

COVID-19 Emergency Guidance

In order to protect the health, safety, and welfare of Home and Community Based Services (HCBS) participants, the Division of Senior and Disability Services (DSDS) has provided an outline for programmatic flexibility in delivery of services due to the COVID-19 pandemic. Providers should use professional judgement and current staff capacity to decide what programmatic flexibility may be necessary in order to ensure participant welfare.

Assessments/Reassessments

Effective May 11, 2023, all assessments completed by DSDS or Type 27 providers shall be conducted in-person.

Service Delivery

As health care providers, HCBS providers are expected to continue delivering services as authorized to participants at this time.

Safety

Providers of Home and Community Based Services are encouraged to review COVID-19 safety precautions and transmission information on the [DHSS website](#).

In an effort to protect Missouri's most vulnerable populations, providers of in-home service providers are reminded to screen staff to ensure they are free of communicable diseases per the code of state regulations. Staff who have signs and symptoms described in CDC guidance should **not** report to work.

In the event a participant is confirmed or presumed to be COVID-19 positive, the provider shall continue providing care as needed while following CDC guidance for precautions. Providers should evaluate all available options, including the use of family members or friends, in the event a participant's needs cannot be met.

Tasks

Effective February 1, 2023, all services/tasks must be prior authorized. It is no longer permissible to deliver any tasks that are not listed on the current care plan.

Effective February 1, 2023, telehealth service delivery is no longer permitted. This includes telephone checks, virtual service delivery and all authorized nurse visits including Advanced Personal Care Evaluations and General Health Evaluations.

Non-Emergency Medical Transportation (NEMT)

Effective February 1, 2023 non-emergency medical transportation (NEMT) returned to pre-COVID practices.

Caregiver Requirements

Eligible Caregivers

Effective April 1, 2023 agency model providers are no longer permitted to use family members as the caregiver.

Training /Oversight/Evaluations

Effective August 1, 2022, providers are required to resume training requirements in a modified nature. Modified training requirements include:

- Twelve (12) hours of orientation training for in-home service workers, including at least two (2) hours orientation to the provider agency and the agency's protocols for handling emergencies, within thirty (30) days of employment. A minimum of six (6) hours of training will be provided prior to the first day of participant contact.

- Four (4) hours of required orientation training may be waived for aides and homemakers with adequate documentation in the employee's records that they have received similar training during the previous twelve (12) months.
- All orientation training hours, with the exception of the statutorily required dementia training and two (2) hours of provider agency orientation, may be waived with adequate documentation, placed in the aide's personnel record, that the aide is a licensed practical nurse, registered nurse or certified nurse assistant. The documentation shall include the employee's license or certification number which must be current and in good standing at the time the training was waived;
- Five (5) hours of in-service training annually are required after the first twelve (12) months of employment. The provider may waive the required annual five (5) hours of in-service training and require only two (2) hours of refresher training annually, when the personal care aide has been employed for three (3) years and has completed fifteen (15) hours of in-service training.

Employee evaluations resumed effective August 1, 2022.

Family Care Safety Registry (FCSR)

- Effective August 1, 2022, all flexibilities surrounding Family Care Safety Registry (FCSR) background checks and Good Cause Waiver (GCW) have been rescinded. Providers shall resume pre-COVID requirements.

Nurse Visits

Qualifications

- Graduate Nurses may be hired to complete Authorized Nurse Visit tasks. Family Care Safety Registry filing is still required.

General Health Evaluations

- Effective February 1, 2023 GHEs are to be performed face-to face. GHE's shall no longer be conducted via telephone or tele-monitoring. The GHE shall continue to be uploaded to the Web Tool.

Advanced Personal Care (APC) Evaluation

- Effective February 1, 2023 the Authorized Nurse Visit task Evaluate Advanced Personal Care, shall no longer be conducted via telephone or tele-monitoring. Providers shall begin performing this task face-to-face.

Authorized Nurse Visits

- Effective February 1, 2023 all Authorized Nurse Visit tasks, shall be completed face-to-face. It is no longer permissible to complete these visits via telephone or tele-monitoring.

Adult Day Care

Transportation Expires November 11, 2023

ADC Facilities may choose to waive their transportation service and implement a drop-off/pick-up process throughout the COVID-19 outbreak. This decision is at the discretion of the ADC Facility.

Respite Care Expires November 11, 2023

DSDS and the Department of Social Services, Missouri Medicaid Audit and Compliance (MMAC) have partnered to take steps to ensure continued service delivery to Adult Day Care (ADC) participants during the ongoing COVID-19 outbreak. Effective immediately, DSDS is extending the opportunity to ADC Facilities to provide Respite Care to participants who would ordinarily travel to an ADC facility, but are unable to do so due to COVID-19 concerns.

Respite Care services are maintenance and supervisory services provided to a participant in the individual's residence to provide relief to the caregiver(s) that normally provides the care. Respite may also include web based socialization activities and transportation for meal delivery.

Family members (spouse and legal guardian excluded) may be eligible to be hired to provide the respite. Family members (absent the exceptions above) will only be allowed to provide respite if he/she does not reside in the same

residence, and he/she will only be allowed to provide respite if no other caregiver is available.

- Respite time may be delivered equal to the currently authorized ADC hours. In explanation, ADC Facilities may bill for Basic Respite Care units up to the maximum of units authorized for ADC. For example, an ADC participant with 300 units of ADC services may receive up to 300 units of Respite Care. ADC Facilities shall only bill for services delivered.
- ADC Facilities shall not bill for Basic Respite services for more than one (1) participant per one (1) caregiver for any period of time. If a caregiver is providing respite to two (2) or more participants simultaneously, the ADC Facility shall ensure claims do not exceed the total hours worked by the caregiver. For example, if Basic Respite is provided to two (2) participants simultaneously for 8hrs by one (1) caregiver, the facility shall only bill a total of eight (8) combined hours for both participants. For example, 4hrs per participant. Billing for 8hrs per participant (16hrs in an 8hr period) would result in double billing and would be subject to recoupment.
- The respite care rate is \$4.09 per 15 minute unit. For guidance regarding billing, see [INFO memo 03-20-04](#). Please be aware the procedure code in the memo contains the modifier, HB. Billing dates may not precede March 13, 2020. Please do not contact the PCCP team regarding billing or authorization related to this.
- Through 4/9/20: Facilities shall bill each individual date of service on a separate line of the claim indicating the appropriate number of units for that date of service for the participant.
- 4/10/20 and After: From and through dates may be billed on an individual line on a claim indicating the total number of units for the time period for the participant. The from and through date may not exceed a calendar month and must not overlap previous dates already billed.

Effective February 1, 2023 ADC providers may no longer conduct telephone checks in lieu of adult day care services.

Residential Care Facilities/Assisted Living Facilities (RCF/ALF)

Effective February 1, 2023 all services/tasks must be prior authorized. The billing codes established for use of the additional three (3) units of personal care dietary assistance outside of the prior authorizations, shall no longer be used for COVID dietary services delivered after the effective date.

Provider Operations

Consumer-Directed Services

Effective August 1, 2022, face-to-face monitoring visits outlined in HB 1682 are required. Retroactive monitoring is not required. Providers will have 1 year from this date to complete monitoring requirements for all pre-existing participants.

Questions

Questions should be sent via email to LTSS@health.mo.gov.