

Date: 3/16/2020

COVID-19 Response-Memo #2



From: Jason Cornwell, DDS Division Director
To: All DDS Waiver Providers and Stakeholders:

As we all grapple with the COVID-19 pandemic, I would like to communicate the response plan for the DD Waiver, Mi Via Waiver and Medically Fragile Waiver and Stakeholders:

- 1) Appendix K Plan: The Human Services Department (HSD) and DDS are developing Appendix K for the three 1915 c Home and Community Based Services Waivers (DD, Mi Via and Medically Fragile.) Appendix K addresses emergency preparedness and response. Additional details will be forthcoming on what specifics will be covered in Appendix K for each of our waivers.
- 2) Please know and monitor the consumers at highest risk
 - a. DD Waiver: Agencies can pull detailed reports from Therap which identify medical triggers for clients. This may be helpful in identifying those at highest risk for COVID- 19 at the agency level who may need increased monitoring and awareness for Change of Condition. Full instructions are on Therap.
 - b. Mi Via Waiver: Consultant agencies can pull information from FOcOS Online to identify people who may be a high risk for contracting the COVID-19. This information (such as age-over 60 years old-and high budget amounts) may be helpful at the agency level to identify who may need increased monitoring and/or awareness for change of condition. Any agency needing assistance to identify those Mi Via Waiver recipients who may be at higher risk should contact their DDS Mi Via Unit representative.
- 3) DDW Case management monitoring requirements remain the same with the exception of being able to conduct visits telephonically.
 - a. The case manager should continue to use the site visit form in Therap and check off the location for which the form is representing the majority of the

monitoring. If the provider agency does not have electronic files available for review, the case manager should interview agency staff service coordinator to complete the necessary monitoring. Focus should be on health and safety and individual accommodations made for COVID-19. Please also make a notation in the text box (outside of the questionnaire pop up) that the visit was telephonic /remote

- b. For monthly case management billing, the requirement is to meet obligations per person whether it be face to face or remote work at this time.
- 4) Mi Via Waiver Consultant monitoring requirements remain the same with the exception of being able to conduct quarterly face-to-face visits telephonically.
 - a. The Consultant should continue to use the Mi Via Quarterly In-Person Update form and mark the visit was telephonic/remote as the location. Focus should be on health and safety and individual accommodations made for COVID-19.
 - b. For quarterly Consultant billing, the requirement is to meet obligations per person whether it be face to face or remote work at this time.
- 5) Community Direct Support and Customized Community Group Support in the Mi Via Waiver may be billed in the participant's home starting Monday, March 16, 2020.
- 6) ISP/SSP meetings/transitions meetings can be held electronically/telephonically in accordance with current NMAC when possible. All actual move dates should be scheduled for after April 5, 2020, if possible.
- 7) If annual and revision ISP/SSPs and budgets are submitted less than required timelines, due to this pandemic, agencies will not be penalized by QMB/DDSD.
- 8) Regarding the necessity of providers/participants/Employer of Records/vendors conducting training of CARMP, HCP, MERP, Therapy/BSC Plans, and any other trainings, telephonic/remote training is acceptable. Providers must retain documentation of these trainings and provide them to the Division upon request
- 9) Critical health care by nursing should continue and may require nurses to go to the house (e.g., daily wound care). Health care is essential for health and safety of the

individuals. Nurses are trained in proper infection control procedures. Contact regional nurses if information is needed.

10) Should hiring of temporary staff become necessary at a minimum, new/temporary employees should have the following, as applicable per waiver:

- a. Caregivers Criminal History Screening Program (CCHSP) and Employee Abuse Registry (EAR)
- b. Individual Specific Training (HCP, CARMP, MERP, Therapy Plans and WDSIs still apply but can be trained by provider Agency staff.)
- c. Abuse, neglect and exploitation (ANE) (exception for online refresher)
<http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/ane-refresher.html>

11) New/temporary nurses. In addition to #11 should also take Indication of Illness and Injury:
<http://www.cdd.unm.edu/other-disability-programs/disability-health-policy/ddsd-courses/indications-of-illness-and-injury.html>

12) The DDSD Training Unit instructs all provider trainers to suspend any DDSD core trainings that are conducted face to face beginning Monday March 16th, 2020. Lapses in training compliance for all providers types will not be cited by the Compliance Team or QMB until further notice.

Lastly, should stakeholders have specific questions, concerns, and/or scenarios, contact your Regional Director. The situation is fluid and will evolve. Guidance will be provided accordingly.