Eric Holcomb, Governor
State of Indiana

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**May 18, 2020**

**Frequently Asked Questions regarding COVID-19 Response**
**Indiana Area Agencies on Aging and Providers**

**ATTN: New questions or updated answers from previous FAQ version will be identified in red and with an ** next to question number.**

## General Questions

1. **How should HIPAA guidelines be followed while working from home?**

   A: Confidentiality and HIPAA guidelines must be followed during all remote or at home work. Secure email must be used when sharing confidential information. AAAs must have a confidentiality/HIPAA compliance policy for agency operations.

2. **What new services would the Division of Aging consider in response to COVID-19?**

   A: Please contact the Division of Aging with proposals for new services to best support participants during this COVID-19 response time. The Division of Aging is particularly interested in considering new service options that address: social isolation, transitional care and in-home assistance.

3. **What actions should AAAs take if their clients or staff are directly impacted by a COVID-19 exposure?**

   A: Please follow guidance from the CDC at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. Contact the local health department in the county in which the staff member lives to learn about testing https://www.in.gov/isdh/24822.htm

4. **How is the Division of Aging updating AAAs of guidance pertaining specifically to HCBS recipients?**

   A: The Division of Aging is hosting virtual weekly AAA and trade association meetings. FAQs are updated frequently and posted at https://www.in.gov/fssa/5756.htm. Up-to-date resources are available at https://www.in.gov/coronavirus/.

5. **Is there new guidance on how to handle walk-in visits? What should be considered in making other business operations decisions?**

   A: Many factors will influence the decision whether or not to suspend AAA office walk-in visits including staffing capabilities and state and local public health guidance. AAAs should assess their essential functions and the reliance that others and the community have on their various services. AAAs should give top priority to ensuring service continuation to current waiver, CHOICE, Title III, SSBG in-home funded services and nutrition participants, as well as to providing information and referral and options counseling.

   AAAs should be prepared to change office practices if needed to maintain critical operations (e.g., prioritize customers, or temporarily suspend some of your operations if needed). If possible, AAAs should cross-train personnel to perform essential functions so that the AAA is able to operate even if key staff members are absent. Consideration should be given to adjusting office hours and/or consolidating office sites before suspending walk-in services altogether. Coordinate with state and local health officials so that timely and accurate information can guide appropriate responses in each location where operations reside.

   Resource: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html

6. **Are Older Americans Act Title III-D evidence-based programs and Title III-E counseling/training/support group services allowed to be provided using alternative delivery methods, such as virtual classes or phone calls?**

   A: Yes, whenever possible, services should be delivered using alternative delivery methods (virtual trainings, phone counseling, etc). For evidence-based programs, check to ensure that program adaptations or alternative delivery mechanisms are approved by the evidence-based program administrators to ensure program fidelity. Some evidence-based programs may not be able to be provided at this time.

## Case Management & Options Counseling

7. **What guidance has been provided by DFR about Authorized Representatives during COVID-19 emergency?

   A: The Division of Family Resources provided the following guidance (from Manager's Message: Authorized Representatives COVID-19):

*Due to the public health emergency, DFR will accept verbal authorization from the client for an Authorized Representative for health coverage only. At this time, a form is not necessary. The worker should conduct a three way call with the client and AR. After confirmation of the specified AR, the information must be entered in the system while on the call. Verify with the client that the information that is entered is accurate.*

*If the AR and the applicant have to call in separately, that is less preferred but would still be acceptable.*

*All important information must be documented in CLRC.*

*Once the AR information is entered into the system, if the applicant and AR have both agreed, it will stay in the system as a fully proven and verified agreement unless/until the AR or applicant/recipient withdraws it.*

*The advantage of the verbal authorization would be that it would be entered into the case immediately by the worker who is on the phone with the AR and applicant; they would not route for further processing.*

There should be no issues or loss of service impacted from Medicaid eligibility. The Division has reviewed the waiver revision status (formerly known as DEWs) and providing the following instruction.

