

COVID-19 Frequently Asked Questions (FAQs)

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All Providers and Self-Direction Employers

COVID-19 PHE END Date: 5/11/2023

All providers and Self-Direction Employers should review this entire FAQ document to stay informed of exceptions permitted across provider/self-direction employer roles/types **during this COVID-19 Public Health Emergency (PHE)**.

On February 9, 2023, the Biden Administration announced that **the COVID-19 PHE will end on May 11, 2023**. This announcement provides 90 days' notice so states have ample time to transition. The Federal Government statement can be found at: <https://www.hhs.gov/about/news/2023/02/09/letter-us-governors-hhs-secretary-xavier-becerra-renewing-covid-19-public-health-emergency.html>

WHAT DOES THIS MEAN FOR PARTICIPANTS AND PROVIDERS?

- COVID-19 Waiver flexibilities/exceptions approved by the Federal Government in the **Community Choices Waiver (CCW) and Adult Day Health Care (ADHC) Waiver** Appendix K documents **may end six (6) months after the conclusion of the COVID-19 PHE. The State is currently meeting to determine which flexibilities/exceptions will end on May 11, 2023 and/or which flexibilities/exceptions will end at a later date (no later than November 11, 2023).**
- **ALL** of the **Long Term-Personal Care Services (LT-PCS)** flexibilities/exceptions approved by the Federal Government have been extended and **will end the date that the PHE ends, which is May 11, 2023.**
- The State will notify participants and providers of the dates that the COVID-19 flexibilities/exceptions will expire and what flexibilities/exceptions may continue beyond the PHE.
- **In addition to the PHE, the State has other federal guidelines that may affect a participant's Medicaid eligibility.**
 - On December 30, 2022, the Biden administration signed into law the 2023 Consolidated Appropriations Act. This act had fiscal and programmatic impacts on the Medicaid program, including the termination of continuous coverage that was originally established as part of the Families First Coronavirus Response Act (FFCRA).
 - One of the FFCRA provisions included stopping Medicaid from closing cases during the PHE.
 - Beginning in April 2023, Medicaid will re-start reviewing eligibility for all 2 million-plus Medicaid members and closing anyone who is not eligible.

- Some eligibility reviews can be completed without contacting the member by using information from electronic databases. Many, however, will require members to respond to mail.
- For this reason, it is VITAL that Medicaid members make certain Medicaid has their most up-to-date contact information, including cell phone numbers and email addresses.
- Members can make changes to their contact information by:
 - logging on to MyMedicaid.la.gov,
 - emailing MyMedicaid@la.gov,
 - calling their health plan on the number on their ID card or
 - calling Medicaid's Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.
 - In-person help is also available at any of the regional Medicaid offices. For an office closest to you, visit www.la.gov/medicaidoffices

MEDICAID MEMBERS NEED TO KEEP THEIR CONTACT INFORMATION UP TO DATE SO THEY DON'T RISK LOSING THEIR HEALTH COVERAGE. (See attached flyer.)

OAAS is asking all providers to help make participants aware of the need to ensure Medicaid has the correct contact information and to give them the flyer if needed.

ADDITIONAL REMINDERS:

- All providers should ensure that OAAS has a current email address on file. Current email addresses can be sent to OAAS.ProviderRelations@la.gov.
- Office of Behavioral Health (OBH) continues to offer free counseling services through the “**Keep Calm Through COVID**” hotline at 1-866-310-7977.
<http://ldh.la.gov/index.cfm/newsroom/detail/5492>

QUESTIONS & ANSWERS

1. Where can I find the most recent information/guidance regarding COVID-19?

The most recent COVID-19 information can be found at the following links:

NOTE: This information changes frequently. Providers/self-direction employers should be checking these sites routinely to ensure they have up to date information.

[**CDC Main COVID-19 Page**](#)

[**Louisiana Coronavirus COVID-19 | Department of Health | State of Louisiana**](#)

[**COVID-19 Vaccination Information | Department of Health | State of Louisiana \(la.gov\)**](#)

- **COVID-19 VACCINE HOTLINE: 1-855-453-0774**
- [COVID-19 VACCINE: Frequently Asked Questions](#)

[COVID-19 TESTING RESOURCES/LDH](#)

[CDC COVID-19: Information for Healthcare Professionals](#)

[CDC COVID-19: Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection \(Interim Guidance\)](#)

[CDC COVID-19: Guidance for Direct Service Providers](#)

[LDH/Office of Aging and Adult Services \(OAAS\) COVID-19 Memos](#)

[LDH COVID-19: Guidance & Resources](#)

2. What do I do if I need Personal Protective Equipment (PPE) or Other Medical Supplies/Equipment?

Due to the significant request for PPE and other medical supplies/equipment, LDH/Office of Public Health no longer uses the supply chain hotline or the app "Ready Ops". If you need PPE/supplies, LDH is asking that you visit the following webpage and follow the new streamlined process. This link also contains the State's PPE Vendor list.

