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Department of Health

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Commissioner

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Executive Deputy Commissioner

July 26, 2021

Re: Rescission of Updated COVID-19
Guidance for the Authorization of
Community Based Long Term Services and
Supports Covered by Medicaid

Effective date: July 26, 2021

The New York State Department of Health (NYSDOH) is **rescinding** the guidance issued on March 18, 2020 and updated on April 8, 2020 entitled COVID-19 Guidance for the Authorization of Community Based Long-Term Services and Supports Covered by Medicaid (“[COVID-19 CBLTSS Guidance](#)”). This guidance was provided in response to the COVID-19 outbreak and the state disaster emergency declared by Executive Order No. 202, which expired on June 25, 2021.

The New York State Department of Health (NYSDOH) provided guidance to Medicaid Managed Care Plans, Local Departments of Social Services (LDSS), and Consumer Directed Personal Assistance Program (CDPAP) pertaining to the novel coronavirus (COVID-19) outbreak. The guidance applied to Medicaid covered services as described below when delivered through either Licensed Home Health Care Services Agencies or CDPAP:

- (1) Physician Orders;
- (2) Initial Community Health Assessment;
- (3) Community Health Reassessments;
- (4) Annual Health Assessments for Personal Assistants; and
- (5) Facility-Based Assessments.

This guidance document should be shared by CDPAP Fiscal Intermediaries with Consumers and by Consumers with their Personal Assistants.

Transition Guidance

NYSDOH is rescinding the COVID-19 CBLTSS Guidance issued on March 18, 2020 and updated on April 8, 2020. The Transition Guidance provides details on what steps are to be taken to return to pre-emergency status for each topic area. To compare to the original COVID-19 CBLTSS Guidance, please refer to the original guidance, found [here](#).

This Transition Guidance continues to apply to all Medicaid Managed Care Plans (plans), including Managed Long-Term Care Plans (Partial, Medicaid Advantage (MA) Medicaid Advantage Plus (MAP), and Program of All-Inclusive Care for the Elderly (PACE)), mainstream Medicaid Managed Care Plans, HIV Special Needs Plans, Health and Recovery Plans and Local Departments of Social Services (LDSS).

Topic 1: Physician Order

Transition Guidance

Initial authorizations for Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS) will continue to require a physician order. Pursuant to applicable state regulations, the physician order documents the medical examination that assess an individual's needs for PCS or CDPAS and describes the patient's medical condition and regimes and the patient's need for assistance with personal services tasks. Based on this information, the physician must certify as part of the order that the patient is able to be cared for at home.

Effective immediately, and based on [emergency telehealth regulations](#) promulgated, the Department extends the ability of physicians to conduct medical examinations that assess an individual's needs for PCS or CDPAS via telephonic or telehealth modalities, as well as allowing exams to be completed in-person.

However, the ability of a physician to transmit the results of the medical examination and a physician order verbally is rescinded, and a CHA may no longer be initiated upon receipt of a verbal order. Effective immediately, the physician order form (DOH-4359 or HCSP-M11Q) is required to initiate a CHA.

Topic 2: Community Health Assessments

Transition Guidance

Initial authorizations for PCS, CDPAS, and other community based long term services and supports (CBLTSS) (i.e., nursing services in the home, therapies in the home, home health aide services, adult day health care, and private duty nursing) and requests for changes in service authorizations, will continue to require a Community Health Assessment (CHA).

Effective immediately, all initial assessments conducted by registered nurses for initial authorizations of the services described above must be conducted in-person. In addition, all assessments conducted for requests for change in service authorizations must also be conducted in-person. The ability to conduct the CHA via telephonic or telehealth modalities to develop an initial plan of care has been rescinded.

In addition, effective immediately, all CHAs conducted must be completed to be utilized for the purposes of care planning. The Department will no longer allow a partially completed CHA to be used in care plan development. Managed care plans and LDSS must return to conducting face-to-face assessments for care plan development. CFEEC assessments may no longer be used for care plan development.

The ending of the allowance for partially completed CHAs also ends the use of temporary plans of care. For those members with a temporary plan of care in place, managed care plans and LDSS should ensure all members have a completed CHA and plan of care with notice of determination in place within 90 days of the effective date of this guidance.

Topic 3: Reassessments and Home Visits

Transition Guidance

Effective immediately managed care plans and LDSS must begin resuming scheduling and performing required face to face periodic reassessments and the six-month in-person care management home visits. The resumption will take place in the following manner for members

who have not otherwise had a completed in-person, telehealth or telephonic CHA conducted during the public health emergency until the effective date of this guidance.

- Beginning July 2021 through September 30, 2021, conduct periodic reassessments and home visits for members who would have been scheduled during the period March 1, 2020 through May 31, 2020.
- Beginning October 1, 2021 through December 31, 2021, conduct periodic reassessments and home visits for members who would have been scheduled during the period June 1, 2020 through August 31, 2020.
- The Department will provide additional guidance to plans and LDSS on when to scheduled periodic reassessments and home visits for members who would have been scheduled September 1, 2020 and forward.

As noted above, effective immediately, there is no ability for plans or LDSS to conduct reassessments via telephonic or telehealth modalities.

Topic 4: Personal Assistant Annual Assessments

Transition Guidance

Effective immediately, the suspension of CDPAP personal assistant annual health assessments is lifted. CDPAP Personal Assistants must obtain an annual health assessment, if due, no later than September 30, 2021.

As a reminder, the CBLTCS Authorization Guidance requires that any annual health assessments that were not renewed as a result of the suspension should be documented in the Personal Assistant's personnel records.

The Personal Assistant's subsequent annual health assessment will be due one year from the date the assessment is conducted, between the date the suspension ended, i.e., the date of this guidance, and September 30, 2021. For the absence of doubt, it will **not** be due one year from a due date that occurred during the suspension period.

For example, if a personal assistant was due for a health assessment on June 15, 2020, but did not have one until August 15, 2021, their next assessment would not be due until August 15, 2022.

Topic 5: Facility-Based Assessments

Transition Guidance

Effective immediately, where possible, required facility-based assessments are resumed and are to take place at the facility in a face-to-face modality. However, managed care plans, LDSS and Conflict-Free Evaluation and Enrollment Center (CFEEC) staff must rely on the guidance and direction of the facility medical director as to guidelines in place related to mask wearing and/or social distancing.

Guidance on Home Care Services and Close or Proximate Contacts

To help protect consumers and personal assistants, attached are two NYSDOH COVID-19 guidance documents related to home care services and contact of a confirmed or suspected case of COVID-19, and updated CDC guidance on post-vaccination infection prevention. The links to those guidance documents are provided below:

- [Information for Healthcare Providers](#)
- [Protecting the Public Health of All New Yorkers](#)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)

Instructions for provider personnel who are at risk of COVID-19

Staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)), if community transmission of that illness is occurring. Providers should ensure they have a policy in place to speak with staff prior to them conducting face-to-face visits with enrolled members to screen the staff for symptoms or contacts that might have put them at risk. Refer to the Information for Healthcare Providers link provided above for information on screening, testing and other related policies. It is important that providers strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

Staff who have been potentially exposed to someone with COVID-19, or are being medically evaluated for COVID-19, might be placed under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If a staff person is found to be ill upon screening, the agency should send the person home and suggest that they contact their primary care physician immediately or refer them to immediate medical care, if indicated.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov; or to the toll-free call center at 888-364-3065.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to MLTCinfo@health.ny.gov.

Sincerely,



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