The Division expects no service plan to be interrupted, restarted or terminated for issues pertaining to Medicaid. If you are finding issues on active members whose Medicaid benefit has changed or is no longer eligible, send those to the Division Care Management Team email at fssa.dawaiverunit@fssa.in.gov.

8. ****May we temporarily suspend mailings to clients to get their signatures for service plan updates, annuals and initials?**

   A: A CMGR may initially obtain a verbal "signature" to document in CaMSS. However, per CMS requirements, the care manager still has to follow up with a signature from the participant or other legal authority.

9. **Do facility visitor restrictions apply to AAA staff?**

   A: Yes, AAA staff are prohibited from entering facilities due to current visitor restrictions. Please refer to https://www.in.gov/fssa/files/DOA_COVID_19_revised_guidance_for_visitation.pdf for additional information.

10. **What additional support may be provided to participants since face-to-face assessments will not occur?**

    A: Structured Family Care supplements the waiver care manager with additional case management and regular nursing visits. Health Care Coordination was recently expanded to include more provider types and may be a vital link between social and medical services.

11. **May initial assessments be conducted via phone?**

    A: Yes. All assessments should be completed via a remote meeting such as FaceTime or phone calls. Please refer to the Division of Aging COVID-19 Program Guidance issued March 16, 2020, located at https://www.in.gov/fssa/5756.htm.

12. **Are in-home services considered essential services?**

    A: Essential in-home services are services provided to a person in their home/place of residence in which the interruption would endanger health or personal safety. Essential services include a broad range of health, personal care and supportive services that meet the needs of persons whose self-care is limited (e.g., assistance with activities of daily living, medication management, nutrition, etc.).

    AAA care managers should assist participants in preparing and planning for COVID-19 using the following resource: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html.

    Additional resources that should be shared with participants are available through the Red Cross: https://www.redcross.org/get-help/how-to-prepare-for-emergencies/seniors.html.

    AAAs need to contact their local health department and find out how they can be a resource to older adults during the COVID-19 outbreak. Local health departments provide essential health services to protect the public's health such as environmental health services, food protection, emergency preparedness, preventative and primary care, immunizations, and training and education. Information on your local health department is available through ISDH: https://www.in.gov/isdh/24822.htm.

13. **Should incident reports be filed on homebound participants who do not receive planned services?**

    A: Yes. However, if an individual refuses care in their home but has a family member or other caregiver that is assisting in providing services, then an incident report is not needed.

Additionally, through the incident reporting system for waiver participants, please report anyone who is confirmed (tested positive) or suspected (under investigation) for COVID-19.

If a care manager receives information that a participant is experiencing loss of services due to COVID-19, please send that information to the Division of Aging's provider relation team at daqainquiries@fssa.in.gov.

14. **Is it acceptable for a case manager to verify if a home modification has been completed satisfactorily by telephone with the client or their representative? Typically, we have inspected these in person.**

    A: The care manager may remotely contact the participant via telephone to identify acceptable completion of work. If the assessor is unable to visit in-person, and there is discrepancy in appropriate work, please contact daqainquiries@fssa.in.gov.

15. **How should AAAs handle Pre-Admission Screening and Resident Review if nursing facilities are restricting visitors and non-essential staff?**

    A: PASRR should be completed via a remote meeting such as FaceTime or phone calls.

16. **In regards to Pre-Admission Screening and Resident Review, should an options counselor notify participants that their level of care determination and waiver service plan are subject to change once a face-to-face assessment is completed?**

    A: Options counselors must notify participants that a short-term approval could be extended.

17. **What is the turnaround time for PASRR information submitted over the weekend?**

    A: Per the IN PASRR Provider Manual, providers can submit screens in AssessmentPro at any time, including nights and weekends. However, a determination may not be issued until the next business day.

18. **What are the recommended screening criteria for determining whether a participant is well enough for a home visit?**

    A: Prior to conducting a home visit, all participants should be screened by phone, if possible, to determine the risk for COVID-19. The participant and any other person who will be in the home during the appointment (e.g., visitor, family member) should be carefully screened for a) fever or respiratory symptoms (cough, shortness of breath or

sore throat), b) close contact with a suspect or confirmed person with COVID-19, or c) travel from a COVID-19 affected community or geographic area within 14 days. If any one of these three criteria is present, a home visit should NOT be conducted and assistance should be provided to the participant in notifying their health care provider as needed.