The OPH webpage link: <http://ldh.la.gov/index.cfm/page/3884>

PROPER PPE TECHNIQUES - Providers should employ proper technique when using PPE in order to protect staff and participants. You can find helpful information at the following links:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

<https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

<https://www.youtube.com/watch?v=oxdaSeq4EVU>

The most important items to remember when using PPEs are:

- Wash your hands thoroughly before and after using your PPE.
- Pay attention when using PPE to ensure that it is used and removed in the correct order.

3. As a provider, what is the procedure when the back-up plan is exhausted and there is no staff to provide services during the crisis?

Providers are expected to follow the participant's back-up plan as written. Providers should also consider other paid, natural, or informal supports that may be available to assist the

participant until this emergency is over. OAAS is also providing additional flexibility in who can be employed as a worker.

4. What are the guidelines during this event regarding HIPAA?

On March 20, 2020, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 PHE. OCR has provided Bulletins, Notifications of Enforcement Discretion, Guidance and Resources that help explain how patient health information may be used and disclosed in response to COVID-19 nationwide public health emergency. Please refer to the following link for this information:

- [OCR: HIPAA and COVID-19](#)

5. Do waiver providers still have to do Critical Incident Reporting?

Yes, Direct Service Providers (DSPs) and Support Coordination Agencies (SCAs) are still required to utilize the Statewide Incident Management System (SIMS) to report all critical incidents related to their waiver participants. All providers should continue to follow their current processes for critical incident reporting. Information regarding Critical Incident Reporting and SIMS can be found at the following link:

<http://www.ldh.la.gov/index.cfm/newsroom/detail/1418?uuid=1295548571800>

Providers can also send questions to simswaiver@la.gov.

COVID-19 VACCINE QUESTIONS

6. Who is currently allowed to get a COVID-19 vaccine in Louisiana?

As of June 20, 2022, all individuals that live in Louisiana 6 months and up are now eligible for free vaccination against COVID-19. [Please click here regarding the latest information on COVID-19 Vaccine Boosters.](#)

7. How can HCBS providers help participants obtain their vaccination?

Providers can help participants obtain their vaccination in the following ways:

- **EDUCATING** participants on the importance of getting a vaccine and direct them **HOW** to get it. See <https://ldh.la.gov/covidvaccine/> for vaccination information.
- **HELPING** participants schedule an appointment.
- **HELPING** participants get to the appointment.
- **HELPING** participants remember to get their booster shots.

8. Can Home Health Agencies administer COVID-19 vaccines?

Home Health Agencies that are enrolled as participating COVID-19 vaccine providers are allowed to administer the vaccines.

9. Where can providers find the Health Alert Network (HAN) messages regarding COVID-19 vaccinations?

Providers may find HAN messages on the Office of Public Health, Community preparedness & Health Protection website. The HAN messages provides information regarding COVID-19 vaccinations as well as other COVID-19 related information that is important to healthcare providers.

Link to [Health Alert Network Messages](#)

10. Is it mandatory for HCBS participants and/or DSWs to receive the COVID-19 vaccination?

LDH is not mandating vaccination of HCBS participants or DSWs.

Direct Service Providers (DSPs)/Self-Direction Employers

CURRENT REMINDERS:

- When Direct Service Workers (DSWs) have provided services in households where there is a suspected or confirmed case of COVID-19, they should not provide services to any other participants/households.
- DSWs must not work if they are sick. Providers must continue to screen employee health, and require/enforce sick leave for DSPs who have symptoms of infectious disease (i.e. fever, dry cough and/or shortness of breath).
- CDC COVID-19 Guidance Link: [Guidance for Direct Service Providers](#)

11. What are the current exceptions for Direct Service Providers (DSPs) during the COVID-19 emergency?

- OAAS Waiver and Long Term-Personal Care Services (LT-PCS) participants may receive Personal Assistance Services (PAS) or LT-PCS in the home of their DSW during this declared emergency without prior approval of OAAS or its designee.
- OAAS Waiver and LT-PCS participants may receive PAS or LT-PCS in another state during this declared emergency without prior approval of OAAS or its designee.
- Adult Day Health Care (ADHC) centers closed on March 23, 2020. Effective, March 26, 2020, and until LDH/OAAS determines that it is no longer needed, ADHC Waiver participants that receive LT-PCS are automatically approved and authorized to receive up to 32 hours per week of LT-PCS. No change is needed to their Plan of Care (POC). Participants that have been receiving ADHC services in the Community Choices Waiver (CCW) can have their POCs adjusted to receive more hours of PAS in their home. The

participant's support coordinator must be contacted so he/she can complete a POC Revision to increase PAS.

12. Who can be a participant's DSW during the COVID-19 emergency?

- Individuals who are not family members;
- Family members; AND
- The participant's spouse, curator, tutor, legal guardian, or responsible representative on a case-by-case basis.

Normally, DSWs can be a family member unless the family member is a participant's spouse, curator, tutor, legal guardian or responsible representative.

