

# COVID-19 Frequently Asked Questions (FAQs)

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## All Providers

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### REMINDERS:

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- All providers should review this entire FAQ document to stay informed of exceptions permitted across provider roles/types.
- All providers should use the completed “Authorized Travel for Essential Direct Support Workers” document if having an issue when trying to provide services to participants during the COVID-19 emergency.
- All providers should ensure that OAAS has a current email address on file. Current email addresses can be sent to [OAAS.ProviderRelations@la.gov](mailto:OAAS.ProviderRelations@la.gov).
- Office of Behavioral Health (OBH) is offering free counseling services through the “Keep Calm Through COVID” hotline at 1-866-310-7977. Refer to the link: <http://ldh.la.gov/index.cfm/newsroom/detail/5492>

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

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

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities>

<http://www.ldh.la.gov/Coronavirus>

<http://ldh.la.gov/index.cfm/newsroom/detail/5510> (OAAS issued memos are here)

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html#confirmed-suspected>

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

LDH/Office of Public Health has developed a webpage to assist providers regarding the process to request PPEs and other Medical Supplies/Equipment. This includes a State Supply Hotline to assist providers.

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

Call the **State Supply Hotline at (225) 325-5900** to be put on the list for PPEs that will be issued as they become available.

## **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 nationwide public health emergency. Please refer to the following links:

<https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF

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

- Yes, Direct Service Providers (DSPs) and Support Coordination Agencies 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](mailto:simswaiver@la.gov).

**6. Are there resources available for childcare during the COVID-19 emergency?**

Yes. The Louisiana Department of Education has developed a flyer that contains resources available for critical personnel. These resources include but are not limited to childcare providers open in the state and the Child Care Assistance Program (CCAP). The CCAP helps pay for childcare for critical personnel during the COVID-19 emergency. Critical personnel will have to complete an application to receive CCAP. Information regarding the CCAP application and submission is included in the flyer below.

**Child Care Availability for Critical Personnel Flyer:**

[https://louisianabelieves.com/docs/default-source/covid-19-resources/child-care-availability-for-critical-personnel.pdf?sfvrsn=89009b1f\\_6](https://louisianabelieves.com/docs/default-source/covid-19-resources/child-care-availability-for-critical-personnel.pdf?sfvrsn=89009b1f_6)

**7. What are some options for providers to address staffing shortages during the COVID-19 emergency?**

The State is encouraging providers who may have under-utilized staff to work with other providers that may be experiencing a staffing shortage. If your staff is able and willing to work with other providers, please share the employee's training and certification information with the provider to expedite services for participants. For more information regarding this issue, refer to the memo "Addressing Potential Staffing Shortages" sent to providers on April 15, 2020. Memo can be found at the following link: <http://ldh.la.gov/assets/docs/OAAS/ProviderMemos/OAAS-P-20-020-Joint-Memo-Potential-Staffing-Shortages-I-4-15-20.pdf>

## Direct Service Providers (DSPs)/Employers for Self-Direction Option

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### REMINDERS TO DIRECT SERVICE PROVIDERS (DSPs)

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- When DSPs 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.
- DSPs 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).
- A complete list of the “Requirements of Personal Care Attendant Agencies and Direct Support Professionals during COVID-19 Public Health Emergency” sent to providers on March 22, 2020 can be found at the following link:  
<http://ldh.la.gov/assets/oph/Coronavirus/resources/providers/OAAS-OCDD-Joint-Memo-Re-PCA-DSPs-I-3-22-20.pdf>

#### **8. 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 Direct Service Worker (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, until ADHC centers re-open, 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.

#### **9. 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 during the COVID-19 declared emergency ONLY.

Normally, DSWs can be a family member unless the family member is a participant's spouse, curator, tutor, legal guardian or responsible representative. Once the COVID-19 emergency is over, the rules 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.

**10. 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 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. 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.

**11. 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 COVID-19 emergency is over, the rules will go back to normal and the participant is not allowed to live with the DSW, unless the DSW is related by blood or marriage.

**Examples:**

- Related by blood: children, siblings, parents and other blood relatives. (This does NOT include the participant's spouse.)
- Related by marriage: In-laws to children, siblings, parents, 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>.