Resource Link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html

19. ****What protective measures are recommended for staff conducting home visits that do not involve providing direct care (touching or having contact with the patient's stool or body fluids)?**

A: Prior to conducting a home visit, all participants should be screened by phone if possible to determine the risk for COVID-19. All staff conducting a home visit should wear a cloth face covering, maintain a distance of at least 6 feet from the participant and other persons in the home whenever possible, perform hand hygiene upon arrival and before departure, and avoid touching their eyes, nose and mouth during the visit.

Staff with a fever or respiratory symptoms (cough, shortness of breath or sore throat) should NOT conduct home visits and must self-isolate at home; while being sure to alert the participant and care manager, if appropriate. Staff with potential exposures to COVID-19 should inform their supervisor and have their exposure risk-assessed by the ISDH for further instruction prior to conducting home visits.

Resource Link: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html
Resource Link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

20. ****What guidance is provided if an assisted living provider has required that Integrated Health Care Coordination be added to every waiver client's service plans?**
    (a) **Is the provider required to ask the client/document whether they want this service added to their care plan?**
    A: During this public health crisis, the care manager is expected to add services to participant care plans per the provider's request to prevent service gaps. Care manager may follow up with the client at a later date about the service. Prior to COVID-19, yes, provider would check with client on whether client would like the service provided.
    (b) **Is this service different than what is already covered in their per diem rate?**
    A: Health care coordination is a separate service offered within the A&D Waiver. In the 2020 A&D Waiver amendment, the Division of Aging opened the scope of this service to be rendered by adult day and assisted living

providers. The coordination of healthcare is not covered within the bundle of services reimbursed in the daily per-diem for assisted living.

The main purpose of health care coordination is development and oversight of a healthcare support plan, which includes coordination of medical care and proactive care management of both chronic diseases and complex conditions, such as, falls, depression and dementia. Health care coordination is performed by a RN, LPN or LSW (with two years of HCC experience). HCC Providers are in continuous contact with a client's health care providers.

**(c) What will they need to document to demonstrate it is different from the services they currently provide?**

A: The Division of Aging encourages the utilization of health care coordination for any participant interested in receiving the service. Any concern with provider documentation in a client's service note should be elevated to the Division of Aging provider relations team at daqainquiries@fssa.in.gov. The assisted living per-diem rate does not reimburse for activities covered within health care coordination. For example, providers of health care coordination are coordinating with a client's many health care providers about any health issues, updates in medication, etc. They are also attending doctor's appointments with the client to help them navigate medical information provided that may not be easily understandable. Please review the allowable/unallowable activities pertaining to health care coordination for more understanding about the service.

**(d) May AAAs also provide this service assuming they meet the service definition and provider requirements?**

A: Waiver care management agencies are not a CMS approved provider type. However, AAAs interested in becoming a home-delivered meal or non-emergency medical transportation provider may contact the Division of Aging provider relations team at daqainquiries@fssa.in.gov.

## Nutrition

**21. When transitioning a participant from congregate to home-delivered meals, is an eligibility assessment needed?**

A: Title III-C2 Funded Emergency Meals - For congregate meal participants that are now qualifying for home-delivered meals as a result of COVID-19 isolation, and in order to expedite the delivery of needed nutrition, AAAs are not required to complete the

eligibility assessments and create service plans for these individuals receiving Title III-C2 meals during this governor-declared public health emergency.

**22. For Title III-B, does an individual need to have a service plan in place for emergency meals?**

A: Title III-B Funded Emergency Nutrition - Due to the declaration of a Public Health Emergency by the Secretary of HHS, meals may be purchased that may or may not meet the Dietary Reference Intake requirements using Title III-B funding for those age 60+. This is under the OAA provision in Part B, Section 321(a)(25) "any other services necessary for the general welfare of older individuals."

