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**Updates and FAQs**

**During Public Health Emergency**

* Informed Verbal Consent
  + **Informed Verbal Consent** to renew consent will be accepted during the public health emergency. Please document in the progress note: **“Care manager could not get electronic signature or mail the consent therefore CM obtained informed verbal consent. Member has provided informed verbal consent for Care Manager to coordinate care with provider A, provider B, provider C, provider D, etc. The member also understands that their PHI will be accessible through PSYCKES and RHIO. Care Manger will get signature when the public health emergency has been lifted”**. Getting signatures retroactively will be required when public health emergency has been lifted.
  + **For newly enrolled members “Informed Verbal Consent”** will be accepted during the public health emergency. Please document in the progress note: **“Care manager could not get electronic signature or mail the consent therefore CM obtained informed verbal consent. Member has provided informed verbal consent for Care Manager to coordinate care with provider A, provider B, provider C, provider D, etc. The member also understands that their PHI will be accessible through PSYCKES and RHIO. Care Manger will get signature when the public health emergency has been lifted”**
  + **I apologize for all the back and forth. Updated** **RHIO information - Fortunately for newly enrolled the members, CMAs will get alerts for ED, admissions, and discharge**. **Must get signature retroactively**
  + **After receiving verbal consent from a member make sure to change the member status to enrolled in GSI. After changing the member’s status to enrolled CM will also need to go to RHIO Sharing and “flip the switch” to turn on all sharing. Then you will be able to click yes, indicating the member has provided consent and save.**
  + If you can get electronic signature or self-address envelope sent to the member, then you will not have to do anything retroactively
  + HVC got clarification on initial and date on every line, this DOES NOT have to take place if it is NOT pre-populated. HVC’s DOH 5055 is NOT prepopulated. We sincerely apologize that we received mixed information. If you have initialized and dates every provider, you do NOT have to redo the consent form. Moving forward just have member initial and date the top and sign at the bottom.
  + If you are adding or removing providers, member MUST initial and date each provider.
* **Face-to-Face has been waived**. If CM believes that a visit is necessary, please follow these steps:
  + Care Manager prescreens member using the three questions and the member does not test positive.
  + Care Manager thinks that the member is in need for a face-to-face visit.
  + Care Manger **MUST** contact supervisor, present the case and together make a decision if the Care Manager should conduct a face-to-face visit.
  + During the face-to-face visit, Care Manager **MUST** keep a greater than 6 feet distance/ from the member, wash hands upon entering (if the visit is conducted in the home) or sanitize hands before the visit start, and wash hands or sanitize hands after ending the visit.
* They are allowing HIPAA compliant approved telementalhealth and telehealth in lieu of face-to-face.  Facilities that have been approved to provide telehealth and telementalhealth may use those capabilities to provide care coordination during the public emergency
* Facilities that are not approved can use HIPAA compliant Zoom for telehealth or Skype for Business with add-on products of E3 or E5 on a company issues laptop that has all of the firewalls in place to conduct care coordination activities. Also the Care Manager must be in a HIPAA compliant space and ensure that member is alone in his/her space (not in a Starbucks)
* **In addition, federal government has relaxed HIPAA guidelines, therefore all forms of closed technology is allowed, such as** Facetime on a company cell phone. Live/Open technology such “Facebook Live” is **NOT** acceptable. **Overall, HVC is NOT recommending the use of Facebook**.
* **As for “Whatapps”, this CAN be used if the member’s AND Care Manager’s accounts are NOT linked to their facebook account. If the either one’s account is connected to Facebook, “Whatapps” CANNOT be used for video conferencing or text messages.**
* Follow these steps to decide if the application should be used:
  + Is the application private?
  + Can communication be received by the member?
  + Ensure that CM and member are in private locations
* Comprehensive Assessment, HARP Assessments and Plans of Care can be conducted over the phone or video conferencing.
  + Document at the end of the assessment ***“Assessment was completed over the phone due to the public health emergency COVID-19” POCs will have to be signed retroactively.***
  + Signatures for Plans of Care
    - Electronic signature
    - Email attestation will be accepted
    - Verbal consent, appropriately documented will be accepted
    - Send with self-addressed envelope
* If you have to postpone a face-to-face Care Manger MUST document in the progress note the following ***“Care Manager was not able to complete a face-to-face due to the public health emergency COVID-19”***
* Health Home Plus population
  + Face-to-face has been waived
  + Must have a minimum of 4 successful contacts with the member and/or collaterals telephonically or video conferencing. The hierarchy of contact is the following:

1. ability and attempt to do video conference

2. telephonic

3. text/email

* + All communication **MUST have substantial reciprocated conversation**. If text or email was sent and the member does not respond, a **CORE SERVICE WAS NOT COMPLETED.** This is the same for phone and video conference, if the member does not pick up and a message was left and **they do not call CM a core service was not delivered.**
  + **Example of Text message that would NOT be a core service: CM: Hey John, how are you doing? Member: I am fine Sally. Care Manager: ok, I will check in with you next week. THIS IS NOT SUBSTANIAL RECIPROCATED CONVERSATION**
  + These are our highest need members, so we need to make sure the members are safe and their needs are being met.
  + Filling out the HML- answer **Yes** to “Were the minimum required HH+ services provided and the caseload requirement met? \*”
* Please remember that sending letters is **NOT** considered a core service. A member can reciprocate conversation via letter.
* Face-to-face is being waived for the AOT population as well. A minimum 4 successful contacts must be made with the member. If you live in a county where provided guidance, please follow county level guidance.
* I want to emphasize that DOH has again stated that during the public health emergency that **while Health Home care coordination is an important and essential part of healthcare**, this service can be done remotely and should be done remotely.  There are a few exemptions, such as hospitals, but we need to reduce traffic in the office so that we can flatten the curve.  Please make sure staff understand HIPAA guidelines working from home. If the Care Managers takes notes on paper while on a call, please make sure that he/she secures the notes at the end of the day.
* We will proceed with changing member’s status to “hiatus”. DOH has stated that this communication should be released to the network. We do not know when the guidance will be released.  **(I sincerely apologize for the back and forth)**
* As for voluntary disenrollment, CMA can move forward because Notice of Determination does not need to be sent. If you can do proper discharge based on HVC policy, then please disenroll.

**Recertification of Medicaid**

* From the date of the Family First Conoravirus Response Act, which was launched on Wednesday March 18 members will have coverage during the public health emergency. All members that lost coverage will be covered during the entire time of public health emergency. The member will have to recertify once the public health emergency is lifted.
  + If Medicaid was active on March 18, they are not terminating anyone’s Medicaid for any reason until the public health emergency is lifted.

***Please note the Executive Order released yesterday, March 29th allows for requirement on background checks from certain agencies to apply to other agencies, without undergoing a new background check.***

…To the extent necessary to allow current employees of OPWDD or OPWDD approved providers, OCFS licensed or certified programs, OASAS certified, funded or authorized programs, OMH or OMH licensed, funded or approved programs who have previously undergone such background checks to be employed by a different OP\VDD approved provider and/or OCFS licensed or certified program and/or OASAS certified, funded or authorized program and/or OMH licensed, funded or approved program without undergoing new background checks. These provisions are also waived to the-extent necessary to allow providers the discretion to permit already qualified individuals and who are not listed on the Staff Exclusion List to work unsupervised while an updated background check is completed.

**Resources**

* HVC has been aware of a potentially useful resource for Care Managers. MVP has launched a virtual ER. Please click on this link [https://myernow.unitedconciergemedicine.com](https://myernow.unitedconciergemedicine.com/). It will provide you with all the information on this new service. So members that have MVP, can call MVP before heading to the doctor’s office or an actual ER.
* Please remember that there is 90-day moratorium on evictions. The member’s stress may still increase during this time, let’s discuss strategies on our next call.

**Proposal from HVC**

During today’s office hours, a few CMAs voiced concerns about not being to contact Health Home Plus and AOT members because the member either does not have a phone or lost it.  We heard your concerns and HVC’s proposal is:

HVC is creating an opportunity for CMAs to submit an invoice with receipts for up to $250.00 to buy track phones for Health Home Plus or AOT members that do not have phones if the member meets the following criteria:

1. Must be enrolled in HVC
2. Must be Health Home Plus or AOT
3. Member was actively engaged with HH care management until the public health emergency

We know there are logistics that you will have to address, but we hope this resource will be enable Care Managers to connect with our most vulnerable members.

As for administrative logistic:

* Just submit the following three pieces of information: copy of receipt, member name and CIN, and invoice (if you need a template, we can create one for you- we need this in order to pay you- sorry).

Please contact anyone on the HVC team if you have questions, concerns, promising practices, or resources.