



Community Choices Waiver Flexibilities in Response to COVID-19

On February 11, 2023, Xavier Becerra, Secretary of the US Department of Health and Human Services, extended the federal Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) for a period of 90 days. The federal public health emergency is anticipated to expire on May 11, 2023. The following guidelines are provided to ensure participants, providers, and case managers of the Community Choices Waiver (CCW) understand the Home and Community-Based Services (HCBS) Section's approach to rolling back flexibilities that were offered during the PHE.

Temporary Modifications to Service Plan Development and Monitoring Requirements

Case managers were granted additional discretion in conducting service plan development and monitoring activities while implementing social distancing measures to mitigate the spread of COVID-19.

- Effective immediately, case managers should encourage the participants they serve to meet in person for service plan development activities. The participant may still choose to meet by phone or video, but the case manager must not dictate how the meeting will occur, nor should they try to sway the participant to make a decision that is more convenient for the case manager. To the extent possible, the case manager and the participant should meet face-to-face. A participant's choice to meet virtually must be documented in the participant's service plan.
- Effective June 1, 2023, case managers must follow service plan monitoring standards outlined in the [CCW Service Index](#). This includes a face-to-face home visit each quarter.
- Effective June 1, 2023, case managers must submit forms and documents needed for service plan renewals, modifications, and monitoring, with required signatures. Effective December 1, 2023 the HCBS Section will not accept any document that requires a signature without that signature.

Temporary Modifications to Nursing Facility Level of Care Evaluation Procedures

The HCBS Section allowed for temporary modifications to its nursing facility level of care evaluation procedures in order to implement social distancing measures and inhibit the transmission of COVID-19. The flexibilities included (1) conducting LT101 assessments either by phone or video conference, and (2) allowing for abbreviated reassessments for individuals who require a periodic nursing facility level of care reevaluation (e.g. an annual HCBS waiver reevaluation). Effective November 1, 2023, these assessments must be conducted in person, unless an extenuating circumstance is approved by the HCBS Section in advance.

Temporary Modifications to Provider Qualifications and Service Specifications

The HCBS Section allowed for temporary modifications to CCW provider qualifications and service specifications in order to ensure participants maintained access to critical services.

- Effective December 1, 2023, the two meal a day limit on home-delivered meals will be reinstated. Case managers must work with participants who are currently receiving three meals a day through hot or frozen meals services to ensure they have a system in place to receive the additional meal through

another avenue, and modify the participant's service plan to decrease the number of meals to no more than two per day.

- Effective December 1, 2023, senior centers will not be eligible to provide Personal Support Services. Case managers must work with participants who are using senior centers to provide this service to identify other providers, and modify the participant's service plan accordingly.
- Effective May 1, 2023, agency providers must ensure they have the results of the following background screenings for every employee, contractor, and volunteer who may have unsupervised direct contact with waiver participants in the regular course of their work. The results must be no more than five years old, must demonstrate that the provider staff member has successfully passed the screenings, and must be retained in the provider's files and made available to the HCBS Section upon request. These requirements include:
 - A national name and social security number background screening;
 - A Department of Family Services Central Registry Screening;
 - An Office of Inspector General Exclusions Database search; and
 - A National Sex Offender Public Website search.
- ACES\$, the Financial Management Service contractor for participant-directed services, is updating their systems and will work directly with employers of record to ensure that participant-directed employees meet background screening requirements.
- Provider agencies may still choose to permit individuals to begin delivering waiver services pending the results of the criminal history and background investigation if that individual has signed an attestation affirming that they have not been convicted of, pled "no contest" to, or have a pending deferred prosecution of any barrier crime. ACES\$ will be adding this flexibility for EORs later this year.
- Participant-directed employees are no longer required to be certified in CPR or First Aid. In accordance with the agreement with CMS, an employee must be at least 18 years of age and successfully complete the Division-sponsored training curriculum. This curriculum includes a self-paced training on infection control, health, and safety, and has been required since July 1, 2021.
- Effective November 7, 2023, the spousal employment option for participants enrolled in the participant-directed service delivery model, which allowed participants to hire their spouse to provide direct care services, will no longer be offered. Case managers must work with participants who have employed their spouse under the participant-directed service delivery model, or their designated EOR if applicable, to ensure that they have identified another employee or provider for this service, and modify the participant's service plan accordingly.

Temporary Modifications to Benefit Coverage Standards, Provider Qualification Standards, and Reimbursement Rates

The HCBS Section allowed modifications to CCW benefit coverage standards, provider qualification standards, and reimbursement rates.

- Effective April 1, 2023, chore type services provided during Personal Support Services must be incidental to the service being provided during the visit. Please refer to the [CCW Service Index](#) for additional information.
- Effective December 1, 2023, coverage of Personal Protective Equipment (PPE) for participants receiving services under the participant-directed service delivery option will no longer be available.

Ongoing Procedures and Standards

Case managers, service providers, and participants should refer to the [CCW Service Index](#) for the detailed descriptions of service inclusions, exclusions, limits, provider specifications, and reimbursement policies. All CCW services must be prior authorized and delivered in accordance with the participant's written service plan pursuant to 42 CFR §441.301(b). Case managers must modify existing service plans in order to modify units of service as necessary to support the participant's needs. The HCBS Section has coordinated with its Fiscal Agent and information system developers to ensure that temporary flexibilities are rolled back with minimal operational impact to case managers and service providers.