For claiming purposes, add the Title III-B emergency nutrition expenditures to the NUTS (Nutritional Supplement) line on the T3-B-3101 tab in your FFY 2020 Federal Grant Claiming Workbook. Please attach back-up documentation with your claim indicating the number of persons served, number of emergency meals served and total Title III-B funds utilized.

**23. What are the recommended criteria for cancelling events or closing meal sites and senior centers**?

A: Congregate meal sites and senior centers should be closed. Please follow all federal, state and local health department guidance pertaining to gatherings, event cancellations and closures. Every effort should be made to support alternative meal delivery (e.g. shelf stable meals, frozen meals, takeout meals, drive-thru or grab-n-go meals) to ensure that congregate meal participants continue to receive nutritional support.

**24. Are AAAs able to send meals home with participants if a Senior Center would be closed due to COVID-19?**

A: Yes. AAAs should use funding sources (not Title III-C1) to send meals home with participants if a Senior Center is closed.

In emergency situations only, a congregate nutrition provider may provide shelf-stable or frozen meals that can be counted as Nutrition Services Incentive Program (but not Title III-C1), provided that the meals are domestically produced and program participants meet Title III-C1 program participation requirements. NSIP funds cannot be used for CHOICE or under age 60 SSBG congregate nutrition program participants.

CHOICE funds may be used for emergency meals for eligible CHOICE nutrition program

participants, as well as individuals eligible for other Division of Aging funded congregate meal programs (per Executive Order 20-12 *Further Provisions for Helping Hoosiers During the COVID-19 Public Health Emergency*).

For those that budgeted SSBG funding for meals, SSBG funds may be used for emergency meals for SSBG nutrition program participants provided the funding is available within your submitted SSBG budget.

Any emergency meals should be counted when delivered, not consumed. With claims for reimbursement, AAAs must provide back-up documentation indicating the number of participants receiving the emergency meals and number of emergency meals provided to:

1. Title III-C1 program participants using NSIP funds
2. CHOICE nutrition program participants (indicate above and below age 60)
3. SSBG nutrition program participants (indicate above and below age 60)

Program eligibility and reporting requirements for participation still apply.

**25. **What are the data collection and reporting requirements associated with emergency OAA funding for those requesting Home Delivered Meals?**

A: For individuals receiving OAA meals due to COVID-19, the Division of Aging is not requiring those individuals to have a service plan in CaMSS. Please note that in order to use CaMSS for invoicing home delivered meals, a service plan is required. The short form InterRAI is appropriate for these plans. For those temporarily transitioning to HDMs from congregate meals, separate tracking outside of CaMSS is allowed. At a minimum, please track number of clients served, number of meals provided, and associated expenditures. Claim and program reporting guidance will be distributed in the near future.

**26. May the local AAA develop agreements for new home delivered meal non-Medicaid providers for the benefit of OAA clients?**

A: This would be allowable, but it is recommended that the potential new home-delivered meal providers also be waiver providers as well, since 5/6 of all DA funded home-delivered meals run through the waiver. The waiver provider application process will be more flexible during the emergency period. In fact, AAAs themselves should sign up to be home-delivered meal providers through the waiver for the emergency period.

**27. May AAAs waive Dietary Reference Intakes when utilizing the emergency OAA funding?**

A: Under the COVID-19 Families First Coronavirus Response Act and the COVID-19 CARES Act, disaster relief meals are not required to meet Dietary Reference Intakes; however, ACL and the Division of Aging strongly encourages the use of Dietary Reference Intakes and Dietary Guidelines for Americans to maintain health and manage chronic disease. Please reach out to Kristie Garner at the Division of Aging with questions Kristie.garner@fssa.in.gov. ACL nor the State have the authority to waive the DRIs and DGAs for meals funded under C1 and C2; therefore nutrition requirements must be met when using those regular OAA funds.

**28. Are nutrition programs allowed to service multiple meals at a time?**

A. Yes. Area Agencies on Aging have the authority to serve multiple meals at a time and at a frequency based on their local capacity. This should be in addition to regular check-in calls with recipients.

