CCO HEALTH HOMES COVID-19 STANDARD OPERATING PROCEDURE

Overview

Recently, community-wide transmission of COVID-19 has occurred in the United States (US), with confirmed cases in NYS. The identification of COVID-19 infections continues to evolve and is rapidly changing. In response to concerns relating to the novel coronavirus (COVID-19) and in effort to protect CCO members, the CCO Health Homes will adopt the following Standard Operating Procedures for supporting individuals during the timeframe of this public health emergency.

This document provides standard operating procedures for care managers while providing Comprehensive Care Management services as well as HCBS services to HH CCO members during the current novel coronavirus (COVID-19) outbreak.   During this time of crisis, the CCOs are determined to keep the member's health and safety our top priority.

Care Managers will implement and adhere to the following protocols and standard operating procedures when providing CCO/HH Care Management services. These standards and expectations are effective immediately and until further notice indicated by the CCO.

All Face-to-Face Meetings with Members are waived, effective immediately:
Per the 3/14/2020 DOH COVID-19 Guidance for Health Homes, the Face to Face requirements have been waived for Health Home Care Management (unless Medically necessary), effective immediately and will remain in effect until rescinded by the Department of Health. In lieu of Face to Face visits, Care Managers will utilize telephonic and telehealth capabilities.
- o This includes all members served by CCO Health Homes   including Comprehensive Care Management including all tier levels, HCBS Basic Plan Support, and Willowbrook.
- o This includes contact related to assessments, life plans, monthly/quarterly visits, and any and all face-to-face contact.

- Care Manager should utilize secure video conferencing as the primary and preferred method of contact to address the waived face to face requirements.
- When video technology is not feasible, teleconferencing or phone call may be used to address the waived face to face requirements.
- Care Manager must immediately inform appropriate parties and adjust all scheduled face to face meetings to align with these changes during this time period.
- Care Managers must be planful and supportive of the member, family/representative, and providers when using Video and Phone Conferencing. Provider based conferencing tools may be an option as well to assist with scheduling.

<u>**Care Managers will actively engage in monitoring and assessing the Member's Health and Safety:**</u>

- If the member has immediate care management needs, the Care Manager should assure a frequency of contact sufficient to keep the member healthy and safe
- Care Manager will maintain ongoing contact and communication and assess the member's needs, health, and overall status.
- Care Manager will utilize a specific checklist as a tool to assess, track and document any changes, to identify any increased needs as it relates to the health and safety of the member. *Refer to CCO COVID-19 MEMBER ASSESSMENT TOOL
- Care Managers must identify members on their caseload that fall into the High- Risk category and address their needs as appropriate. Refer to CCO PROTOCOL FOR IDENTIFICATION AND PRIORITIZATION OF HIGH-RISK INDIVIDUAL
- DOH Consent Forms: On 3/16/2020 DOH notified CCOs that the DOH Consent forms will be made available in a fillable PDF format, including the ability for electronic signatures and allowing electronic consent capability. CCO intake staff and Care Managers will now be able to utilize electronic consent abilities for initial as well as updates to consents.

<u>**Emergency or Clinically Indicated instances for Face-to-Face Meetings with Members:**</u>
In circumstances where a face to face may be clinically warranted, the member and the care manager **must** be screened prior to conducting a face to face visit. CCOs will stay abreast of the most recent updates and directives from CDC, NYS DOH, and OPWDD.

- Criteria that may trigger an in-person face to face contact with member:
  - Individuals who live in the community, have already identified risk factors, are absent natural supports and where we have not been able to make contact via telephone or video conferencing.
  - Urgent or Emergency situations which effects the health and safety of the person where there are no natural or other supports available to meet the needs of the person will be evaluated on a case-by-case basis and approved via the protocols established by each CCO.

- Refer to CCO COVID-19 Emergency Face to Face Screening Tool
- Care Manager must notify their chain of support to request Face to Face visit. The request will be reviewed for approval by Care Management senior leadership with consult from Clinical team.
- Senior Care management leadership will speak directly to Care manager prior to conducting a face for face visit and will be responsible to screen the staff for symptoms or contacts that might have put them at risk of exposure.

Documenting during the COVID-19 outbreak:

- The expectation is for Care Managers to increase outreach to their members during this time and assess and support the member's health and wellbeing; especially those members that may have increased vulnerability and in need of additional support during this time of public health crisis.
- Care Managers must continue to document all activity/communication as per Standard Operating Procedures.
- It is essential during this time that Care Managers document how they communicate with the member (video conference, teleconference, text, email, etc.).
- To effectively document all meetings that are completed via a video conference, phone conference/phone call (due to the DOH COVID-19 face to face meeting requirements waiver) CCOs have implemented the following:
  - Additional MediSked functionality has been included to accommodate and amend the "in person" meeting requirement during this period and until further notice.
  - The Care Manager will:
    - Log in MediSked via the appropriate dropdown options. The "In-Person" dropdown list now includes new options for "Video Conference" and "Telephone."
  - The Care Manager will also:
    - Document clearly in the activity note and the Life Plan using the follow template.
      - "This meeting was conducted via video conference (or via conference call) with the following participants (list all participants), in accordance with 3/14/2020 DOH guidelines specific to the COVID-19 outbreak."
    - This statement should be in both the Summary of the IDT on the Life Plan and in the Activity Note documenting the Life Plan review meeting.
- Care Manager will monitor and assess the member's needs during the COVID-19 situation, using the CCO COVID-19 MEMBER ASSESSMENT TOOL.
- Care Managers will document their activities/communications related to the topics and questions discussed and reviewed in the CCO COVID-19 MEMBER ASSESSMENT TOOL.

- If the Care Manager identified a safety concern, the Care Manager must take immediate action to address the safety concern.
    - Notify your Chain of Support
    - Notify the member's Interdisciplinary Team (IDT), community and natural supports
    - Notify the proper authorities/emergency services

Other Care Management responsibilities:
- All other responsibilities outside of the face to face requirements remain in place.
- As per current Standard Operating Procedure, Care Managers will check for RHIO Alerts daily, and follow the Admission and Discharge Process.
- Care Managers must still conduct Life Plan meetings and within the required timeframes.
- Care Managers are still responsible for maintaining their members Medicaid eligibility and other EHR documentation up to date.
- Care Managers and Supervisors will track the required face to face meetings that were replaced by video or phone conference and be mindful that face to face requirements will resume after the interim period had ended.

CCO/HH COVID-19 Oversight and Management Strategies:

The CCO Health Homes will:
- Continue to keep staff updated as the situation changes
- Educate staff about the disease; it's signs and symptoms; and necessary infection control to protect themselves and the people they serve.
- Provide internal contact information for members and staff to call with concerns, reports, or questions.
- Speak to and screen staff to identify any risk of exposure or exhibiting systems. And Implement a 14-day self-quarantine if identified.
- Strictly enforce illness and sick leave policies. Staff showing symptoms will not be permitted to remain at work and will not return until completely recovered.
- Exercise a "work from home" environment in accordance with the CCO's telecommuting policy during this public health emergency, to promote the health and safety of our work force and members.