NOTE: Once the Federal approval for these emergency exceptions are over OR LDH/OAAS determines these exceptions are no longer needed, the rules and policies pertaining to DSWs will go back to normal and the participant's spouse, curator, tutor, legal guardian, or responsible representative will no longer be allowed to be the participant's DSW for LT-PCS.

13. What does the participant's spouse, curator, tutor, legal guardian, or responsible representative do if they want to be the participant's DSW during the COVID-19 emergency?

- Call the Direct Service Provider (DSP) and discuss being the DSW.
- For waiver, the Direct Service Provider (DSP) OR Self-Direction Employer will reach out to the OAAS Regional Office for approval. For LT-PCS, the provider will reach out to OAAS State Office for approval. Approvals will be on a case-by-case basis.
- If approved, the provider will have to follow hiring procedures that include background checks and training. At a minimum, training must include training on abuse and neglect reporting and infection control prior to the DSW providing services.

NOTE: Family members, who live with the participant and are temporarily approved to provide services, are exempt from background check requirements.

- The provider will pay the DSW directly for services rendered.

14. Can the participant live with the DSW during the COVID-19 emergency?

Yes, participants are allowed to live with the DSW during the COVID-19 emergency. However, once the Federal approval for these emergency exceptions are over **OR** LDH/OAAS determines that these exceptions are no longer needed, the rules and policies will go back to normal and the participant is not allowed to live with the DSW, unless the DSW is related to the participant.

Examples of relatives:

- Children, siblings, parents, other blood relatives, and in-laws (daughter-in-law, sister-in-law, etc.).

DSW Guidelines (includes but not limited to):

- The participant must agree to receive services at the DSW's home.
- Have the participant stay in one room, away from other people, as much as possible.
- If possible, have the participant use a separate bathroom.
- Avoid sharing personal household items, like dishes, towels, and bedding.
- The DSW should wash his/her hands often with soap and water for at least 20 seconds. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.**
- Avoid touching their own eyes, nose, and mouth.
- Every day, clean all surfaces that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.
- Wash laundry thoroughly. If laundry is soiled, wear disposable gloves and keep the soiled items away from his/her body while laundering and wash his/her hands immediately after removing gloves.
- Avoid having any unnecessary visitors.
- Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>.

15. Can a DSW bring his/her young children to work with them?

No, a DSW cannot bring anyone to work, regardless of age.

16. Do DSWs still need to use the Electronic Visit Verification (EVV) system when providing LT-PCS/PAS to participants?

Yes, it is important that DSWs continue to check in and out through the Electronic Visit Verification (EVV) system when providing LT-PCS/PAS to participants.

17. We were notified that ADHC Waiver participants with LT-PCS had their LT-PCS automatically increased to 32 hours/week. How does the DSW document this on the LT-PCS Log, since we do not have POC Revision to reflect this increase in LT-PCS hours?

On 8/25/2021, the updated LT-PCS logs and instructions were sent to providers. On 10/7/2021, a memorandum was sent out to further clarify the updated LT-PCS log requirements: "Updated LT-PCS and CCW Service Logs and Medicaid Provider Manuals" (OAAS-P-21-026). DSWs should continue to document the increase in LT-PCS hours in the progress notes section of these LT-PCS logs using the example below.

Example:

DATE:	PROGRESS NOTES:
	<ul style="list-style-type: none"> - Observed changes in physical and mental condition (if applicable) - Important information for the next worker or caregiver.
11/28/2021 – 12/4/2021	Due to COVID-19 emergency and the closure of the ADHC center, Mrs. J needed more hours of LT-PCS to complete ADL/IADL tasks for the entire week.

Prior to the above guidance, LT-PCS providers were to follow the memorandum titled: “Documentation Requirements for ADHC Waiver Participants with LT-PCS During COVID-19 Emergency” dated 3/30/2020.

18. Can DSWs receive a Hazard Pay rate when they are working for participants that tests positive for COVID-19 or the participant must quarantine when a participant’s household member tests positive for COVID-19?

Yes, DSWs who work with participants receiving LT-PCS, PAS or Self-Directed PAS can receive Hazard Pay when a participant tests positive for COVID-19 or a participant must quarantine due to a participant’s household member testing positive for COVID-19. Retroactive payments will be allowed for those DSWs that are eligible back to March 21, 2020 as long as the COVID-19 positive test(s) were previously reported and can be validated.

The following individuals who became DSWs for participants under the COVID-19 exceptions are **NOT** eligible for hazard pay:

- Participant’s spouse;
- Participant’s curator;
- Participant’s tutor;
- Participant’s legal guardian;
- Participant’s responsible representative; or
- Participant’s power of attorney.

For PAS and LT-PCS under the ADHC Waiver – Providers complete the “Request for Hazard Pay – HCBS Providers” form according to the OAAS-P-20-040 memo dated November 16, 2020 and send it to the support coordinator.

For LT-PCS – Providers complete the “Request for Hazard Pay – HCBS Providers” form according to the OAAS-P-20-040 memo dated November 16, 2020 and send it to Christy.Sawyer@la.gov.