## Finance & Reimbursement

**29. Is a service plan required when billing/claiming C2 funds for meals?**

A: A service plan is not required during Indiana's Public Health Emergency Declaration. For congregate meal participants that are now qualifying for home delivered meals, as a result of COVID-19 isolation, and in order to expedite the delivery of needed nutrition, AAAs are not required to complete the eligibility assessments and create service plans.

**30. May CHOICE Funds be used for non-CHOICE clients?**

A: CHOICE funds may be used for those individuals who have been assessed as meeting both the functional and financial CHOICE eligibility requirements.
In addition, CHOICE funds may also be used for nutrition services for individuals eligible for other Division of Aging funded congregate meal programs (per Executive Order 20-12 *Further Provisions for Helping Hoosiers During the COVID-19 Public Health Emergency*).

- Emergency meals do not need to be added to a service plan.

If using CHOICE funds for eligible participants' emergency meals, attach back-up documentation with your claim indicating the number of persons served, number of emergency meals served, and total CHOICE funds utilized.

**31. Is the state able to waive the requirement that CHOICE funds be used as funds of last resort?**

A: Unfortunately, due to the cost-saving measures that the State Budget Agency recently put in place, we will not be able to waive that requirement. The cost-saving

measures state that state agencies should prioritize the use of federal then dedicated funds in order to maximize general fund reversions.

32. **Regarding the FFRCA and CARES Act contracts, what are the funds spending timeframe, restrictions, and AAA allocation amounts?**
A: The timeframe for FFCRA grant spending is March 20, 2020 – September 30, 2021, and for CARES Act grant spending is April 1, 2020 – September 30, 2021.

The money will be contracted out according to the separate federal awards we received. In other words, the FFCRA was awarded to us as money for C1 and money for C2. The CARES Act was awarded to us as money for B, C2, and E. Therefore, the contract you will receive from us will be broken down into those "buckets." However, during the period we are designated as a major disaster area, you will be able to spend that money on any service you deem necessary. For example, if you need more money for home-delivered meals and you have exhausted what the FFCRA made available for that, you could use the money you received for congregate meals to use for home-delivered. However, those flexibilities exist only during the time that we are designated as a major disaster area.

33. **What are the match requirements for current OAA funding, FFRCA, and CARES Act?**
A:
    - **Current OAA funding:** state and local admin funding requires a 25% match. Services are matched at 5% state funds and 10% local funds.
    - **FFRCA:** Any funding taken for state and local admin would still require a 25% match. Match for services is waived.
    - **CARES Act:** Any funding taken for state and local admin would still require a 25% match. Match for services is waived.

34. ****Will the state retain any of the recently ACL announced $15 million in CARES Act funding that could be distributed to Indiana AAAs?**

**A:** Yes, the Title VII Ombudsman portion and 5% for statewide service efforts.

35. ****How will Title III funds become more flexible if an Indiana Major Disaster Declaration is approved?**

A: Older Americans Act Section 310(c) permits states to use any portion of the funds made available under any and all sections of the Act for disaster relief for older individuals. In this regard, there would be the flexibility to use existing allocations under Title III-B, C-1, C-2, D, and E for disaster relief. On April 3, 2020, Indiana received a federal Major Disaster Declaration, which triggered this disaster relief under Section

310(c) of the OAA. All Title III funding can therefore be applied to any allowable service during the Major Disaster Declaration period. In addition, any OAA supplemental funding signed into law to address the COVID-19 pandemic may also be used for any allowable service as needed. Any allowable Older Americans Act service provided to an eligible person under the OAA during this COVID-19 emergency is considered a disaster relief service.

- Please note NSIP funds may only be used to purchase domestically produced food products. Additional flexibilities are not available.
- FFCRA, the CARES Act, and the regular Title III funding should be accounted for and reported separately.

**36. **May AAAs purchase hand sanitizer and disinfectant wipes with grant funds?**

A: Yes. AAAs may purchase hand sanitizer and disinfectant wipes for clients with Title III-B, SSBG or CHOICE under "Health Supplies." With FFCRA and CARES Act funds, this would be reported under "Grocery/Cleaning Supplies/Personal Hygiene Items" on the reporting template.