**12. Can DSWs use an electronic copy of the “Authorized Travel for Essential Direct Support Workers” on his/her phone rather than carrying a paper/hard copy?**

DSWs may present an electronic copy of the “Authorized Travel for Essential Direct Support Workers” document; however, DSWs must make sure that his/her name is on the form. **In addition to this form, DSWs MUST also present his/her provider/work ID.** For LT-PCS participants, providers must contact OAAS State Office if the DSW has any issues with authorities accepting this document. For waiver participants, providers must contact OAAS Regional Offices if the DSW has any issues with authorities accepting this document.

**13. What should a DSW do if he/she tries to go to work for a participant and the apartment complex manager tells the DSW that he/she is not allowed to enter the participant's apartment?**

The DSW needs to show the apartment complex manager the completed “Authorized Travel for Essential Direct Support Workers” document **as well as his/her provider/work ID** and explain that this document shows that this individual needs assistance. If the DSW is still getting resistance from the apartment complex manager, he/she must call OAAS Regional Office for waiver participants. For LT-PCS participants, the DSW must call OAAS State Office.

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

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

**15. 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.

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

Since a Plan of Care (POC) Revision was not completed for these participants, the additional LT-PCS that is provided by the DSW is considered a “significant deviation” to the current POC. DSWs must document these additional services on the 2<sup>nd</sup> page of the LT-PCS log – “Progress Notes” section. Due to this COVID-19 emergency, the State is allowing the DSW to include the entire date range with the specific reason(s) for the deviation. Providers and DSWs should refer back to the memo sent to OAAS LT-PCS providers, “Documentation Requirements for ADHC Waiver Participants with LT-PCS during COVID-19 Emergency”, on March 30, 2020. An example of how the DSW should document was provided on this memo.

**17. What do I do if a grocery store will not allow me to make bulk purchases when grocery shopping for a participant?**

- DSWs can present the “Authorized Bulk Purchases for Homes Supporting People with Disabilities” form to the grocery store; however, DSWs must make sure that his/her name is on the form. **In addition to this form, DSWs MUST also present his/her provider/work ID.**
- The “Authorized Bulk Purchases for Homes Supporting People with Disabilities” form can be found in LaSRS. The link to the provider memo can be found at <http://ldh.la.gov/assets/docs/OAAS/ProviderMemos/OAAS-P-20-017-Joint-Memo-Bulk-Grocery-Shopping-1-4-6-20.pdf>
- For LT-PCS participants, providers must contact OAAS State Office if the DSW has any issues with grocery stores accepting this document. For waiver participants, providers must contact OAAS Regional Offices, if the DSW has any issues with grocery stores accepting this document.

## Support Coordination Agencies (SCAs)

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

- Monthly phone contacts will continue as per policy, including monthly monitoring. The outcome of the monitoring must be documented following current procedures.
- Quarterly face-to-face visits may be conducted over the telephone.
- Annual Plan of Care (POC) meetings may be conducted over the telephone.
  - The most recent MDS-HC assessment on file will be used to update the POC.
  - Support coordinators can obtain verbal agreement/approval over the telephone and document this accordingly.
- Plan of Care (POC) Revisions may be conducted over the telephone.
  - Support coordinators can obtain verbal agreement/approval over the telephone and document this accordingly.
- SCAs may request an increase to the level of services received for participants with significant change in status. Requests are being sent to the OAAS Regional Office by the support coordinator.
- A participant may not be discharged from the CCW/ADHC Waiver program if services are interrupted for a period of 30 consecutive days as a result 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.

### 19. Since ADHC centers are closed due to COVID-19 emergency, did the State receive approval from CMS for any new ADHC Waiver services?

Yes, LDH/OAAS received approval from CMS to add Home Delivered Meals and Activity and Sensor Monitoring (ASM) to the ADHC Waiver for the duration of this emergency. If ADHC Waiver participants are requesting/needing this/these services, the support coordinator can complete a POC Revision to include this/these services for up to 120 calendar days. For the specific procedures codes/rates, refer to the updated ADHC Waiver Services Procedure Codes/Rates Chart/Fee Schedule that

can be found at the following link:

[https://www.lamedicaid.com/provweb1/fee\\_schedules/ADHC\\_Billing\\_Codes\\_Current.pdf](https://www.lamedicaid.com/provweb1/fee_schedules/ADHC_Billing_Codes_Current.pdf)

Once this emergency is over and ADHC centers re-open, these services will no longer be available for ADHC Waiver participants.

