

Issues List

21 March, 2020

Priority	Service	Agency	Issue
1	Behavior Therapy	DMAS	Allowance to begin services after the submission of the service authorization but before receipt of the letter of medical necessity; allow a "grace period" for the receipt of the LOMN
1	DD Waiver Residential	DMAS	Extend the protocols developed for nursing homes for testing, procurement of extended supplies of medication and/or PPE, etc to all community ICFI/DDs and DD Waiver Residential
1	DD Waiver Residential	Both	If the state makes any effort to provide or arrange day care for employees of hospitals, nursing homes or other health care facilities - be sure that DD Waiver program staff are included on the list of those who can access the service
No	DD Waiver Residential	Both	Allow residential providers to hire from Licensed DP sites with exceptions - accept a copy of the eligibility letter for Criminal Hx, Proof of Waiver Training, First Aid/CPR etc
No longer applicable	DD Waiver Day	Both	Establish some flexibility CE/CC providers to limit the amount of "engagement" as it may be contrary to guidance for social distancing; allow providers who do both Group Day and CE to do the same so they can continue to bill at expected levels
✓	All	Both	<p>Allow exception the 15 day rule for Fieldprint appointments; the latest version of the DBHDS FAQs (Q 4.6) describes in detail the process to be used which essentially is as follows for any new hire:</p> <p>The provider is responsible for getting the criminal background "disclosure" form and screening the information against the list of Barrier Crimes (provided as a link in the News Post 3/21/2020) - if there is any question that an individual has been convicted of or has pending charges for a barrier crime; the individual should not be permitted to work.</p> <p>The employee should also attempt to schedule a Fieldprint appointment and the provider should retain a copy of the confirmation of the notice that the office has been closed for the employee's personnel file.</p>
✓	CMHRS	DMAS	Clear communication on the use of remote supervision across services/MCOs and some allotment for monitoring client safety via phone or video chat; TDT alternatives and a great deal of information about telehealth and the options available will be included in the memo to be release on Friday
✓	DD Waiver	DMAS	Extend the EVV "go-live" date; has been extended to June 30

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✓	DD Waiver Residential	DMAS	All face-to-face requirements suspended until "end of emergency" - CM should attempt to conduct visit telephonically and/or using a video chat and document the same type of information that would be obtained in a face-to-face making note of the COVID19 restrictions
✓	DD Waiver Residential	DMAS	Suspend QMR activity; QMR will be modified and not done "on-site" - scope can be flexible
✓	DD Waiver Day	DBHDS	Where providers are still able to do limited CE/CC, authorizations are being pended until a "back-up" plan is described for an instance where the DSP can not provide the service. This practice needs to be ended; the providers have always had that responsibility!
✓	DD Waiver Residential	DBHDS	Suspend NCI visits in a residential site
✓	DD Waiver Residential	DBHDS	Suspend "routine" visits by Licensing or OHR staff
✓	All	Both	Allow staff to have been laid off to be "rehired" by the same agency without having to repeat the criminal background check, etc. This can be done if the staff are not separated from employment -they may still apply and receive unemployment under the relaxed rules IF the employer simply reduces their hours to zero
✓	DD Waiver	Both	Allow Annual Plans meetings to be telephonic and accept the CMs attestation of the participants; signatures need to be obtained within 45 days of the end of the emergency; CM must document the who, what, where and why of the approval obtained by phone
✓	DD Waiver	Both	Allow, as appropriate, TC to be done by video conference or telephonically
✓	DD Waiver	Both	Allow expedited or retroactive authorizations for in-home and related services that need to increase to accommodate closures
✓	DD Waiver Residential	Both	Allow a three month extension for annual training, performance evaluations, competency reviews, etc: the provider can change their policy for annual training and performance evals (as with any policy change the OL Specialist needs to be notified); the issue of competencies is discussed in the 3/19/2020 memo
✓	DD Waiver Residential	Both	Recognize that decisions are being made on a daily basis and that submitting modifications to an individual's plan or documenting why changes are being made on a daily basis should not be the staff's highest priority!
✓	DD Waiver Residential	Both	Allow a 2 month extension of the service authorization if a meeting can not be held at all

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Under Discussion	DD Waiver Residential	DMAS	Implement rate increases to cover added overtime for residential providers
Under Discussion	DD Waiver Residential	DBHDS	Service modifications need to be available for residential relocations that are either "necessary" or already being planned. Site visits should not be as problem as those are done before occupancy
Under Discussion	Licensed Programs	DBHDS	Renewals for licenses need to be postponed and licenses extended for 3 months rather than done as desk audits; staff capacity for preparing the "packages" to be emailed simply will not exist.