**37. Can program income collected be "bucketed" for use on any program?**

A. Yes. Program income may be used to expand any OAA service for the duration of the Major Disaster Declaration. Program income must be reported under the grant award number in which expenditures were made.

Per 45CFR75, program income must be expended prior to drawing additional federal funds. Additionally, FFCRA, the CARES Act, and the regular Title III funding should be accounted for and reported separately, which includes program income.

**38. How should program income be reported when we are collecting and expending funds out of multiple funding sources?**

A. Program income must be reported on financial reports under the grant award number in which funds were expended for the service. i.e. Title IIIE funds are paying for home delivered meals which would typically be paid out of C-2, the program income should still be reported under Title III E and not C-2.

**39. Will rates be impacted shifting from face-to-face visits to phone services be impacted?**

A: While Executive Order 20-02 is in effect, ADRCs may claim the face-to-face options counseling pay point rate for waiver applicants that would receive options counseling in-person under normal circumstances.

The phone options counseling pay point is still appropriate for those potential waiver participants who will not proceed with an in-depth waiver assessment.

From SFY 2021 ADRC Contract Exhibit 1, Scope of Work, 1. Definitions:
I. A Potential Waiver Participant is an individual who is referred to or self-refers to the ADRC and provides information indicating they meet both the functional and financial eligibility requirements for the Aged and Disabled Waiver or the Traumatic Brain Injury Waiver.
J. A Waiver Applicant is an individual who has received a phone assessment with an options counselor who believes the individual meets the functional and financial requirements of the Aged and Disabled Waiver or the Traumatic Brain Injury Waiver.

## Providers

40. ****Are nursing facilities currently required to notify residents and their families if another resident or staff person in their facility has tested positive for COVID-19, or is presumed positive based on their symptoms?**

    A: ISDH has assembled a COVID-19 Toolkit for LTCFs: https://coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_4.7.2020.pdf. The toolkit includes LTCF Communication Guidelines: https://www.coronavirus.in.gov/files/IN_COVID-19_comm%20guidelines%205.3.20.pdf. ISDH guidelines require the facility to have an assigned person responsible for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. Facilities must further send daily communications to residents and their designated representatives, informing them of the number of new and total COVID-19 cases (including residents and staff), what actions are being taken to prevent further spread of COVID-19, and how to reach a staff person if they have questions.

41. **How will workforce shortages impact home- and community-based service providers?**

    A: The Division of Aging is reviewing options to expand provider capacity. The division will maintain weekly communication with provider groups to learn how to best support current needs. AAAs are strongly encouraged to contact providers to discuss current and future (over the next couple of weeks) capacity.

42. ****Should home modifications continue as planned?**

    A: Yes. However, a vendor should not conduct an assessment without first having carefully screened by phone the participant and any other person who will be in the home during the appointment (see above recommended screening criteria).

When conducting the assessment, the home modification employee should wear a ~~facemask~~ cloth face covering while in the home, maintain at minimum a 6 foot distance from the participant and other persons in the home, perform hand hygiene upon arrival and before departure, and avoid touching their eyes, nose and mouth during the visit. A home modification employee with a fever or respiratory symptoms (cough, shortness of breath or sore throat) may NOT conduct home visits and must self-isolate at home.

Resource Link: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

**43. When should an incident report be filed for a loss of planned services?**

A: The Division of Aging is committed to protecting the health and safety of participants. As such, providers must complete incident reports when there is a loss of service to a participant (e.g. provider is unable to staff, participant is not allowing the provider to render services, etc). However, if an individual refuses care in their home but has a family member or other caregiver that is assisting in providing services, then an incident report is not needed.

This guidance is in normal practice with the Division's Administrative Rule 455 IAC 2-8-2(b)(5) & (16), which identifies that a reportable incident should be filed when:

- Environmental or structural problems associated with a dwelling where individuals reside that compromise the health and safety of the individuals.
- Inadequate staff support for an individual, including inadequate supervision, with the potential for endangering the health or welfare of the individual.