For Self-Directed PAS – Self-Direction Employers must contact the support coordination and follow the guidelines outlined in OAAS-P-20-041 memo dated November 18, 2020.

Support Coordination Agencies (SCAs)

19. What are the current exceptions for Support Coordination Agencies (SCAs) during the COVID-19 emergency?

The SC contact guidance due to COVID-19 was updated on July 23, 2021. A memorandum (**OAAS-SC-21-004**) was sent to all SCAs. Additional guidance regarding face-to-face assessments during the Public Health Emergency (PHE) was issued on September 20, 2021 via memorandum **OAAS-SC-21-008**.

Initial, Annual and Status Change iHC Assessments, Plan of Care (POC) Meetings and Quarterly Meetings:

Face-to-face meetings shall be conducted following social distancing protocols and utilizing personal protective equipment (PPE) per CDC guidelines.

All Support Coordination Documentation (SCD) logs shall use the Telehealth code of “8” under contacts when a virtual contact is completed.

- Assessment meetings may be conducted either virtually, with a third party present, per Memorandum OAAS-SC-20-007 or face-to-face.
- SCs should reference “Conducting Face-to-Face MDS-HC Assessments During the COVID-19 PHE” memo (**OAAS-SC-21-008**) issued on September 20, 2021 to determine whether a face to face assessment is required.
- Plan of Care (POC) meetings must be conducted either virtually or face-to-face.
 - If the participant is not able to successfully participate in a virtual meeting, the POC meeting must be completed in-person, with the participant’s permission.
- Quarterly visits may be conducted through a virtual or face-to-face meeting.
 - A face-to-face quarterly meeting is required if ongoing barriers or issues are present. This includes, but is not limited to multiple critical incident reports in a short period of time; multiple provider changes due to issues; health and safety concerns; inability to participate in a virtual meeting; and at the request of OAAS.
 - Signatures may be obtained verbally and documented accordingly.
 - The record must include documentation indicating all attempts to meet virtually.
- SCAs should continue follow up on the participant’s health, including changes in physical or mental health, cognition, function, and other clinical signs and COVID-19 symptoms or exposure.
- All participant COVID infections must be tracked in the COVID-19 event tracker created in LaSRS®.

Waiver Discharge Criteria Exceptions:

- A participant may not be discharged from the CCW or ADHC Waiver program if services are interrupted for a period of 30 consecutive days because of the participant not receiving and/or refusing CCW/ADHC Waiver services.
- A participant may not be discharged from CCW Self-Direction services for failure to receive CCW Self-Direction services for 90 calendar days or more.
- A participant may not be discharged from the ADHC Waiver for failure to attend the ADHC center for a minimum of 36 days per calendar quarter.

20. What additional services did CMS approve during the PHE for Waivers?

LDH/OAAS received approval from CMS to add Home Delivered Meals and Activity Sensor Monitoring (ASM) to the ADHC Waiver for the duration of this emergency, and approval to add the ADHC service of Health Status Monitoring (HSM) for both ADHC Waiver and Community Choices Waiver (CCW). If waiver participants are requesting or needing these services, SCs and ADHC providers should follow this guidance:

- The SC must include Home Delivered Meals and/or Activity Sensor Monitoring (ASM) on the POC/POC Revision.
- Health Status Monitoring (HSM), a service of ADHC, is not included on the POC/POC Revision. During the PHE, a participant may either attend the ADHC center or receive a HSM contact on the scheduled center attendance day, not to exceed the total number of days the participant is scheduled to attend the ADHC center. To increase the number of days an HSM contact can occur, a POC Revision will be required to increase the number of day(s) that ADHC is planned on the schedule/budget.
- If the ADHC center is closed, the provider should make contact with the participant every other day not to exceed 4 HSM contacts per week and 16 HSM contacts per 30 calendar days.
- If the ADHC center is open (full or limited), the participant may receive a combination of ADHC attendance or HSM, not to exceed the total number of days scheduled on the POC (up to 5 days per week, not including weekends). If the participant needs more HSM or attendance days, the ADHC provider must contact the SC to complete a POC Revision. If the HSM days need to be increased, the SC would add ADHC center attendance days in order to increase the HSM contact days.

Example: If the participant is scheduled for 3 ADHC center attendance days per week, but needs to receive 5 HSM contacts per week, a POC Revision must be completed to add 2 additional center attendance days to the POC Revision.