## **Long Term Care-Access Contractor (LTC-Access Contractor)**

### **20. 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.
- Annual Plan of Care (POC) meetings may be conducted over the telephone.
  - The most recent MDS-HC 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.

## Adult Day Health Care (ADHC) Centers

### 21. Are all of the Adult Day Care (ADHC) Centers closed?

Yes, all Adult Day Care (ADHC) centers were closed effective March 23, 2020 at 5 PM and they will remain closed through April 30, 2020. This time period may be extended. ADHC providers will be informed if they need to remain closed longer than April 30, 2020.

### 22. 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 the ADHC centers are 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.

**23. How will waiver participants get services while the ADHC centers are closed?**

- At a minimum, all ADHC providers should stay in touch with their participants by phone and alert the support coordinator if there are issues that pose a threat to the participants’ health and safety.
- Waiver participants can receive more LT-PCS or PAS hours. For ADHC Waiver participants that receive LT-PCS, LT-PCS hours have been 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.

- Some ADHC providers are visiting participants at their homes, doing wellness checks and delivering meals and supplies while maintaining social distancing by staying outside as they check on their participants.
- **ADHC Waiver participants may also receive Activity and Sensor Monitoring (ASM) and/or Home Delivered Meals for up to 120 calendar days during this emergency. If this is needed/requested by a participant, the support coordinator will complete a POC Revision to add this/these services.**

#### **24. What is OAAS doing to help ADHC providers survive financially?**

- OAAS has been approved by the federal government to offer retainer payments to ADHC providers for no more than **22 business days**. The purpose of the retainer payment is for ADHCs to be able to keep staff on payroll, cover fixed expenses, and reopen once the COVID-19 emergency has ended.  
**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 reopen their ADHC centers.**
- **The 22 business day retainer payment period will be from 3/24/20 through 4/22/20.** CMS determines limits on the retainer period based on federal rule and guidelines.
- Beginning April 1, 2020, Statistical Resources Inc. (SRI) will be releasing units for billing to the Application Programming Interface (API). ADHC providers whose billing software reads the API should be able to pull units from this interface and bill through their billing software. ADHC providers should get with their billing software companies to be ready to start billing for these retainer payments on April 1, 2020. These services will not be in the Louisiana Service Tracking (LAST) as LAST is no longer updated and will be phased out June 30, 2020.
  - ADHC providers should reach out to SRI if they have any issues with this process or need this information in an excel format.
    - LaSRS Technical Assistance number: 225-767-0501 or [LaSRS@statres.com](mailto:LaSRS@statres.com)
    - Please include your ADHC provider name, provider number and the specific issues in emails.
    - Email Steve Buco at [sbuco@statres.com](mailto:sbuco@statres.com) to request weekly data extracts.
- 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.

**25. Will ADHC providers receive additional payments if they choose to provide additional services?**

ADHC providers cannot receive any additional Medicaid payments at the same time they are receiving retainer payments. OAAS continues to look into options to compensate ADHC providers that choose to provide additional services such as in-home services and/or home delivered meals once the state's ability to make retainer payments has ended.

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

At this time, OAAS will accept any and all documentation that the ADHC provider is utilizing; however, OAAS is highly encouraging ADHC providers to use the LaSRS EVV system to track the delivery of ADHC in-home services and to streamline the documentation process by having a drop down list of procedure codes. For further details, refer to the "Use of LaSRS EVV Tracking of ADHC In-Home Service Delivery" document.

**27. Are there specific billing rates and timeframes for each procedure code that is listed in LaSRS EVV system?**

No, not at this time since ADHC providers are receiving retainer payments. These are procedure codes, not billing codes and this system captures actual time when the employee clocks in and out of the system. If it is determined that LDH cannot go beyond April 22, 2020 for retainer payments, OAAS will provide more guidance to ADHC providers for their ADHC in-home service delivery.

**28. 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 them the length of the planned route(s) and how undelivered food will be disposed.

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>

**Additional questions may be sent to:**

[OAAS.ProviderRelations@la.gov](mailto:OAAS.ProviderRelations@la.gov) or OAAS Help Line: 1-866-758-5035