If a participant experiences loss of service due to provider agency is no longer able to render services, or the participant is not allowing the provider agency inside the home and has no informal supports, due to COVID-19, please file an incident report, contact the participant's care manager, and also send that information to the Division of Aging's Provider Relation team at dagainquiries@fssa.in.gov.

Additionally, through the incident reporting system for waiver participants, please report anyone who is confirmed (tested positive) or suspected (under investigation) for COVID-19.

## Adult Day

**44. If an adult day provider temporarily closes during the COVID-19 outbreak, what type of care coordination is required to ensure participants do not experience a gap in care?**

A: AAA care managers should work with adult day providers on creating a backup plan for participants who may experience a temporary loss of adult day services. If a participant does not have informal support to assist during this time, the care manager and provider need to work together to ensure the participant's needs are being met.

Many adult day facilities are becoming certified as attendant care, homemaker, and unskilled respite providers. If a participant, who was attending an adult day, does not have attendant care and homemaker from a different provider, please update the participant's care plan to include attendant care and homemaker, either with the adult day (if they are certified to do attendant care and homemaker) or a different agency.

While the Division of Aging promotes participant choice when selecting providers, it is urgent during this time that participants have services. If an adult day or attendant care agency contacts a care manager to add services or increase personal service hours, the Division of Aging expects the care manager to move forward in immediately updating the care plan. This ensures that a participant will not have a gap in services or delay in adding services to a care plan. The Division of Aging expects care managers and providers to communicate about participants' care during this time, and to keep all parties updated on any changes or losses of service.

If a care manager receives information that a participant is experiencing loss of services due to COVID-19, please send that information to the Division of Aging's Provider Relations team at dagainquiries@fssa.in.gov.

**45. How can the AAAs and adult day providers work together to ensure that any additional hours added to a participant's service plan are fulfilled?**

A: If an adult day provider experiences a participant who needs increased attendant care hours, the AAA care manager should be informed of the change in the participant's needs. If the participant does not have an attendant care agency currently providing services, the adult day may provide that care if certified as an attendant care, homemaker, unskilled respite or health care coordination provider. In the event that the client already has an attendant care agency providing care, but that agency is unable to provide additional hours, the adult day may cover those extra hours if enrolled as one or all of the above provider types.

If AAAs have participants who lose attendant care services due to COVID-19, please inform the Division of Aging's Provider Relations team at daqainquiries@fssa.in.gov and the participant's care manager.

It is also important to ask participants about informal supports and talk with families about back-up plans for clients. Backup plans will include identifying participant's informal caregiver(s) and scheduling training with the participant's current provider and informal caregiver in order to meet the participant's needs.

**46. If adult day staff choose to become an attendant care provider, is the adult day provider responsible for establishing attendant care policies?**

A: The Division of Aging supports providers focusing on getting clients the care they need as quickly as possible. To avoid the creation of additional administrative burden, the division is not requiring the establishment of attendant care policies for adult day providers at this time.

Once the public health emergency declaration is over, the Division of Aging will determine if the adult day provider wishes to continue services. An official application with policies and procedures would then be needed. In addition, for attendant care, homemaker and unskilled respite, the Division of Aging will require adult day providers to submit a copy of a personal services agency license from the Indiana State Department of Health. The Division of Aging will assist any adult day provider with completing the policy and licensure requirements in the event they wish to remain certified as the additional provider type. If the adult day does not wish to remain enrolled as other provider types, the division will dis-enroll adult days from any additional services that they do not want to continue.

**47. Will the Division of Aging provide training for adult day staff who choose to become a different provider type (i.e., homemaker, attendant care)?**

A: Likely, adult day staff are currently doing many of the same activities as attendant care and homemaker, but in an adult day setting as opposed to a participant's home. These activities include bathing, dressing, food preparation, cleaning, medication reminders, assistance with bill pay, and assistance with scheduling appointments. Adult day staff should review the following Aged & Disabled waiver sections to learn more about the activities a person may need.