For the specific procedures codes/rates, refer to the updated Procedure Codes/Rates Chart/Fee Schedule that can be found at the following links:

Adult Day Health Care (ADHC) Waiver:

https://www.lamedicaid.com/provweb1/fee_schedules/ADHC_Billing_Codes_Current.pdf

Community Choices Waiver (CCW):

https://www.lamedicaid.com/Provweb1/fee_schedules/CommChoWaiverBillingCodesRate_Current.pdf

Long Term Care (LTC) Access Contractor

21. What are the current exceptions for the LTC Access contractor during the COVID-19 emergency?

- Monitoring face-to-face visits may be conducted over the telephone and documented accordingly.
- interRAI Home Care (iHC) assessments/re-assessments may be completed virtually in lieu of face-to-face assessments/re-assessments, as per memo OAAS-P-20-026.
- Annual Plan of Care (POC) meetings may be conducted virtually or face-to-face.
 - The virtual re-assessment, if applicable, OR the most recent MDS-HC/iHC assessment/re-assessment on file will be used to update the POC.
 - The contractor can obtain verbal agreement/approval over the telephone and document this accordingly.
- Plan of Care (POC) Revisions may be conducted over the telephone.
 - The contractor can obtain verbal agreement/approval over the telephone and document this accordingly.
- If needed, participants may receive more weekly service hours than those assigned for his/her level of support category.
- The Level of Care Eligibility Tool (LOCET) can be used to determine an individual's temporary allocation of LT-PCS for **INITIAL** assessments in certain situations. For further details, refer to OAAS-P-20-038 memo dated October 28, 2020.

Adult Day Health Care (ADHC) Centers

22. What is the current guidance for ADHC and PACE providers from the State Health Officer (SHO)?

MASKING:

LDH **recommends** wearing masks indoors in all public settings. People should consider wearing a mask indoors in private settings as well, especially if you are gathering with individuals at a high risk of severe outcome, which includes older people and those with underlying health conditions. Masks are effective in protecting infection against all of the currently circulating variants.

RE-OPENING:

Providers should follow the Re-opening Guidance provided in the **SHO Order issued October 2, 2020.**

- The SHO does not mandate that any ADC, ADHC, or PACE provider re-open and does not mandate that any client or participant return to an ADC, ADHC, or PACE Center.
- Any ADC, ADHC, or PACE provider that provides transportation to clients/participants shall follow the same protocols in regards to universal masking regardless of vaccination status of individuals in the vehicle.
- If local ordinances and/or COVID-19 restrictions are more stringent than providers shall follow any local ordinances and/or COVID-19 restrictions.

Additionally, as noted in the SHO from May 14, 2021 All ADC, ADHC and PACE providers are eligible to re-open at 100% capacity if they choose to do so.

- Any ADHC center that chooses to re-open shall contact the LDH Health Standards Section, Christopher Vincent at Christopher.Vincent@la.gov and Elizabeth Adkins at Elizabeth.Adkins@la.gov to let them know of their decision to re-open.
- When a COVID-19 infection (including both confirmed positive cases and suspected cases) is identified among ADHC staff and/or participants, it is critical to conduct immediate contact tracing and report these cases to the Office of Public Health (OPH).

23. What are the current exceptions for ADHC providers during the COVID-19 emergency?

- OAAS has received federal approval for OAAS waiver participants to receive ADHC services in his/her home by licensed and/or certified ADHC staff (i.e. RN, LPN, PCA and/or CNA).
 - This **is not a requirement, but an option** for ADHC providers to continue providing services to participants while some of the ADHC centers are still closed.

- ADHC providers hold sole liability for the provision of in-home services during this emergency. ADHC providers should consult with their own legal counsel and/or liability insurer to determine their liability should they choose to provide in-home services to their participants.
- ADHC providers should be aware of the following state laws when deciding whether to provide in-home services during this COVID-19 emergency:

- **Public Health Emergency Powers Act-R.S. 29.771(B)(2)(c)**

“During a state of public health emergency, any health care providers shall not be civilly liable for causing the death of or, injury to, any person or damage to any property except in the event of gross negligence or willful misconduct.”

"Health care provider" means a clinic, person, corporation, facility, or institution which provides health care or professional services by a physician, dentist, registered or licensed practical nurse, pharmacist, optometrist, podiatrist, chiropractor, physical therapist, psychologist, or psychiatrist, and any officer, employee, or agent thereof acting in the course and scope of his service or employment.”

- **Good Samaritan Laws-R.S. 37:1731 and RS.37:1731.1**

“§1731. Gratuitous service at scene of emergency; emergency care at hospitals; limitation of liability

A.(1) A physician, surgeon, or physician assistant licensed under the provisions of Chapter 15 of this Title, his professional medical corporation chartered under the provisions of R.S. 12:901 et seq., or his limited liability company, or **a nurse licensed under the provisions of Chapter 11 of this Title** who in good faith gratuitously renders emergency care or services at the scene of an emergency, to a person in need thereof shall not be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in said emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.”

“§1731.1. Medical services during declared state of emergency; limitation of liability.

A. Medical personnel who, in good faith and regardless of compensation, render or fail to render emergency care, health care services or first aid during a declared state of emergency when the state of emergency affects the rendering of medical care shall not be liable for any civil damages or injury as a result of any act or omission related to the rendering of or failure to render services, unless the damages or injury was caused by gross negligence or willful and wanton misconduct.

B. As used in this Section:

(1) “During a declared state of emergency” means during the period of time set forth in a declaration of the governor in accordance with R.S. 29:724 and shall include the time period as set forth in the declaration and shall also be retroactive to the precipitating event requiring the declaration.

