

Today's Topics and Future Webinars

Today:

- Expectations and General Guidance
- Essential Staff and Addressing Immediate Need
- Delivery of Face-to-Face Services & Telehealth
- CCO Activities, Care Planning & Staff Action Plans
- Specific Service Guidance
- Next Steps

Future Webinars: OPWDD will schedule and announce additional webinars to address specific areas of concern related to operations during the COVID-19 emergency.



EXPECTATIONS AND GENERAL GUIDANCE



Expectations

Services are Flexible and Ongoing

- During the COVID-19 emergency, OPWDD's top priority is the health and safety of the people we support and our state and voluntary workforce.
- OPWDD expects providers to continue to meet the needs of the individuals they support and their families to the extent possible. The system is open for business.
- Providers must use best clinical judgement in determining plans specific to each individual's circumstance and need.
- OPWDD has and will continue to provide detailed guidance related to specific aspects of the service system, but each provider must manage its programs in the best interests of those it supports and employs.



Staying Informed

Finding What You Need to Know

New York State Department of Health has provided extensive information about Coronavirus on its public website:

<https://coronavirus.health.ny.gov/home>

- Precautions
- Symptoms
- Updates
- How to plan and stay informed



Key Guidance Documents

Department of Health provider guidance can be found here:

<https://coronavirus.health.ny.gov/information-healthcare-providers>

OPWDD Issued Guidance available at <https://opwdd.ny.gov>

Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/>

Guidance is updated frequently and providers are strongly encourage to continually review these resources



ESSENTIAL STAFF AND ADDRESSING IMMEDIATE NEED



Essential Staff and Addressing Immediate Need

Executive Orders 202.6 and 202.7

- Establish required work restrictions and business closures, requiring all businesses and nonprofit entities to use telecommuting and work from home procedures to the extent possible.
- Assures that OPWDD-certified providers are deemed essential businesses and are exempt from the restrictions. Providers should continue providing services.

Direct Support Professionals Defined As Essential Employees Issued March 18, 2020

- Direct Support Professionals (DSPs) are essential and integral employees to OPWDD's provision of services, and that is especially true during this public health emergency.
- In guidance issued by the NYS Education Department, found at: Additional Guidance on Statewide School Closures Due to Novel Coronavirus (COVID-19) Outbreak in New York State - March 17, 2020, ***DSPs are classified as essential health care workers: "Essential health care workers may include licensed health professionals such as physicians, nurse practitioners, physician assistants, registered nurses, LPNs and nurse assistants or laboratory personnel and direct support professionals.***

Maintaining Safety

- OPWDD providers must ensure the safety of the individuals they support, their families, and their staff.
- This means: Treatment teams should assess the needs of each individual and consider how their need can be met while maintaining safe social distancing.
- Planning for temporary modification of service plans may include the need to consider alternative services or service settings, including remote service delivery.

Maintaining Safety continued

Providers should encourage staff to employ infection prevention strategies routinely.

- Routine screening of staff, individuals and others who come in contact with staff and individuals is critical in maintaining health and safety,
 - Do you have a fever, cough or shortness of breath?
 - Have you or someone with whom you have had close physical contact traveled outside of the US within the last 14 days?
 - If yes, to which countries did you or your contact travel. Visit <https://eee.vfv.hob/vtonsbitud/2019-ncov/travelers/indexhtml>
 - Within the last 14 days have you had contact with any person(s) under investigation for COVID-19, or with anyone known to have COVID-19?



**IT MAY NOT BE SAFE TO
PROVIDE FACE-TO-FACE
SERVICES**



Provider Flexibility/Relief

Face-to-Face Service Delivery

- Services may be provided remotely (via telephone or other technology) with no prior approval:
 - Community Habilitation
 - Day Habilitation
 - Prevocational Services
 - Supported Employment
 - Pathway to Employment
 - Intensive Behavioral Service
 - Support Brokerage
- Provider must use good clinical judgement to determine that telehealth is appropriate, the service can be delivered effectively through verbal prompting/cueing only, assuring health and safety.
- Other Non-face-to-face services may be provided and billed, including staff transportation time.
 - Community Habilitation, Day Habilitation, Prevocational Services, Respite.
 - Example: delivery of groceries or supplies; assistance with running errands or outdoor household chores.



