korea or Italy while COVID-19 was prevalent, but is not displaying symptoms; or (ii) is known to have had a proximate exposure to a positive person but has not had direct contact with a positive person and is not displaying symptoms”



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Examples of “Contact of a Contact” Scenarios:

- Household Members:
 - If an asymptomatic individual is contacted by a local health department to be notified that they are a contact of a confirmed case, they will be required to be under mandatory quarantine or precautionary quarantine in their home, depending on if contact was close or proximate respectively, following the guidelines provided by the state.
 - Any spouse, children or other household members, assuming both they and the individual under quarantine are asymptomatic, are considered a “contact of a contact” and therefore are not required to be in quarantine. They can go to school, work, and engaged other activities following recommendations for social distancing as appropriate.

- Co-Workers:
 - If an asymptomatic employee calls their supervisor and notifies them that they are required to stay home in quarantine because they were a contact of a confirmed case, the contacts they had at work are considered “contacts of a contact” and therefore not at risk. These “contacts of a contact” are not required to be in quarantine and should be permitted to continue to work, following recommendations for social distancing as appropriate.