(2) “Health care services” means any act or treatment performed or furnished or which should have been performed or furnished, by a health care provider for, to, or on behalf of a person.

(3) “Medical personnel” means an individual or person subject to the provisions of R.S. 37:1731, regardless of compensation.”

- For ADHC Waiver participants that receive LT-PCS, their LT-PCS hours were increased to 32 hours per week. For Community Choices Waiver (CCW) participants that receive ADHC services, their PAS hours can be increased through a POC Revision completed by the support coordinator.

24. How will waiver participants get services while ADHC centers remain closed or if a participant chooses not to attend an ADHC center that has re-opened?

- Waiver participants can receive more LT-PCS or PAS hours. For ADHC Waiver participants that receive LT-PCS, LT-PCS hours can still be increased to 32 hours per week. For CCW participants, the PAS hours may be increased by going through the support coordinator and requesting a POC Revision.
- ADHC Waiver participants may also receive Activity and Sensor Monitoring (ASM) and/or Home Delivered Meals during this emergency. If this is needed/requested by a participant, the support coordinator will complete a POC Revision to add this/these services.
- ADHC providers may contact ADHC Waiver and CCW participants in order to conduct Health Status Monitoring (HSM) services, in which a series of questions are asked and the ADHC provider will follow up in a timely manner on the essential items that are needed by the participant.
- ADHC Waiver participants may receive Home Delivered Meals by the ADHC provider and/or another authorized Home Delivered Meals provider.

25. Can ADHC Waiver participants still receive their 32 hours of LT-PCS even if they attend the ADHC center?

ADHC Waiver participants may still receive 32 hours of LT-PCS hours if they are attending the ADHC center **ONLY DURING THE COVID-19 PHE.**

26. What is OAAS doing to help ADHC providers survive financially?

ADHC providers were mandated to close on March 23, 2020; however, many ADHC providers continued to stay in touch with their participants by telephone, performed wellness visits at the participant's home, and delivered meals and supplies. LDH/OAAS has worked closely with

the federal government to assist the ADHC providers with additional payments during the ADHC center closures.

RETAINER PAYMENTS:

- OAAS was approved in March 2020 by the federal government to allow 75% retainer payments to ADHC providers for no more than 22 business days (from 3/24/20 through 4/22/20). The purpose of the retainer payment was for ADHCs to be able to keep staff on payroll, cover fixed expenses, and re-open once the COVID-19 emergency ends.
- OAAS was approved in July 2020 by the federal government to offer an additional 25% retainer payments to ADHC providers for the payment period from 3/24/2020 through 4/22/2020. This would ultimately allow ADHCs to have received 100% payment for the 22 business days identified in the bullet listed above.
 - Statistical Resources (SRI) released these billing units on August 6, 2020. Since this was after the LDH contractor's (DXC) deadline, ADHC providers began receiving payments during the week of August 17, 2020.
 - On August 7, 2020, specific instructions were sent to ADHC providers on how to bill for these additional units.
 - ADHC providers were able to reach out to SRI if they had any issues with this process by emailing their ADHC provider name, provider number and the specific issues:
 - LaSRS® Technical Assistance number: 225-767-0501 or [LaSRS®@statres.com](mailto:LaSRS@statres.com).

NOTE: LDH retains the right to recoup all or a portion of retainer payments from ADHC providers who furlough or lay off staff or fail to re-open their ADHC centers.

RETROACTIVE PAYMENTS:

On June 2, 2020, ADHC providers received retroactive payments at a 50% increase from the base rate for their claims that were dated from 1/27/2020 through 3/23/2020. The LDH contractor, DXC, automatically recycled these claims.

STATE AND FEDERAL BUSINESS ASSISTANCE:

ADHC providers should also monitor state and federal efforts to assist businesses impacted by COVID-19. Resources include:

- Resources for Impacted Businesses:

<https://www.opportunitylouisiana.com/covid19>

- Louisiana businesses seeking federal financial assistance are encouraged to contact the U.S. Small Business Administration at [SBA.gov/Disaster](https://www.sba.gov/disaster) to apply for COVID-19 disaster aid. The SBA Customer Service Center may be reached at (800) 659-2955, with an additional TTY line for the hearing-impaired at (800) 877-8339.