Provider Flexibility/Relief Staffing Qualifications

- DSPs may continue to deliver HCBS Waiver services without completion of all training stipulated in 14 NYCRR Part 633.8 - Allows newly hired DSPs and administrative staff to serve in a direct support role if essential staffing is not otherwise available.
- Limited exemption from certain requirements of 14 NYCRR Part 633 “Protections of Individuals Receiving Services” regarding Criminal Background Check (CBC) screening:
 - If the agency is awaiting CBC results, a new employee may begin service delivery if:
 - The employee receives on-site supervision until CBC is obtained.
 - The employee is screened against Medicaid Excluded Provider lists maintained by NYS DOH and HHS Office of the Inspector General.
 - Required staffing ratios may be modified to allow a person to receive services in safe and accessible environments as long as the person’s needs are still being met.



TELEHEALTH



REVISED: Interim Guidance Regarding the Delivery of Services Through the Use of Telehealth Modalities in OPWDD Facilities and Programs – issued March 20, 2020

- Telehealth can be used for the following list of services:

Community Habilitation	Day Habilitation
Prevocational Services	Supported Employment
Pathway to Employment	Intensive Behavioral Service
Support Brokerage	Article 16 Clinic Services
- Where an activity in the individual's Staff Action Plan requires the physical presence of a staff member for the health and safety of the individual, that service is **not** appropriate and shall not be delivered via telehealth (i.e. hand-over-hand prompting required).

Telehealth Guidance

Continued

- Providers shall institute policies on infection control for any telehealth equipment.
- Access to individuals' information shall follow standard HIPAA privacy and security provisions and ensure compliance with MHL33.13, and refer to:
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- Providers may use everyday, non-public facing technology in their good faith efforts to provide services remotely (e.g. Skype, Apple Face Time, Facebook Messenger video chat). Public facing applications are prohibited (e.g. Facebook Live and Tik Tok)



Telehealth Guidance

Continued

- Reimbursement will be allowed under Medicaid when: providers are licensed or certified, registered under NYS education law or other applicable law and enrolled in NYS Medicaid; providers deliver telehealth services under their scope of practice; and reimbursement will be made in accordance with existing Medicaid policy related to supervision and billing rules and requirements.
- During the emergency response to COVID-19, providers may be reimbursed for services delivered via telehealth using technology that is not HIPAA compliant, as well as services delivered remotely through other modalities, such as telephonic encounters.



Telehealth Guidance

Continued

Documentation requirements under MHL 33.13 are in effect AND must include:

- reason for encounter,
- name of provider and credential,
- location of provider and individual,
- date of visit, visit start and end time and duration,
- whether a staff person or a member of the individual's circle of support attended the session and identify them by name and title,
- note the success of the session, any technological or equipment failures, and follow up plans.



Telehealth Guidance

Continued

During the emergency response to COVID-19, providers delivering services as Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) may deliver such services via telehealth and bill at the IPSIDD rate.

Billing for Article 16 clinic and Waiver Service providers:

- Bill for the encounter using the appropriate billing rules for the services rendered, using the Telehealth modifier for the location code.
- The appropriate modifier codes should be included for all modalities of Telehealth the provider uses.
- **For more comprehensive information visit <https://opwdd.ny.gov>**
- Providers of HCBS waiver services should bill for the service as they normally do.
- For further information, contact John Barbuto, Assistant Deputy Commissioner, Statewide Services at (518) 474-5673



CCOs, CARE PLANNING & STAFF ACTION PLAN



Care Coordination Organizations

- CCOs have been working closely with OPWDD to maintain an open line of communication.
- The State agrees to provide relief retroactive to March 7, 2020.
- Appropriate authorities are being modified to allow flexibility to all timelines for new and existing Life Plans.

Life Plan & Staff Action Plans

- The person's current Life Plan and Staff Action Plans remain in place and any addendums/changes can be made once we are through this crisis.
- Providers should be certain that staff know how to safely serve the person, but the formal update of the staff action plan can occur later.

SPECIFIC SERVICE GUIDANCE

ICF GUIDANCE

RESIDENTIAL HABILITATION

DAY SERVICES



COVID-19 Guidance For Intermediate Care Facilities Continued

- **Effective immediately, suspend all visitation except when medically necessary.**
- **Implement health checks for all HCP and other facility staff at the beginning of each shift.**
- **If there are suspected/confirmed cases of COVID-19 in an ICF/IID:**
 - Notify the Local Health Department (LDH), New York State Department of Health (NYSDOH) if not already involved and the OPWDD Incident Management Unit in accordance with OPWDD Guidelines for Implementation of Quarantine and/or Isolation Measures at State-Owned and Voluntary Providers in Congregate Settings.