The Aged & Disabled waiver can be found here: https://www.in.gov/fssa/da/3476.htm.

Attendant Care Service Definition- pg. 56-60
Home and Community Assistance- pg. 70-71
Unskilled Respite- pg. 73-76
Integrated Health Care Coordination: pg. 105-110

The Indiana Health and Hospice Association website, https://www.iahhc.org/about-us.html, may also assist providers in learning more about personal service agency work.

**48. How can adult day providers use technology when working with participants?**

A: The Division of Aging encourages adult day providers to screen clients over the phone prior to the client attending for the day. This remote screen will evaluate whether a person has symptoms associated with COVID-19. Please refer to https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html for additional guidance.

**49. Has the Division of Aging made a policy determination on temporarily suspending adult day services?**

A: As we continue to navigate the rapidly evolving situation related to COVID-19, the Division of Aging is focused on ensuring that our office is connecting members and providing timely and up-to-date-information. Adult Day Centers provide crucial services to many of our most vulnerable seniors and their families; however, given the imperative to prevent the transmission of COVID-19, the Division of Aging is mandating Adult Day Centers temporarily suspend services for a minimum of 30 days. Division of Aging will continue to provide guidance as to suspension of services beyond this time period. To protect the health, safety and welfare of our participants and provide as much notice to caregivers as possible each adult day center must close by the end of business on April 1, 2020**.**

**50. How will the Division of Aging ensure health and safety of clients who are unable to access adult day services?**

A: The Division of Aging will work together with Adult Day Centers and care managers to implement the following strategies to ensure continuity of care for participants:

- Adult day facilities must coordinate with each participant, participant's family member(s), and Care Manager about a backup plan of care for receiving in home services.

- In home care may be provided through attendant care, homemaker, unskilled respite, health care coordination and home delivered meals. Such care may be provided through an agency and/or informal caregiver.

- If an adult day participant does not have any of the above services on his/her care plan, the Division of Aging expects adult day providers to coordinate with the participant's Care Manager to have services added to a new care plan. If the participant already receives the above services on his/her care plan, the Division of Aging expects adult day providers to coordinate with the participant's care manager

to evaluate whether more hours will need to be added to the participant's plan to ensure all needs are met.

Many adult day providers are enrolling as home and community based service providers for attendant care, homemaker, unskilled respite, and health care coordination. Currently, the Division of Aging is waiving all provider requirements for existing providers to certify as the above alternative provider types. This policy change will allow adult day providers to continue caring for clients, whether by covering all in-home service hours; or filling service gaps unable to be performed with an already existing provider agency.

*This waiver certification may be extended for use with non-waiver services without any additional AAA specific application process. Once a provider receives the waiver certification, the AAA may add the alternative services to the non-waiver provider record in CaMSS.*

The Division of Aging encourages adult day providers to use technology, such as, virtual "check-ins" by phone to offer support to clients and family members during temporary closure. This is a modified version of telehealth that providers may receive reimbursement for conducting in lieu of having the appropriate telehealth technology and licensure.

**51. Are the billing categories applicable to all funding sources or just Medicaid waiver?**
A: The AAA can choose to allow adult day providers to serve clients through other available non-waiver services.

**52. The service to provide activity kits was directed to be billed under "health care coordination." Is this the same as the "Integrated Health Care Coordination" definition?**
A: Yes, it is the same category.

**53. Is the provider required to ask the client/document whether they want activity kits added to their care plan?**
A: The Division of Aging has encouraged providers to use the activity kits as a connection point with clients. Clients often look forward to receiving a special package in the mail or delivered to them. If a client provides information to a care manager that they do not want to receive packages, then please provide the provider with that information and they will no longer send care packages to that client. Providers do not have to request that clients want the care package. Part of the joy of a care package is the surprise of receiving it.

**54. May AAAs also bill if they have been sending similar activity related materials with their home delivered meals?**

A: No, because the HCC waiver provider is only billing for their time not the materials. Care packages could be provided as a disaster response activity within the current flexibility of the Older Americans Act.