27. What are the billing guidelines for Home Delivered Meals and Health Status Monitoring?

Home Delivered Meals Under the ADHC Waiver ONLY:

- ADHC providers that only provide home delivered meals to ADHC participants are listed as a Home Delivered Meals provider type under the **ADHC Waiver ONLY**.
- ADHC providers who are delivering meals should contact the ADHC Waiver participant's Support Coordinator (SC) and request a Plan of Care (POC) Revision. The SC will verify this request with the participant and document this accordingly on the Support Coordination Documentation (SCD) form. The POC Revision should identify the number of meals provided per day and per week by the ADHC provider. For ADHC providers who have been delivering meals, the POC Revision may be retroactive to Tuesday, July 7, 2020.
 - **POC Revisions must be completed by the SC as soon as possible and must be completed within two (2) weeks of notification/request by the ADHC provider.**
- The procedure code for Home Delivered Meals is S5170 and billing must be performed through DXC. ADHC providers should use their current ADHC provider number to bill for this service.
- Meals may be provided to participants up to twice a day for no more than 7 days a week at a rate of no more than \$7.00 per meal. ADHC providers **CANNOT** bill for Home Delivered Meals on the days that the participant attends the ADHC center in person.
- ADHC Waiver participants may receive meals from both the ADHC provider and/or another authorized Home Delivered Meals provider, as long as they do not exceed the limits stated above.
- In providing Home Delivered Meals, the ADHC providers must follow: [Guidance for Home Delivered Meals-Prepared in the ADHC center's Kitchen and Delivered by ADHC Personnel or Volunteers](#)

ADHC Health Status Monitoring Per Diem under the ADHC Waiver and the Community Choices Waiver (CCW):

- ADHC providers are allowed to bill a per diem for Health Status Monitoring (HSM) retroactive to Monday, August 17, 2020 for participants under both the ADHC Waiver and the Community Choices Waiver (CCW).
- The procedure code for this new service is S5102. The same Prior Authorization (PA) number used for S5100 (ADHC center-based services) will be used for S5102 (ADHC Health Status Monitoring Per Diem).
- This per diem rate is \$47.35 during the PHE.
- In order for ADHC providers to bill this per diem, they must complete the following:

- Make contact* to determine if the participant:

* Contact may be via telephone, secure video or conferencing platform, or at the participant's home. Video and/or conferencing software must comply with CMS guidance for use of such technology during the current public health emergency.

- Has enough food and fluids;
- Has access to and are taking all of his/her prescribed medications; and
- Has essential supplies.
- Follow-up on any needs identified during the contact.
- Remind participants to contact their doctor, if they do not feel well.
- Document the actual times (Example: 8:00 a.m. – 8:15 a.m.) of this contact in the LaSRS®, Electronic Visit Verification (EVV) system using “**ADHC Health**” for this service type.
- ADHC providers must use the LaSRS® EVV system in order for SRI to release a billing unit.
- ADHC providers may bill for Health Status Monitoring Per Diem AND Home Delivered Meals on the same day.
- See Question #26 for additional details related to Health Status Monitoring.

28. The Health Status Monitoring service states that ADHC providers must “follow-up on any needs identified during the contact”. Please explain this a little further.

LDH/OAAS expects the ADHC providers to document the needs of the participant and then follow through with necessary items in a timely manner.

Examples: 1) If the participant states that they need an essential item, make sure that they receive the item and/or contact the support coordinator to assist with obtaining the item and document this follow-up accordingly.

2) If the participant states that he/she is not feeling well and needs help to call the doctor, you can contact the support coordinator and the participant's family member, so they can make an appointment for the participant. Then you would document this follow-up accordingly.

29. Since there are new services under the CCW and ADHC Waiver programs for ADHC providers due to the COVID-19 PHE, did the State update the Waiver Fee Schedules?

Yes, they have been updated and posted on the Louisiana Medicaid website:

Adult Day Health Care (ADHC) Waiver:

https://www.lamedicaid.com/provweb1/fee_schedules/ADHC_Billing_Codes_Current.pdf

Community Choices Waiver (CCW):

https://www.lamedicaid.com/Provweb1/fee_schedules/CommChoWaiverBillingCodesRate_Current.pdf

30. Are ADHC providers required to use LaSRS® EVV to track ADHC in-home service delivery?

- Yes, if ADHC providers are seeking payment for the Health Status Monitoring per diem, then LaSRS® EVV documentation is required.
- If ADHC providers are not seeking payment for their services, then LaSRS® EVV documentation is NOT required. However, OAAS is highly encouraging ADHC providers to continue to capture their service delivery (e.g. delivering meals to the home, in-home services, etc.) in the LaSRS® EVV Tracking System. For further details, refer to the "Use of LaSRS® EVV Tracking of ADHC In-Home Service Delivery" document.

31. Should ADHC providers continue to keep track of costs and revenue during this COVID-19 emergency?

Yes, ADHC providers are highly encouraged to keep track of routine and extra expenses during this emergency and the revenue they have received. This is important for rate re-basing.

32. Are ADHC providers reimbursed for supplies that they are providing to participants?

No, the cost of these supplies are covered under the per diem that ADHC providers are receiving under the new Health Status Monitoring service. If the supplies needed are too expensive and the ADHC provider is not able to meet the participant's needs, then the ADHC provider must contact the participant's support coordinator to arrange for the needed supplies that may be covered under another waiver service.

33. Can ADHC providers conduct Health Status Monitoring at the same time as they deliver Home Delivered Meals service?

Yes, however; the ADHC staff member that is delivering the meals must be skilled and trained to be able to ask the health status questions, determine the participant's needs and follow-up as necessary. This staff member must also be able to document the Health Status Monitoring contact appropriately.

