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### STATE OF WASHINGTON

## DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## Aging and Long-Term Support Administration

## Home and Community Services Division

PO Box 45600, Olympia, WA 98504-5600

**HCS MANAGEMENT BULLETIN**

**H20-018 –** Policy & Procedure

March 24, 2020

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| **TO:** | Home and Community Services (HCS) Division Regional Administrators  Area Agency on Aging (AAA) Directors  Developmental Disabilities Administration (DDA) Regional Administrators |
| **FROM:** | Bea Rector, Director, Home and Community Services Division  Debbie Roberts, Deputy Assistant Secretary, DDA |
| **SUBJECT:** | **Delivery of in-home personal care and Adult Day Health services during the COVID-19 outbreak** |
| **PURPOSE:** | To notify the field about temporary policy changes regarding delivery of in-home personal care services and Adult Day Health (ADH) services during the COVID-19 outbreak. |
| **BACKGROUND:** | On February 29th, 2020, Governor Jay Inslee declared a state of emergency in response to the COVID-19 outbreak, directing state agencies to use all resources necessary to prepare for and respond to the outbreak. ALTSA and DDA staff have been in communication with the Centers for Medicare and Medicaid Services (CMS) to review the rules related to 1915(c) Waivers, 1915(k) CFC State Plan Services and the 1115 Medicaid Transformation waiver, and to request exceptions to specific rules until the COVID-19 pandemic is contained. |
| **WHAT’S NEW, CHANGED, OR CLARIFIED:** | To reduce exposure and infection spread risks for clients and providers during the COVID-19 state of emergency, the delivery of in-home personal care and adult day health services will be modified in some circumstances based on client and provider health and safety and related care needs. |
| **ACTION:** | **Effective immediately and until further notice**, follow the guidelines below when working with clients, families and providers regarding delivery of DSHS in-home personal care and adult day health services. Total hours billed may not exceed the authorized hours assigned to the provider.  **Personal Care Tasks**   * **Personal Care tasks to be done by phone or other technology, unless there are client specific reasons they need to be done in person. One reason they may be done in person could be that the client and paid provider live in the same residence. If done in person, the provider and client should maintain at least a six foot distance from one another:** * Medication reminders (including checking on medication supply) * Supervision/reminders for:   + Bathing   + Personal hygiene   + Eating (if no swallowing issues exist)   + Dressing (such as reminders to change into clean clothes, wearing weather appropriate clothing, etc.)   + Treatment reminders such as the following:     - Blood glucose monitoring     - Insulin injections     - Nebulizer     - Active range of motion     - Toileting program   + Behavior interventions and de-escalation techniques   + Appointment reminders   + Wellness checks and reassurance calls when in-person care is not possible * **Personal Care tasks that may be completed outside of the home without the client being present:** * Meal preparation and delivery of food * Essential shopping/errands * Laundry (such as using laundry facilities, family’s laundry area, etc.) within existing hours * Wood supply * **Personal care tasks that can only be conducted in-person when they require hands on assistance:** * Medication administration * Turning & Repositioning/Bed Mobility * Transfers * Ambulation * Bathing * Personal hygiene * Eating * Toilet use * Dressing * Essential house work * Nurse delegated tasks * Self-directed tasks   **Home Care Agencies** will advise their employees about the need to deliver some personal care tasks remotely to reduce the amount of in-person time between client and provider. Case managers may also advise the home care agency to provide remote personal care tasks or limit and/or discontinue certain tasks that are not essential to the client’s basic health and safety. No new plan of care is required when services are delivered remotely as the authorized tasks are not changing only their delivery mechanism. The Home Care Agency may only bill for hours provided, whether in-person, telephonic, or a combination of both.  Electronic Time Keeping, RCW 74.39A.325 allows for exceptions in circumstances where electronic verification is not possible as verified by the home care agency. Home care agencies should document when electronic visit verification is not possible when personal care services identified below are provided by phone or other technology or outside of the home.  **Individual Providers (IPs)** For purposes of following public health guidelines around social distancing, IPs are strongly encouraged to take steps to reduce the amount of face-to-face time with clients by delivering those tasks above that can be provided remotely, outside of the home or by maintaining physical distance from the person receiving services. Face-to-face time, whenever possible, should be limited to those hands-on tasks that can only be provided in person. IPs will be informed of the need to reduce in-person contact through multiple communication methods including websites, blast emails, and SEIU communication methods. Case managers may also advise the IP to provide remote personal care tasks or limit and/or discontinue performing certain tasks that are not essential to the client’s basic health and safety. No new plan of care is required when services are delivered remotely as the authorized tasks are not changing only their delivery mechanism. Services are to be delivered within the provider’s approved work week limit. IP may only bill for hours worked, whether in-person, telephonic, or a combination of both.  **Adult Day Health**  The Adult Day Health provider will work with the client/rep to determine what components of ADH services will be delivered during the COVID-19 period. They will document a brief plan for review by a HCS Community Nurse Consultant or AAA Nurse. The nurse will either consult with ADH provider for potential changes or approve the plan as presented and document the result in the client’s SER. Primary case managers will receive a CARE tickler to view the SER. The ADH provider must provide at least one of the following in-person or remote activities each day that the client is authorized ADH services in order to bill for that day. The provider must not bill for more days than authorized without prior approval of the client’s case manager.  The following skilled services must be provided in person either at the ADH center, an alternative site or in the client’s home:   * New OT and PT * RN skilled nursing tasks such as medication administration, wound care, etc.   The following services may be completed by the ADH provider without in-person contact via telephonic or other electronic means:   * Speech/language therapy, when appropriate * Telephonic wellness check/reassurance * Medication management and treatment reminders/coaching * ADH Meal or grocery delivery to the client * Medication pickup/delivery to the client * Telephonic support for active range of motion, OT/PT exercises, etc.   **Following Basic Infection Control Procedures**  Instruct providers to follow **pre-screening procedures** prior to delivering in-person services by calling and asking client/rep if they or household members have had symptoms of COVID-19 (such as fever, dry cough/shortness of breath (that is unusual to their typical respiratory condition) in the last 14 days. If the answer is yes, or they or household members have tested positively for COVID-19, encourage them to call their medical professional and advise their supervisor or client’s case manager. Follow the local health jurisdiction and Center for Disease Control’s (CDC) directives on how to safely provide care to those individuals.  Workers providing in-person care should not work when they are sick.  When providing services in-person, providers should follow standard infection control procedures including:   * Perform hand hygiene, prior to and after each visit, wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol. Also do this before and after preparing/serving food and toileting. * Wipe all high touch surfaces with disinfectant including kitchen counters, dining tables, other tabletops, doorknobs, bathroom fixtures (toilet seat, toilet handle, sink and fixtures, phones, keyboards and remotes at the beginning and end of every shift. * Avoid touching eyes, nose, or mouth with unwashed hands. * Stay at least 6 feet away from client and others as much as possible. Limit close personal contact to necessary ADLs. * Avoid touching surfaces or objects within the home as much as possible. Wash hands after touching any frequently touched surfaces that haven’t been wiped down. * Cover coughs and sneezes with a tissue and discard after each use. Ask client/others to do the same. * **At any time during a face-to- face interaction** if it becomes apparent that a client has a fever, cough, and/or difficulty breathing (in the absence of another respiratory diagnosis), encourage them to call their medical professional and advise your supervisor or client’s case manager.   **Preparing for the Need to Triage Services**  Home care agencies, adult day centers and case managers shall conduct a review of individuals they are serving to identify clients that are at high risk if services are interrupted. If services must be triaged due to limited capacity, they have information to make decisions based on whether the client may have health and safety needs if services could not be delivered. Use professional judgement to make a determination of how to respond, balancing health and safety of the client, the worker, COVID-19 local public heath declarations for the geographic area and workforce capacity. Identify minimum staffing needs and prioritize critical and non-essential services based on clients’ health status, functional limitations, disabilities, and essential needs. |
| **RELATED REFERENCES:** | None |
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