COVID-19 Guidance For Intermediate Care Facilities Continued

- Actively monitor all affected residents once per shift. This monitoring must include a symptom check, vitals, and pulse oximetry.
- Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.
- Assure all residents remain in their rooms, to the extent possible.
- HCP or other facility staff delivering direct care to residents with suspected or confirmed COVID-19 should wear facemasks and maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions.

COVID-19 Guidance For Intermediate Care Facilities - Continued

- Do not float staff between residential units.
- Cohort residents with suspected or confirmed COVID-19 with dedicated HCP and other direct care providers.
- All residents on affected residential units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status.

Guidance For Intermediate Care Facilities Continued

For ICF/IID Resident Access to the Community - In areas of high concentrations of positive coronavirus cases, residents should be encouraged to remain at home.

Facilities should also refer to the following documents for more information:

- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- **Contact Sue Prendergast, OPWDD Director of Nursing and Health Services, for more information susan.b.prendergast@opwdd.ny.gov.**



COVID-19 Guidance for Individualized Residential Alternatives, Community Residences and Private Schools Issued March 18, 2020

Limit all visitors unless medically necessary or for end of life care.

- Any visitors meeting these exceptions must be screened for symptoms (cough, shortness of breath, or fever) or potential exposure to someone with COVID-19 and the duration and number of visits should be minimized.
- RAs, CRs and Private Schools should attempt to provide other forms of communication to meet the needs of their residents.
- IRAs, CRs and Private Schools must post signage notifying the public of the suspension of visitation in all facility entrances and in parking lots. In addition, these policies should be posted to the facility's website and social media pages.



Day Program Suspension Memo

Issued March 17, 2020

- Immediate Temporary Suspension of all Day Habilitation, Day Treatment, and Prevocational Services effective no later than 5 pm, Tuesday, March 17.
- All programs must submit to OPWDD a plan for temporary suspension, using the provided template, by March 20, 2020. This deadline has been extended to March 27, 2020.
- Providers must implement temporary suspension measures immediately without OPWDD prior review.
- Temporary suspension of day program services represent hardships for families who support their loved ones at home. Alternative programming for families that will be negatively affected by the suspension of services should be noted within your Plan.
- All plans must be submitted for review at quality@opwdd.ny.gov.
- Questions and requests for technical assistance should be referred to your OPWDD Regional Office.



Interim Guidance Providers of Day Habilitation and Prevocational Services Regarding COVID-19

- Provides billing guidance for providers of Day Habilitation and Prevocational services
- Effective with the March 18, 2020 suspension, **flexibility is available to providers to ensure continuation of services to the extent possible and to allow agencies to reassign staff to provide essential services.**
- This guidance will govern claims for service dates of March 18, 2020 through March 31, 2020.
- Further direction will be forthcoming to provide longer-term billing guidance.
- **Tuesday's March 24th** Day Services Webinar will further detail flexibilities to ensure continuation of services to provide essential services.
- To register, go to <https://www.mc-cop.com/>



NEXT STEPS

Next Steps

- OPWDD is working with NYSDOH and federal CMS to develop needed waiver authorities to address response needs and allow providers to continue to support individuals, ensuring health and safety.
- K Waiver – emergency provisions related to Comprehensive Waiver operations
- 1135 Waiver & flexibilities in the State Plan

Pending Federal Authorities

- **1135 Authority:** The Secretary may invoke 1135 Waiver authority when a declaration of emergency or disaster under the National Emergencies Act or Stafford Act and a Public Health Emergency Declaration Under Section 319 of the Public Health Service Act have been declared
- **1915(c) Waiver Appendix K:** States may submit Appendix K before or during emergencies to document necessary changes to waiver operations. Appendix K includes actions that states can take under the existing Section 1915(c) authority in order to respond to an emergency.

Additional Guidance and Assistance

- OPWDD understands providers and CCOs have many operational questions about guidance.
- In days ahead, OPWDD will provide additional targeted webinars to address areas of concern. Schedule to be announced.
- Register for Tuesday, March 24 – Day Services Webinar at <https://www.mc-cop.com/>
- Send questions to info@opwdd.ny.gov. Subject Line: “3/23 Webinar”



Working together,

**Remaining focused on our
shared mission —**

**We will get through the
crisis.**