34. Can ADHC providers provide home delivered meals that they prepare in their ADHC center's kitchen to their waiver participants?

Yes; however, ADHC providers must first contact the Sanitarian in their parish for assistance and advise them that they want to prepare and deliver home delivered meals to their participants. ADHC providers will need to tell the Sanitarian the length of the planned route(s) and how they will dispose of the undelivered food.

In addition to the above, ADHC providers must have met all of Office of Public Health's (OPH's) certification permits and inspection requirements for retail food preparation, processing, storage and distribution. The entire list of requirements can be found on the "Guidance for Home Delivered Meals – Prepared in the ADHC Center's Kitchen and Delivered by ADHC Personnel or Volunteers" that was sent to ADHC providers on April 15, 2020 and can be found at the following link:

<http://ldh.la.gov/assets/docs/OAAS/ProviderMemos/OAAS-P-20-019-Guidelines-for-ADHC-Home-Delivered-Meals-I-4-15-20.pdf>

35. What is the guidance for ADHC centers to re-open and requirements for Personal Protective Equipment (PPE)?

PPE requirements for ADHC centers to re-open are provided in the [State Health Officer Order: Reopening Procedures for ADHC and PACE providers that is dated October 2, 2020.](#)

36. What are the current Health Standards Section (HSS) regulatory requirements for ADHC providers?

Health Standards Section (HSS) has resumed onsite surveys for all providers. However, HSS is not conducting surveys on closed ADHC centers. Providers should notify HSS once they re-open and HSS will schedule an onsite re-licensing survey as their schedule permits. ADHC providers should refer to the State Health Officer (SHO) Order dated October 2, 2020 regarding HSS guidance for re-opening.

ADHC providers should also continue to follow appropriate guidelines where applicable and in accordance with the Medicaid Waiver Provider Manuals, OAAS guidance and their respective professional licensing requirements.

37. Can ADHC centers that choose to remain closed due to COVID-19 emergency continue to bill for Health Status Monitoring and Home Delivered Meals?

Yes. OAAS is keeping the billing codes in place for ADHC providers to continue to serve participants at home and bill for Health Status Monitoring and Home Delivered Meals.

38. How can ADHC providers provide home delivered meals to the CCW participants?

ADHC providers that would like to enroll as a home delivered meals provider for CCW participants must complete the following Medicaid enrollment packets:

- [Basic Provider Enrollment Packet for Entities/Businesses](#)
- [AM-Home Delivered Meals](#)

Once you are enrolled and licensed as a Medicaid Home Delivered Meals provider, you will be required to deliver meals to any CCW participant within the **REGION** of your ADHC center location that selects you as their Home Delivered Meals provider. You **CANNOT** deliver meals to only the CCW participants that attend your ADHC center through the CCW.

39. Are inspections needed by Health Standards Section (HSS) prior to re-opening the ADHC center?

No. ADHC providers must follow the re-opening guidelines from the State Health Officer. However, it is likely that Health Standards Section (HSS) will visit the ADHC center after re-opening, to ensure that all precautions are being followed.

40. Will participants and ADHC provider staff members be required to be vaccinated?

LDH does not require participants and ADHC provider staff members to be vaccinated.

41. If an ADHC provider staff member refuses to be vaccinated, does the ADHC provider have to re-hire them?

ADHC providers should consult with their own legal representative for guidance regarding this issue.

42. Can ADHC providers continue in-home services for participants if they choose to not be vaccinated or if they choose to not return to the ADHC center during the COVID-19 Public Health Emergency?

Yes. ADHC providers can continue to provide in-home services to participants. This includes additional LT-PCS hours for ADHC Waiver participants that receive LT-PCS, (up to 32 hours per week), Home Delivered Meals, and Health Status Monitoring. OAAS will have conversations with ADHCs and provide advance notice before making any changes to this policy.

43. Do participants and staff need to wear a mask?

LDH **recommends** wearing masks indoors in all public settings. People should consider wearing a mask indoors in private settings as well, especially if you are gathering with individuals at a high risk of severe outcome, which includes older people and those with underlying health conditions. Masks are effective in protecting infection against all of the currently circulating variants.

44. Has the vehicle capacity changed for the transportation requirements?

No. ADHC providers should still abide by the requirements provided by the State Health Officer in October 2020.

45. If participants return to the ADHC centers 5 days a week, do the ADHC providers still have to deliver meals on the weekend?

No. ADHC providers are not required to provide Home Delivered Meals.

46. If the transportation company is not allowed to pick up participants due to van capacity or if the participant is not able to go to the center for any other reasons, can ADHC providers continue to provide home delivered meals?

Yes. Home delivered meals may continue to be provided. However, ADHC providers will not be able to bill for home delivered meals on the days that the participant attends the ADHC center in person.

Additional questions may be sent to:

OAAS.ProviderRelations@la.gov or OAAS Help Line: 1-866-758-5035